

Yolo County MHSA

2021-
2022

Annual
Update



PREPARED BY
C.A.R.E. CONSULTING
SERVICES

2021–2022

Annual Update & Expenditure Plan

Contents

County Board of Supervisors Adoption Letter	4
MHSA County Compliance Certification	7
MHSA County Fiscal Accountability Certification	8
Executive Summary	9
Impact of COVID-19	11
How to Get Help in Yolo County	12
MHSA Annual Update 2021–2022	13
Program Summary Table	14
Community Services and Supports Plan	15
Prevention and Early Intervention Program Plan	34
Cross-Area Work Plan	67
Innovation Plan	69
Capital Facilities and Technological Plan	71
Workforce, Education, and Training Plan	73
Budget Update	77
Appendix I: Annual Prevention and Early Intervention Report FY 1920	95
Appendix II: Community Feedback and Responses	151

BOARD OF SUPERVISORS
Yolo County, California

Meeting Date: July 27, 2021

To: HHSA ✓

36.

Receive presentation from the Health and Human Services Agency Community Health Branch staff on the Mental Health Services Act Annual Update 2021-22. (No general fund impact) (Larsen)

Allison Olson, James Barrett and Gina Daleiden addressed the Board of Supervisors on this item.

Minute Order No. 21-112: Approved recommended action.

MOVED BY: Barajas / SECONDED BY: Villegas
AYES: Barajas, Villegas, Saylor, Sandy, Provenza.
NOES: None.
ABSTAIN: None.
ABSENT: None.



County of Yolo

www.yolocounty.org

To: The Chair and Members of the Board of Supervisors

Regular-Health & Human Services 36. Community Health

Board of Supervisors

Meeting Date: 07/27/2021

Brief Title: Mental Health Services Act Annual Update

From: Karen Larsen, Director, Health and Human Services Agency

Staff Contact: Brian Vaughn, Community Health Branch Director, Health and Human Services Agency, x8771

Subject

Receive presentation from the Health and Human Services Agency Community Health Branch staff on the Mental Health Services Act Annual Update 2021-22. (No general fund impact) (Larsen)

Recommended Action

- A. Receive presentation by the Health and Human Services Agency staff on the Mental Health Services Act (MHSA) planning and development of the final draft MHSA Annual Update FY 21-22; and
- B. Approve for implementation the final draft of MHSA Annual Update FY 21-22.

Strategic Plan Goal(s)



Thriving Residents

Reason for Recommended Action/Background

The Yolo County Health and Human Services Agency (HHS) began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan FY 2020-2023 in September of 2019. The process was led by HHS Community Health Branch staff in collaboration with staff from C.A.R.E. Consulting Group. As part of the reporting process, an Annual Report is required to account for changes that may have taken place from the initial Three-Year Program and Expenditure Plan and provide an update on services.

The Yolo County MHSA Annual Update FY 2021-2022 30-day public comment period opened on May 28, 2021 and closed Sunday, June 27, 2021. The county announced and disseminated the draft Annual Update broadly through community stakeholders, the general public, the Community Engagement Work Group, MHSA listservs, service providers, consumers and family members, Board of Supervisors, Local Mental Health Board, county staff, social media, and requested and encouraged partners and community stakeholders to promote the review of the draft plan and participation by posting and sharing with others. This engagement outreach built off of the extensive Three-Year Program Community Planning Process connecting the MHSA program to a broad array of stakeholders and including them on all subsequent notifications. Public Notices were also posted in the Davis Enterprise and the Daily Democrat newspapers for several dates. The draft was posted to the county's MHSA website and could be

downloaded electronically, and paper copies were also made available at HHSA locations in Woodland, Winters, Davis, and West Sacramento within Yolo County. Any interested party could request a copy of the draft by submitting a written or verbal request to the MHSA program staff.

All public comments and HHSA responses will be incorporated into the MHSA Annual Update and a public hearing took place by the Yolo County Local Mental Health Board on Monday, June 28, 2021 at 6:00 PM, by teleconference. HHSA will subsequently request LMHB recommendation for the final Annual Update to be submitted to the Board of Supervisors at its next regular meeting. On July 27, 2021, HHSA will seek approval of the finalized MHSA Annual Update FY 2021-2022 by the Yolo County Board of Supervisors.

History

The Mental Health Services Act, passed in 2004 as Proposition 63, provides for a 1% tax on personal incomes over \$1 million. This revenue is divided by formula and distributed directly to counties to expand and transform the mental health system while meeting the needs of unserved or underserved consumers. On a triennial basis, each county is required to submit a program and expenditure plan for use of these funds, followed by two annual updates to the plan. HHSA is submitting this MHSA Annual Update to account for fiscal year 2021-2022.

Collaborations (including Board advisory groups and external partner agencies)

A broad array of community partners participate in the plan development.

Fiscal Information

No Fiscal Impact

Fiscal Impact of this Expenditure

Total cost of recommended action

Amount budgeted for expenditure

Additional expenditure authority needed \$0

On-going commitment (annual cost)

Source of Funds for this Expenditure

General Fund \$0

Attachments

Att. A. MHSA Update

Att. B. Presentation

Form Review

Inbox	Reviewed By	Date
Karen Larsen	Karen Larsen	07/01/2021 11:59 AM
Eric Will	Eric Will	07/02/2021 06:25 AM
Form Started By: Greg Imura		Started On: 06/25/2021 02:02 PM
Final Approval Date: 07/19/2021		

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Yolo

Local Mental Health Director Karen Larsen, Health and Human Services (530) 666-8651 Karen.Larsen@yolocounty.org	Program Lead Brian Vaughn, Public Health Director (530) 666-8771 Brian.Vaughn@yolocounty.org
Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695	


I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 27, 2021.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Karen Larsen
Mental Health Director/Designee (PRINT)



Signature

8/27/2021
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Yolo

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<p align="center">Local Mental Health Director</p> <p>Name: Karen Larsen, Health and Human Services</p> <p>Telephone Number: 530-666-8651</p> <p>E-mail: Karen.Larsen@yolocounty.org</p>	<p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: Chad Rinde, CFO</p> <p>Telephone Number: 530-666-8050</p> <p>E-mail: Chad.Rinde@yolocounty.org</p>
<p>Local Mental Health Mailing Address:</p> <p>Yolo County Health and Human Services Agency 137 N. Cottonwood Street, Suite 2500 Woodland, CA 95695</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Karen Larsen

 Local Mental Health Director (PRINT)

 9/24/2021

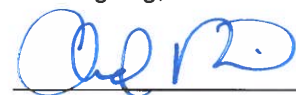
 Signature Date

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/8/2020 for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Chad Rinde

 County Auditor Controller / City Financial Officer (PRINT)

 9-15-21

 Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Executive Summary

Update 2021–2022

The Mental Health Services Act (a.k.a. Proposition 63) was approved by California voters in 2004 to expand and transform the public mental health system. MHSA is funded by a 1% tax on millionaires in the state.

This document is the Yolo County Mental Health Services Act Annual Program Update 2021–2022. It provides updated information on the Yolo County Mental Health Services Act 2020–2023 Three-Year Program & Expenditure Plan (this can be accessed [here](#)) for the coming year, 2021–2022.

This plan is organized into sections:

- ▶ Executive Summary & COVID-19 Context.
- ▶ Overall Summary of Program Updates.
- ▶ Individual Program Updates for 2020–2021 and changes for 2021–2022.
- ▶ Budget Update for the three-year period 2020–2023.

The most significant changes reported here:

- ▶ As anticipated in the Three-Year Plan, the necessities of addressing the COVID-19 pandemic created delays to implementation of some programs. This is due to combined factors of operational challenges and reassignment of staff. This is discussed in more detail below.
- ▶ Due to increased tax revenue, the overall resources available to Yolo County for MHSA work for the 2020–2023 period has increased by approximately \$5,700,000. These funds have been allocated across multiple programs.

- ▶ Funding has been allocated for a new program called Mental Health Career Pathways, to strengthen workforce retention by providing clinical supervision, under Workforce Education and Training programming.
- ▶ The Innovations Program Integrated Medicine into Behavioral Health Program has been eliminated from this plan and the funding has been re-allocated to the Crisis Now Learning Collaborative.
- ▶ As part of the county's updated Policy on Fund Balances and Reserves, HHSA has appropriated increased investments in the Prudent Reserve. HHSA is projecting to set aside to Prudent Reserve \$200,574 (FY 21–22) and \$500,000 (FY 22–23), which will bring the Prudent Reserve balance to \$1,650,574 or about 20% of the last five years of revenue.
- ▶ A preliminary analysis of limited Results-Based Accountability data, where available, as well as demographic information for the Prevention and Early Intervention Programs (FY 2019–2020) from the prior Yolo MHSA Three-Year Plan, has been assessed and included in this report. HHSA acknowledges the data is incomplete; however, efforts have been made for an initial evaluation of MHSA programs that continued forward into the 2020–2021 fiscal year.

Milestone outcome and funding to the **North Valley Behavioral Health Contract** from the approved Three-Year Plan and **purchase of East House**, both of which were achieved using \$2.4 million in MHSA dollars.

The collaborative court programs quickly set up virtual client supports and virtual court visits. Yolo was one of the first counties in California get its collaborative courts up and running virtually so clients could still have the collaborative court experience with the district attorney, public defender, and judges, along with probation and HHSA. It's a key component of the success of the program.

The Wellness Center peer support workers were trained on how to facilitate virtual meetings on Zoom, began hosting their groups virtually, and continue to do so. The Wellness Center also added specific peer virtual sessions to support clients moving through transitions to new providers.

HHSA was also successful in leveraging millions of dollars in additional funding for several MHSA priority areas including: College Partnerships, K-12 School Partnerships, Crisis Services and Intervention Training, and Youth Early Intervention First Episode Psychosis (FEP) Programs.

- ▶ Evaluation work to assess the overall impact, success, and challenges of the MHSA funding within Yolo County will continue as well as assessment, planning and implementation of a stronger and more effective system moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multiphase approach to continuous evaluation of the county MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the county strategic plan, HHSA's mission, and the Results-Based Accountability framework.
- ▶ Yolo County HHSA uses Results-Based Accountability as the basis of evaluation to measure the impact of contract-based services provided under MHSA. The intent is to have this framework in place for all MHSA programs within the Three-Year Plan as part of the evaluation program initiatives. These are individualized for each contract and follow a general framework of: 1) How much did we do? 2) How well did we do? 3) Is

anyone better off? Data provided throughout this report summarize these individual metrics. They also include some cross-site measures for the Full-Service Partnership programs (funded under CSS) and demographic information for the Prevention and Early Intervention Programs.

- ▶ The upcoming start date for the K-12 School Partnerships Program RFP is September 2021.

Impact of COVID-19

Update 2021–2022

It is important to discuss the impact of COVID-19 and its impact on all aspects of life, particularly beginning in March 2020.

Yolo County Health and Human Services Agency (HHSA) holds an essential and central role in addressing the COVID-19 pandemic, which has included the reassignment of significant numbers of staff members to critical COVID emergency response activities. The Yolo County Mental Health Services Act programming for 2020–2021 has been affected by the situation.

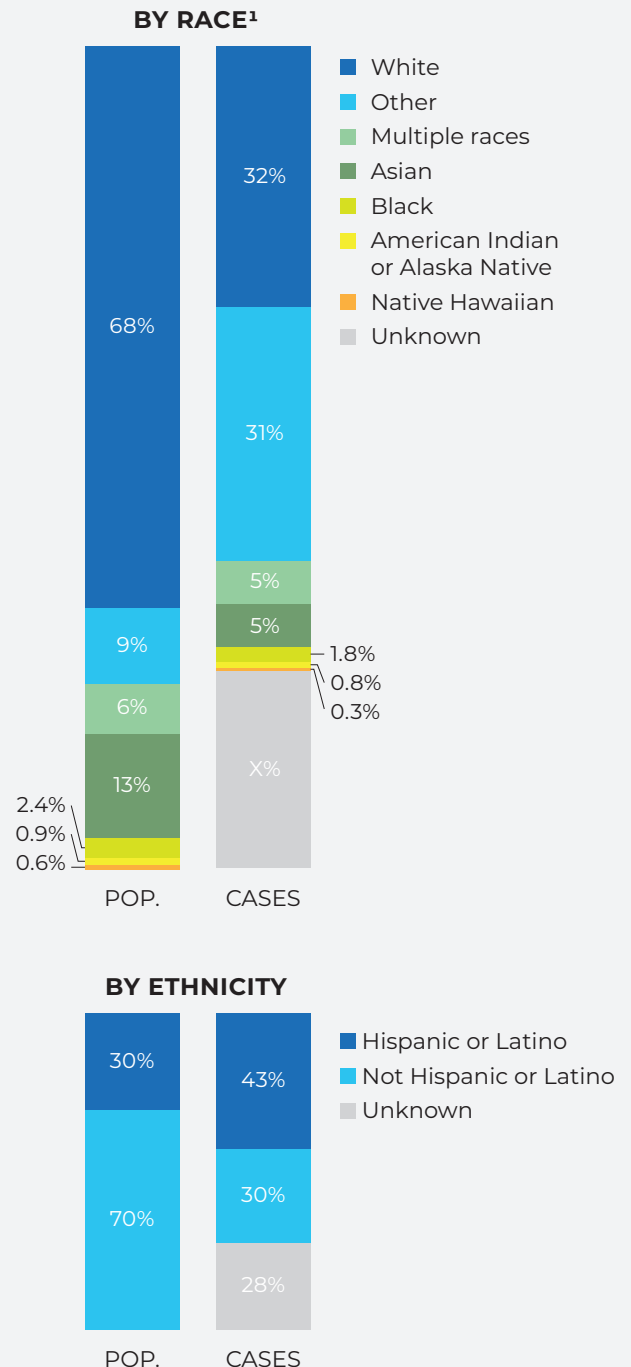
The 2020 year changed many lives in unpredictable and unexpected ways. This has included widespread job losses due to repeated and varying shelter, shut-down, and business closures as well as changes and fluctuations in operational and work capacity due to remote schooling, COVID-19 exposures, and illness and death resulting from the pandemic.

The Yolo HHSA staff has risen to the challenge of the day and shown incredible commitment and work effort in the face of this crisis. Despite the challenges of COVID-19, coupled with unexpected changes with the 2020–2023 Three-Year Plan, Yolo County HHSA has been able to accomplish a great deal with regard to implementation and establish significant infrastructure in the past year.

For updated information on COVID-19 guidance, recommendations and alerts, please visit www.yolocounty.org/coronavirus.

1. <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/dashboard>. Data accessed 4/31/2021.

FIGURE 1. CONFIRMED COVID-19 CASES VS. YOLO COUNTY POPULATION



How to Get Help in Yolo County

Update 2021–2022

Yolo County Crisis Resources

Available resources and services for those experiencing a crisis. In the case of a life-threatening emergency, call 911.

Yolo County HHSA Directory Line

NEW: Yolo County Health and Human Services Agency Phone Line

Toll Free: (833) 744-HHSA (4472)

The new number provides access to services for callers who do not know how to reach the programs or services directly.

Access & Crisis Lines

24/7 Yolo County Mental Health Services

Toll Free: (888) 965-6647

TDD: (800) 735-2929

Website: <https://www.yolocounty.org/government/general-government-departments/health-human-services/mental-health>

Last verified: 04/29/2021

24/7 Sexual Assault & Domestic Violence Line

Contact: (530) 662-1333 or (916) 371-1907

Last verified: 03/22/2019

ASK — Teen/Runaway Line

Davis: (530) 753-0797

Woodland: (530) 668-8445

West Sacramento: (916) 371-3770

Last verified: 02/28/2019

NAMI (National Alliance on Mental Illness), Yolo Message Line

Contact: (530) 756-8181

Last verified: 02/28/2019

Suicide Prevention 24/7

Davis: (530) 756-5000

Woodland: (530) 668-8445

West Sacramento: (916) 372-6565

Last verified: 03/22/2019

National Suicide Prevention Lifeline

(800) 273-(TALK) 8255

Nacional de Prevención del Suicidio

(888) 628-9454

Protective Services

Yolo County Adult Protective Services

Toll Free Adult Abuse Reporting: (888) 675-1115

Adult Abuse Reporting (24/7 Intake Line): (530) 661-2727

Locations:

137 N. Cottonwood Street, Woodland, CA 95695

500 A Jefferson Boulevard, Suite 100, West Sacramento, CA 95605

Website: <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/adult-protective-services>

Last verified: 04/29/2021

Yolo County Child Welfare Services

Emergency: 911

Online Form: <https://www.yolocounty.org/home/showpublisheddocument/55319/636743382093670000>

Website: <https://www.yolocounty.org/government/general-government-departments/health-human-services/children-youth/child-welfare-services-cws>

Last verified: 04/29/2021

Emergency Child Respite Services

Yolo Crisis Nursery

Contact: (530) 758-6680

Email: info@yolocrisisnursery.org

Website: www.yolocrisisnursery.org

Last verified: 02/28/2019

Domestic Violence & Abuse Resources

Empower Yolo

24-Hour Crisis Line: (530) 662-1133

24-Hour Crisis Line: (916) 371-1907

Main Line: (530) 661-6336

Website: <http://empoweryolo.org/crisis-support/>

Last verified: 02/28/2019

Empower Yolo, Dowling Center

Location: 175 Walnut Street
Woodland CA 95695

Contact: (530) 661-6336

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

Empower Yolo, D-Street House

Location: 441 D Street
Davis, CA 95616

Contact: (530) 757-1261

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

Empower Yolo, KL Resource Center

Location: 9586 Mill Street
Knights Landing, CA 95465

Contact: (530) 735-1776

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

Empower Yolo, West Sacramento

Location: 1025 Triangle Court, Suite 600
West Sacramento, CA 95465

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

MHSA Annual Update

2021–2022

PROGRAM SUMMARY TABLE

Program Name	Status	COVID delay	Target age	Original projected 3-year budget	Original projected 1-year budget	Revised 3-year budget	Difference	Page
Community Services & Supports (CSS) Plan								
Peer- and Family-Led Support Services	Started	No	26–59	\$300,000	\$100,000	\$300,000	–	15
Older Adult Outreach Assessment Program	Started	No	60+	\$3,894,269	\$1,251,345	\$4,810,961	\$916,692	18
Adult Wellness Services Program	Started	No	26–59	\$18,205,939	\$5,556,979	\$17,534,493	\$(671,446)	22
Community-Based Drop-In Navigation Center	Started	No	16+	\$2,533,200	\$844,400	\$3,266,142	\$732,942	25
Tele-Mental Health Services	Started	No	16+	\$2,347,632	\$771,538	\$4,157,433	\$1,809,801	27
Mental Health Crisis Service & Crisis Intervention Team Training	Started	No	16+	\$5,385,240	\$1,505,779	\$5,226,235	\$(159,005)	28
Children's Mental Health Services	Started	No	0–20	\$2,142,387	\$686,311	\$2,108,945	\$(33,442)	30
Pathways to Independence	Started	No	16–25	\$4,910,466	\$1,573,481	\$5,950,199	\$1,039,733	32
Prevention & Early Intervention (PEI) Plan								
Senior Peer Counseling	Started	Yes	60+	\$150,000	\$50,000	\$146,800	\$(3,200)	36
Latinx Outreach/Mental Health Promotores Program	Started	No	16–59	\$885,444	\$295,148	\$1,172,172	\$286,728	39
Early Childhood Mental Health Access & Linkage Program	Started	No	0–6	\$1,200,000	\$400,000	\$1,200,000	–	42
K-12 School Partnerships	Pending	Yes	6–18	\$3,300,000	\$1,100,000	\$3,640,678	\$340,678	48
Youth Early Intervention FEP Program	Started	No	6–25	\$382,148	\$122,421	\$582,421	\$200,273	56
College Partnerships	Pending	Yes	16–25	\$450,000	\$150,000	\$514,133	\$64,133	57
Early Signs Training and Assistance	Started	Yes	16+	\$1,296,014	\$425,895	\$1,079,073	\$(216,941)	58
Cultural Competence	Started	Yes	0+	\$2,572,221	\$675,967	\$2,516,942	\$(55,279)	64
Maternal Mental Health Access Hub	Pending	Yes	0+	\$300,000	\$100,000	\$300,000	–	65
CSS; PEI; INN; WET								
Evaluation	Started	No	0+	\$600,000	\$200,000	\$572,174	\$(27,826)	67
Innovation (INN) Plan								
Integrated Medicine into Behavioral Health	Cancelled	Yes	16+	\$1,808,000	\$506,000	–	\$(1,808,000)	69
Crisis Now Learning Collaborative	Started	No	16+	\$145,000	\$145,000	\$1,640,679	\$1,495,679	70
Capital Facilities & Technological (CFTN) Plan								
IT Hardware/Software/Subscription Services	Started	No	NA	\$2,492,790	\$811,374	\$3,708,405	\$1,215,615	71
Peer-Run Housing	Pending	No	26–59	\$250,000	\$250,000	\$500,000	\$250,000	72
Workforce, Education, & Training (WET) Plan								
Mental Health Professional Development	Started	No	16+	\$167,422	\$54,880	\$167,422	\$0	73
Peer Workforce Development Workgroup	Started	No	26+	\$69,111	\$23,037	\$30,265	\$(38,846)	74
Central Regional WET Partnership	Started	No	16+	\$85,000	\$30,000	\$130,486	\$45,486	75
Mental Health Career Pathways	New 21/22	N/A	0+	–	–	\$146,667	\$146,667	76
Totals				\$55,872,283	\$17,629,555	\$61,402,725	\$5,530,422	

Community Services and Supports Plan

Update 2021–2022

Community Services and Supports (AA)

FSP

Non-FSP

Program name: **Peer- and Family-Led Support Services**

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

Peer- and Family-Led Support Services are psychoeducation groups and other support groups targeting peers and families. The services help consumers: (1) understand the signs and symptoms of mental health and resources, (2) develop ways to support and advocate for an individual or loved one to access needed services, and (3) receive support to cope with the impact of mental health for an individual or in the family. Services are exclusively led by peers and family members and are provided outside of HHSAs clinics and throughout the community, as appropriate, to best serve consumers and families.

This family member component of this program features evidence-based psychoeducational curriculum that covers the knowledge and skills that family members need to know about mental illnesses and how best

to support their loved one in their recovery. The peer component of the program features an evidence-based psychoeducational curriculum that includes information about medications and related issues; evidence-based treatments that promote recovery and prevention; strategies for avoiding crisis or relapse; improving understanding of lived experience; problem solving; listening and communication techniques; coping with worry, stress, and emotional flooding; supporting your caregiver; and making connections to local services and advocacy initiatives.

Key activities of Peer- and Family-Led Support Services will support outcomes around improved mental health wellness, family stability, and psychoeducation by:

- ▶ Providing a safe, collaborative space for consumers and family members to share experiences.

- ▶ Providing accurate, up-to-date information about mental illnesses and evidence-based treatments.
- ▶ Providing an environment conducive to self-disclosure and the dismissal of judgement, for both self and others.
- ▶ Providing services where they are appropriate and needed, including but not limited to community centers, wellness centers, libraries, adult-education locations, inpatient hospitals, and board-and-care facilities.
- ▶ Facilitating groups in a supportive way that models appropriate prosocial behavior.
- ▶ Providing one-on-one support when appropriate.
- ▶ Making referrals to other services as appropriate.

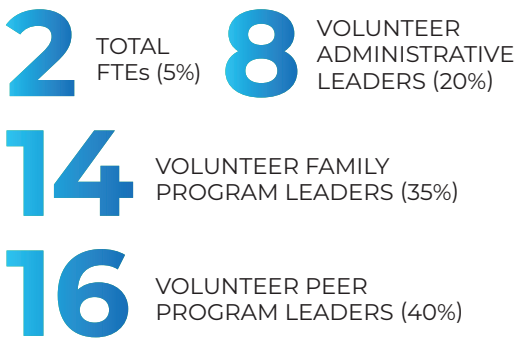
Goal 1	Provide family- and consumer-led support services and psychoeducation to caregivers and consumers.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Provide community-building activities for consumers and their families.
Objective 2	Develop a knowledge base for consumers and their families.
Objective 3	Develop self-advocacy skills for family members and peers.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$100,000	500	\$200

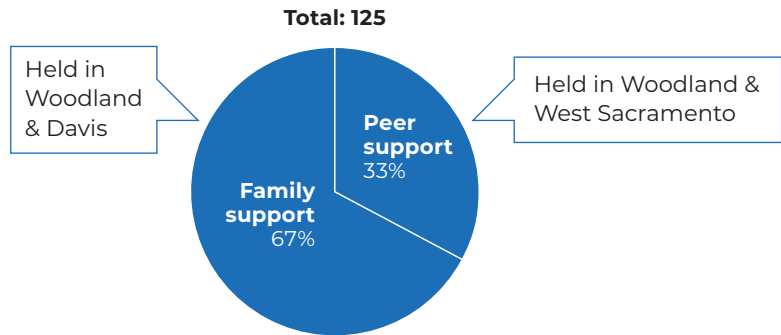
UPDATE: Provision of these services was hindered by COVID, although NAMI Yolo County moved some educational and support groups to online platforms. The vendor has significantly grown its educational class and support group offerings for FY21-22.

Evaluation Data for **Peer- and Family-Led Support Services** for FY19/20

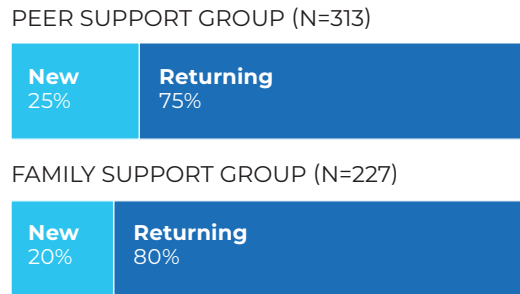
PROGRAM STAFF (TOTAL: 40)



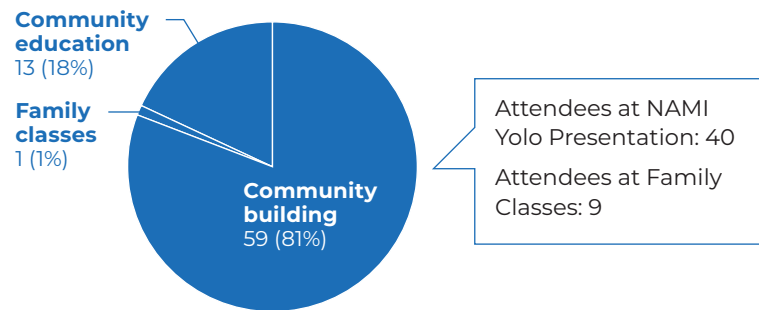
SUPPORT GROUPS HELD



SUPPORT GROUP PARTICIPANTS Total: 540



EVENTS HELD Total: 73



NAMI SUPPORT GROUPS

Participants in NAMI support groups who reported an increased ability to access community resources/services



MENTAL HEALTH 101 PRESENTATION

Participants who reported an increased understanding of mental health symptoms and how to recognize them



FAMILY EDUCATION CLASSES

Participants who reported an increased understanding of mental health symptoms



Participants who reported an increase in knowledge of mental health symptoms



Participants who reported increased support



IN OUR OWN VOICE PRESENTATION

Participants who reported an increased understanding of mental health symptoms and how to recognize them



Participants who reported an increase in knowledge of mental health symptoms



PROGRAM ACCOMPLISHMENTS

- ▶ Our First Wednesday events brought community leaders across Yolo County's housing, treatment, emergency mental health, and other communities to increase understanding of issues related to mental health and recovery options in our communities.
- ▶ Our Regional Advocacy Meeting brought gathered input from 75 regional stakeholders and hosted a day-long event at UC Davis that harnessed the input of 42 stakeholders to build ideas around closing the gap between youth and mental health services, increasing access to comprehensive treatment options, housing for individuals living with mental health conditions and decriminalizing mental health conditions.
- ▶ Our CanDo programs provided nine monthly events that paired home cooked meals with a range of social programming to create opportunities for NAMI families and volunteers to build community with residents at the Homestead Co-Op.
- ▶ This year, we added two additional CanDo volunteers to this program.
- ▶ We also partnered with Supervisor Saylor and the Rivercats to bring 22 peers to a Rivercats game.
- ▶ NAMI Yolo County leaders worked in collaboration with NAMI CA and regional partners to draw attention to our work at the Stockton Multicultural Symposium and Sacramento Cultural Competency Training, which featured Dr. Sergio Gaxiola, director of the UC Davis Center for Reducing Health Disparities.
- ▶ We trained and onboarded three new Connection Support Group facilitators and are also onboarding three new helpline consultants. We added two new members of our Board of Directors and one new administrative staff member. We experienced three staff member turnovers, the death of a second member of our Board of Directors, and one member's resignation from the Board of Directors.
- ▶ We incorporated Save Pine Tree Gardens subcommittee as a component of NAMI Yolo County's Advocacy Committee

COVID-19 Program Impacts

- ▶ In 2019-2020, NAMI Yolo County met the COVID-19 pandemic by offering increased peer-led support hours and quickly transitioning our in-person support to a virtual, telehealth platform via Zoom. We increased our peer support offerings from three to four support group meetings per week and created a peer leader meeting to provide ongoing support opportunities for peer leaders. Additionally, we developed phone tree connections to keep our members and the people we were currently serving connected to ongoing support throughout the pandemic.
- ▶ Our volunteers sewed and coordinated distribution of nearly 500 masks throughout the mental health community.
- ▶ We were forced to suspend in-person course offerings and are currently in the process of preparing our volunteers to provide those courses and presentations in virtual platforms.
- ▶ During the COVID-19 pandemic, our helpline calls dramatically increased from an average of 5 calls per week to up to 30 calls per week through the month of June.

Community Services and Supports (AA)

FSP

Non-FSP

Program name: **Older Adult Outreach and Assessment Program** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0-5

Transitional-Age Youth Aged 16-25

Adults Aged 26-59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

The Older Adult Outreach and Assessment Program provides a blend of full-service partnership, general system development, outreach and engagement services, and necessary assessments for seniors with mental health issues who are at risk of losing their independence or facing institutionalization. This program serves Yolo County older adults aged 60 years or older who may also have underlying medical or co-occurring substance abuse problems or be experiencing the onset of mental illness. This program includes case management, psychiatric services, and a continuum of services across the county. Additionally, the program coordinates services with the Older Adult Senior Peer Counselor Volunteers PEI Program.

Key activities of the Older Adult Outreach and Assessment program will support outcomes around improved mental health wellness, personal social and community stability, and connection to other services for older adults by:

- ▶ Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health, and substance abuse trauma, focusing on consumer and family member engagement.
- ▶ Providing intensive support services and case management to older adults classified as full-service partners, including individual and family therapy, medication management, nursing support, and linkages to other services.
- ▶ Educating consumers and families or other caregivers regarding mental health diagnosis and assessment, psychotropic medications and their expected benefits and side effects, services and supports planning, treatment modalities, and other information related to mental health services and the needs of older adults.
- ▶ Assisting with transportation to and from key medical, psychiatric, and benefits-related appointments.
- ▶ Promoting positive contact with family members.
- ▶ Assisting families to deal with mental decline of an older adult.
- ▶ Coordinating with HHS Adult Protective Services staff.
- ▶ Coordinating with the Public Guardian's Office regarding conservatorship of consumers no longer capable of self-care.
- ▶ Coordinating with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- ▶ Coordinating with assisted-living opportunities to provide a smooth transition, when needed.
- ▶ Coordinating with the Senior Peer Counselor Volunteer Program to match volunteers with seniors to prevent social isolation and promote community living, when desired.
- ▶ Assisting with maintaining healthy independent living while avoiding social isolation.
- ▶ Assisting older adults with serious mental illness to locate and maintain safe and affordable housing.
- ▶ Providing older adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare, and referrals to advocacy services.
- ▶ Referring and linking consumers to other community-based providers for other needed social services and primary care.
- ▶ Delivering mobile services, including assessment and treatment to reach older adults who cannot access Yolo HHS in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goal 1	Provide treatment and care that promotes wellness, reduces isolation, and extends the individual's ability to live as independently as possible.
Objective 1	Support older adults and their families through the aging process to develop and maintain a circle of support, thereby reducing isolation.

Objective 2	Promote the early identification of mental health needs in older adults to prevent suicide, isolation, and loss of independence and address co-occurring medical and substance use needs.
Objective 3	Coordinate an interdisciplinary approach to treatment that collaborates with the relevant agencies that support older adults.

Estimated FY21/22 Costs \$1,668,669	Estimated Number to be Served FY21/22 60	Estimated Cost/Person Served \$27,811
--	---	--

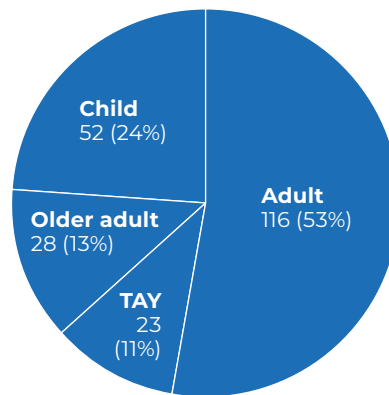
UPDATE: The older adult team continued to provide the full array of services throughout the pandemic and has been thriving. This program became fully staffed this year and was able to provide much needed stabilization services during the pandemic. The program is undergoing a full transition of internal FSP services to an outside provider this year.

Evaluation Data for **Full-Service Partnership** for FY19/20

The data presented here are an aggregate for all FSP programs (older adults, adults, transition-aged youth, and children) and some breakdown by age category pertaining to reported outcomes.

PROGRAM STAFF: FULL-TIME EMPLOYEES
Total: 22.75

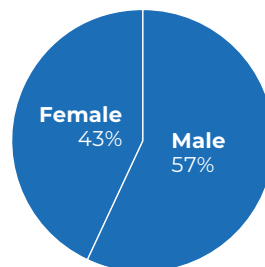
- 6.5** ADULT HHSA FSP
- 3.35** OLDER ADULT HHSA FSP
- 9.2** TURNING POINT ACT/AOT
- 3.7** TAY HHSA FSP



We served **219 clients** in 2019-2020!

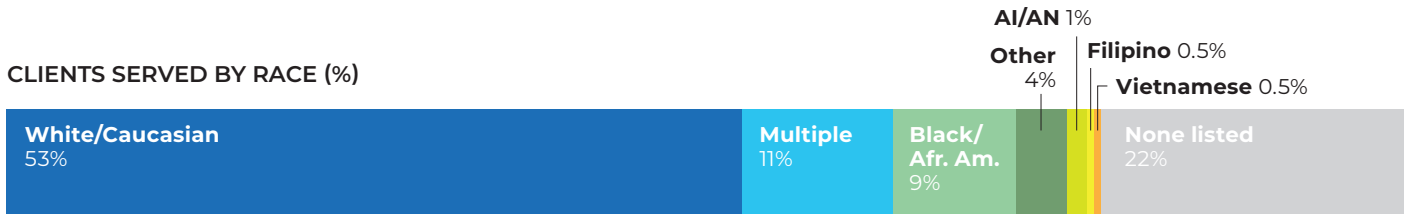
CLIENT SNAPSHOT

0% of adult or older adult participants had hospital discharges that resulted in a readmission within 7 days.

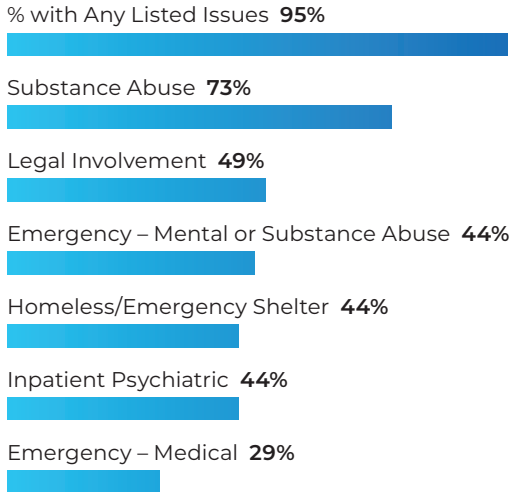


- 48%** were referred by a mental health facility (HHSA or other outside agency)
- 56%** of participants had legal involvement at FSP enrollment
- 73%** of participants had substance abuse listed as an indicator at FSP enrollment

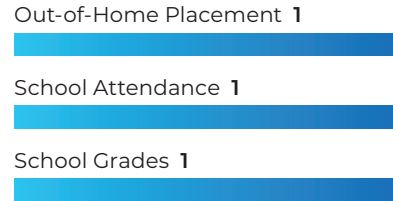
CLIENTS SERVED BY RACE (%)



ALL TAY, ADULT, AND OLDER ADULT INDICATORS AT FSP ENROLLMENT FY 19-20 (N=55)



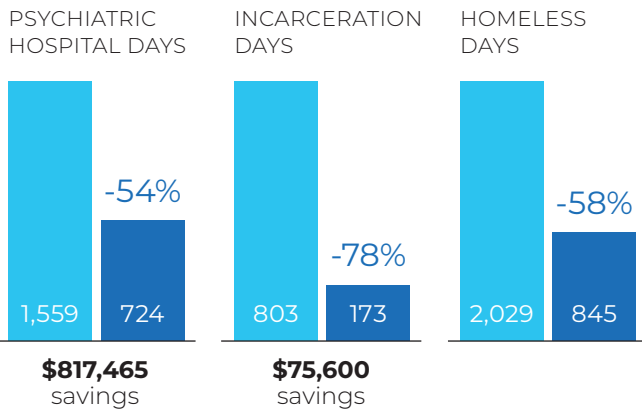
CHILD INDICATORS AT FSP ENROLLMENT FY 19-20 (N=3)



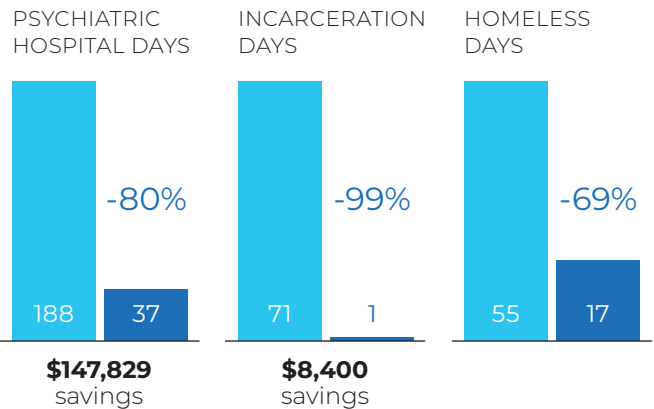
2019-2020 MHSA FSP/ACT OUTCOMES

■ Number of days at baseline ■ Number of days at follow-up

TPCP ACT-AOT OUTCOMES

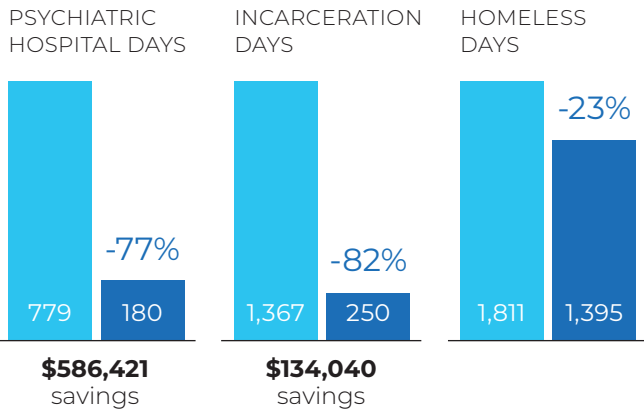


TAY PATHWAYS TO INDEPENDENCE OUTCOMES

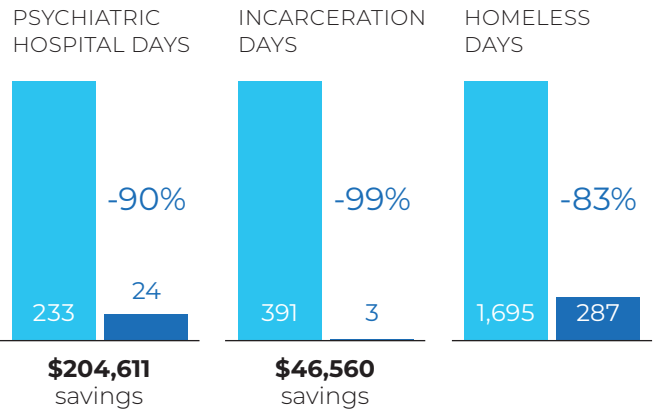


■ Number of days at baseline ■ Number of days at follow-up

HHS A ADULT FSP OUTCOMES



HHS A OLDER ADULT OUTCOMES



PROGRAM ACCOMPLISHMENTS

- ▶ Turning Point had only 1% of no-shows for prescribing staff.
- ▶ TAY had an average of <1 of homelessness day per client.
- ▶ Adult participants had an average of 4 days of incarceration per client.
- ▶ The older adult program had 1 hospital discharge that resulted in a readmission within 30 days.
- ▶ Adult participants had a 77% reduction in psychiatric hospitalization days, resulting in a cost savings of 586,000.

PROGRAM CHALLENGES

- ▶ COVID reduced services in clinic to crisis and injection clinic; however, FSP continued with a full array of services.
- ▶ Staff on quarantine reduced the number of staff available to serve.
- ▶ Less ability to access participants in facilities due to COVID.
- ▶ Psychiatric hospital days delayed significantly due to COVID shutdowns.

Community Services and Supports (AA)

 FSP Non-FSPProgram name: **Adult Wellness Services** for FY19/20

Status:

 Started Pending Canceled New 21/22 COVID Delayed

Target Population:

 Children Aged 0–5 Transitional-Age Youth Aged 16–25 Adults Aged 26–59 Older Adults Aged 60+

Administered by:

 Contractor County**Program Description**

The Adult Wellness Services Program focuses on meeting the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with the highest level of mental health needs. Overall, the program provides outreach and engagement, general systems development, and full-service partnership (FSP) services for adults with serious mental illness who meet medical necessity for county mental health services. This program serves Yolo County adults aged 26–59 who are unlikely to maintain health or recovery and maximal independence in the absence of ongoing intensive services. In response to community feedback, HHSA will add a case manager for non-FSP.

The program includes consumer access to crisis residential facility beds, acute inpatient hospital beds, short-term and supportive housing options, self-help programs, employment support, family involvement, substance abuse treatment, and assistance with criminal court proceedings, thereby offering individual consumers the prospect of wellness and recovery. Many of these services are delivered in the two adult wellness centers, where consumers can gather and access an array of consumer-driven services and social and recreational programming. These wellness centers also provide access to case management, psychiatry, and the continuum of services across the county.

The adult FSP program includes a generalized intensive services program and two specialized intensive services programs: Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT). ACT serves FSP consumers at the highest level of need with strong fidelity to the evidence-based ACT model, whereas AOT, also referred to as Laura's Law, serves court-mandated consumers who are unable to accept voluntary treatment and are at continued risk of harm.

Key activities of the Adult Wellness Services Program will support outcomes around improved mental health wellness, personal social and community stability, and connection to other services by:

- ▶ Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health, and substance abuse trauma, focusing on consumer and family member engagement.
- ▶ Providing intensive support services and case management to homeless and impoverished adults identified as FSP, including individual therapy and collateral support where needed.
- ▶ Providing ACT for consumers at the highest level of need who have experienced repeated hospitalizations or have a history of placement in an Institute for Mental Disease.
- ▶ Providing AOT to court-mandated consumers unable to accept voluntary treatment and who are at continued risk of harm.

- ▶ Providing medication management services and nursing support.
- ▶ Providing adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare applications, and referrals to advocacy services.
- ▶ Conducting outreach services to persons who are homeless or at risk of homelessness with persistent and nonthreatening outreach and engagement services.
- ▶ Assisting homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- ▶ Providing referrals and navigation support for substance abuse treatment services, when needed.
- ▶ Providing opportunities for consumers to socialize and learn alongside consumers from neighboring counties.
- ▶ Providing supportive living services to maintain housing.
- ▶ Promoting self-care and healthy nutrition.
- ▶ Providing transportation to and from services.
- ▶ Assisting interested adults to find employment and volunteer experiences to enhance their integration in the community.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.

- ▶ Transporting adult consumers to and from appointments or the wellness centers.
- ▶ Operating a 24-hour crisis phone line and referring callers to crisis services and supports.
- ▶ Providing resources and information on skills for daily living.
- ▶ Providing programs, services, group support, and socialization activities at the wellness centers.
- ▶ Providing navigation and linkages to adults in need of resources in the county or community for mental health services through a peer support worker or outreach specialist.
- ▶ Referring and linking consumers to other community-based providers for other social services and primary care.
- ▶ Delivering mobile services, including assessment and treatment, to reach adults who cannot access Yolo HHSA or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goal 1	Meet the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with serious mental illness who may be experiencing homelessness or be at risk of homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, or have a history of frequent use of hospital and emergency rooms.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Provide treatment and care that promote wellness, recovery, and independent living.
Objective 2	Reduce the impact of living with serious mental illness (e.g., homelessness, incarceration, isolation).
Objective 3	Promote the development of life skills and opportunities for meaningful daily activities.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$5,961,723	200	\$29,809

UPDATE: During the pandemic, the Wellness Center went from in-person services to all virtual groups, trained its staff to use the technology, and purchased needed equipment to support remote services. The FSP teams continued to provide a full array of services, including transportation, taking all safety precautions and using personal protective equipment. FSP was able to maintain housing for all participants and utilize Project Roomkey for some participants who qualified for those placements. The program is undergoing a full transition of internal FSP services to an outside provider this year.

Community Services and Supports (AA)

 FSP Non-FSPProgram name: **Community-Based Drop-In Navigation Center** for FY19/20

Status:

 Started Pending Canceled New 21/22 COVID Delayed

Target Population:

 Children
Aged 0–5 Transitional-Age
Youth Aged 16–25 Adults Aged
26–59 Older Adults
Aged 60+

Administered by:

 Contractor County**Program Description**

A Community-Based Drop-In Navigation Center is a community-based location that provides behavioral health and social services to adults (aged 18 or older) who desire mental health support or are at risk of developing a mental health crisis but may not be willing or able to engage in more formalized services. The center provides an array of options for assisting consumers with any level of service engagement, focused on but not exclusive to individuals who were formerly institutionalized or are at risk of incarceration, hospitalization, or homelessness. The center addresses the need to facilitate community integration for adults who are exiting institutional care without formalized community or mental health support and to provide resources for consumers who, although engaged with mental health services, are at risk of developing a crisis and require additional support.

Staff members provide a wide range of services, assisting consumers with short-term needs and more in-depth services, such as assessment and linkage to mental health services, activity or psychosocial and educational groups, assistance with housing or public benefit applications, and individualized psychosocial case management utilizing motivational interviewing practices based on the stages of change model.

Key activities of the Community-Based Drop-In Navigation Center will support outcomes around overall wellness, mental health stability, housing access and stability, and connection to other services by:

- ▶ Ensuring a seamless system of mental health engagement, assessment, treatment, and navigation, especially for individuals who may not otherwise receive treatment through Yolo County's Wellness Services program.
- ▶ Conducting strengths-based, consumer-driven, motivational interviews to support consumers to meet their personal goals and maintain strong mental health.
- ▶ Providing support services and stages of change-based case management, including service linkages when desired and appropriate.
- ▶ Collaborating with clients to secure benefits for which the person may be eligible including Social Security Income or other financial and income assistance programs, Medi-Cal, and Medicare.
- ▶ Addressing the gap in housing awareness and accessibility by providing coordination of housing openings in Yolo County for consumers, improving access to the identified available openings, and increasing retention of housing once obtained.
- ▶ Providing referrals and navigation support for substance abuse treatment services, when needed.
- ▶ Providing opportunities for consumers to socialize.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.
- ▶ Promoting self-care and healthy nutrition.
- ▶ Assisting adults to find employment and volunteer experiences to enhance their integration in the community.
- ▶ Transporting adult consumers to and from initial appointments associated with their psychosocial rehabilitation.
- ▶ Providing crisis services and supports.
- ▶ Providing resources and information on skills for daily living.
- ▶ Providing programs, services, group support, and socialization activities at the center.
- ▶ Referring and linking consumers to other community-based providers for general services, social services, and primary care.

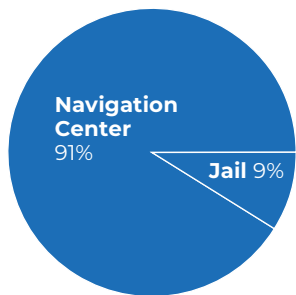
Goal 1	Provide support to consumers who may not yet be ready to engage in more intensive, clinic-based mental health services, with the goal of preventing mental health crises and connecting consumers to services when and if they desire them.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Provide supportive, flexible, consumer-driven services to all consumers at their preferred level of engagement.
Objective 2	Assist consumers at risk of developing a mental health crisis to identify and access the supports they need to maintain their mental health.
Objective 3	Reduce the impact of living with mental health challenges through the provision of basic needs.
Objective 4	Increase access to and service connectedness of adults experiencing mental health problems.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$1,167,877	250	\$4,672

UPDATE: CommuniCare staffs the County's Davis BH clinic, providing BH services access and community resource navigation for all who request it. Three clinicians complete County BH service screenings and full initial clinical assessments for SMI services. Further case management and peer staff members assist with resource linkage, system navigation, and transportation.

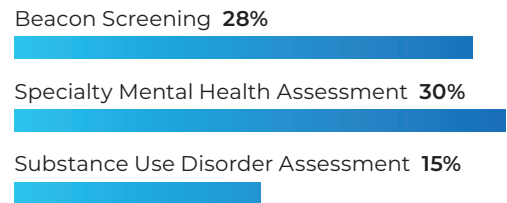
Evaluation Data for **Community-Based Drop-In Navigation Center (CommuniCare)** for FY19/20

LOCATIONS WHERE CLIENTS RECEIVED SERVICES

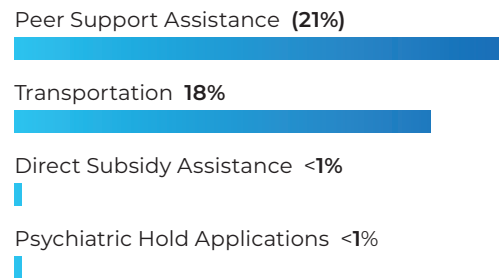


We served **304 clients** in 2019-2020!

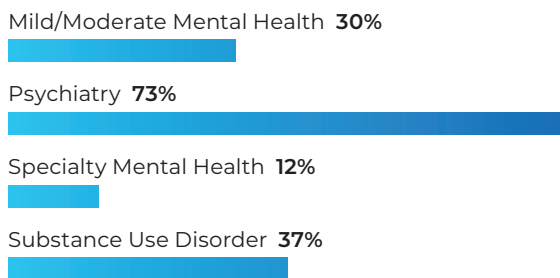
TYPES OF ASSESSMENT GIVEN TO CLIENTS



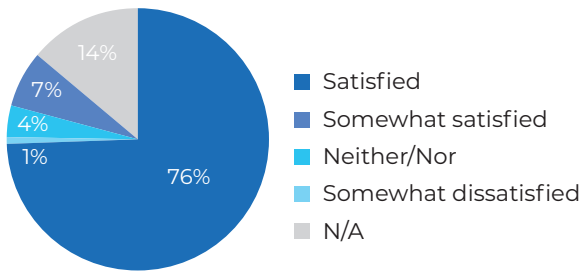
TYPES OF SERVICES PROVIDED



CLIENTS SUCCESSFULLY LINKED WITH PROVIDERS



CLIENT SATISFACTION WITH SERVICES



CLIENTS SERVED BY RACE (%)



PROGRAM ACCOMPLISHMENTS

- ▶ Navigation Services took on the Motel Project (aka Project Room Key) introduced by the county. The purpose of this project was to house some of the most vulnerable individuals in the homeless population to isolate them and provide a safe space for them to shelter in place. Those considered exceptionally vulnerable were individuals over the age of 60 and those with other chronic medical conditions such as diabetes. One of the Navigation clinicians took on the role of the motel case manager, assessing the overall needs of these clients, connecting them with any needed services, assisting with long-term housing applications, and providing mental health crisis intervention when needed. Several other Navigation staff members were involved in the distribution of meals donated by various establishments and also provided clothing to individuals in need.
- ▶ CommuniCare also launched the opening of the Respite Center in Davis. The center opened just a few weeks prior to the onset of COVID-19 in our community. Despite the many challenges that this crisis created, the Respite Center remained open to our vulnerable homeless population members who did not qualify for Project Room Key. In addition to Monday through Friday, hours were expanded to provide services on Saturdays. Navigation staff members provided assistance — in addition to performing case management duties — to the respite staff due to the shortage of volunteers. Volunteers were disallowed from being at the Respite Center due to the risk of exposure.

COVID-19 PROGRAM UPDATES

- ▶ The COVID-19 pandemic has hindered progress in many ways. The number of individuals served at Navigation during this period was tremendously diminished due to office closures, social distancing requirements, and mandatory telehealth interactions, eliminating the warmth and comfort of human contact. Also, we were unable to serve walk-in clients and had to turn them away and ask them to call instead.
- ▶ Another consequence of the pandemic was the termination of the Portugal Project due to funding limitations. Due to this, Navigation discontinued evening hours and had to eliminate one of the case manager positions. Navigation staff will continue to assist law enforcement if needed when facilities re-open and as the community recovers from this tragedy.

Community Services and Supports (AA)

FSP

Non-FSP

Program name: **Tele-Mental Health Services** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0-5

Transitional-Age Youth Aged 16-25

Adults Aged 26-59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

Yolo County mental health clinics currently use telepsychiatry to expand adult consumer access to a physician prescriber. Telepsychiatry appointments are supported by an in-clinic medical assistant and nursing staff. Because our telepsychiatrist is known to be warm and personable, his clients usually rate treatment as equal to in-person visits.

In addition to telepsychiatry, Yolo County will begin to provide adult community members in crisis who seek HHSA

support with access to a psychiatric nurse practitioner via telehealth. Although this provider will be housed on-site in one HHSA clinic, individuals in crisis at the other two county mental health walk-in clinics will have access to these staff members via secure teleconferencing. Psychiatric nurse practitioners can provide medication evaluations, bridging medications (between existing psychiatric medication appointments with a routine provider), crisis evaluations, and prescriptions for psychiatric medication.

Key activities of the Tele-Mental Health Services program will support outcomes around reducing barriers to providing psychiatric services to individuals throughout the county, especially when in crisis. Both the telepsychiatry and nurse practitioner services provided by telehealth will expand the reach of the county's psychiatric and therapeutic services to various communities and enhance access to both psychiatric appointments and other clinical services in Yolo County.

Goal 1	Enhance access to psychiatric appointments for current clients in Yolo County.
Goal 2	Provide access to a psychiatric medication provider to community members in crisis throughout Yolo County.
Objective 1	Secure and implement the necessary technology for two county clinics to provide psychiatric nurse practitioner telehealth consultations.
Objective 2	Continue current use of telepsychiatry for existing Yolo County clients.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$1,656,305	200	\$8,282

UPDATE: During COVID, use of HHSA's dedicated telemedicine equipment has been suspended as clients are not being served in person. However, all HHSA MH prescribing staff members are using either phone or HIPAA-compliant electronic platforms to serve new and routine MH clients.

Community Services and Supports (AA)

 FSP Non-FSPProgram name: **Mental Health Crisis Services and Crisis Intervention Team (CIT) Training** for FY19/20

Status:

 Started Pending Canceled New 21/22 COVID Delayed

Target Population:

 Children
Aged 0–5 Transitional-Age
Youth Aged 16–25 Adults Aged
26–59 Older Adults
Aged 60+

Administered by:

 Contractor County**Program Description****Mental Health Crisis Services**

Yolo County will implement a comprehensive mental health crisis services program that will provide existing Yolo County clients and the larger county community with access to crisis interventions, crisis assessments, urgent and routine service referrals and linkage, and appropriate crisis residential or inpatient psychiatric facility or psychiatric health facility placement, as needed.

Mental health crisis services will include walk-in crisis services access, including urgent psychiatric medication evaluations, in Davis, West Sacramento, and Woodland during regular business hours. Further, at any day or time, when a Yolo County Medi-Cal beneficiary, indigent individual, or existing Yolo County client is placed on an involuntary psychiatric hold by local hospital staff, law enforcement, or certified county or provider clinician, crisis navigation

staff will secure placement at the appropriate crisis residential facility, psychiatric health facility, or acute psychiatric inpatient facility.

Additionally, working with existing city homeless coordinators, county crisis staff will provide phone and possibly, field response to support local law enforcement officers who encounter community members in crisis. In at least one city in the county, as a pilot program, a county clinician will be embedded with local law enforcement to form a co-responder team to intervene in mental health-related police calls to de-escalate situations that have historically resulted in arrest and to assess whether the person should be referred for immediate behavioral health intervention. Staff members will also provide phone and in-person response to the community, when available, when a family member or loved one reports an individual in

crisis. Post-crisis, a staff member will follow up with any persons known to the county to have recently been in crisis to ensure effective service access and referral linkage.

Key activities of Mental Health Crisis Services will support outcomes around:

- ▶ Reducing unnecessary local emergency room visits and psychiatric involuntary holds of individuals in crisis.
- ▶ Reducing crisis reoccurrence and repeat acute inpatient facility placement.
- ▶ Reducing unnecessary arrests of individuals in crisis.
- ▶ Preventing crisis escalation, which may result in serious injury or consequences to clients, their loved ones, and the community at large.
- ▶ Ensuring appropriate mental health service to anyone in need in advance of a crisis.

Crisis Intervention Team (CIT) Training

Yolo County will take over the delivery of the prior CIT training, modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model, which focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The course curriculum will be approved by the local Peace Officers Standards and Training agency, providing materials and 32 hours of training at no cost to the participating law enforcement agency or individual. The course trains participants on the signs and symptoms of mental illness and how to respond appropriately and compassionately to individuals

or families in crisis. Further program modifications include the development and county delivery of an annual 8-hour CIT refresher training for all county law enforcement personnel who have previously completed the initial 32-hour certification. This refresher course curriculum will be developed in concert with local enforcement agencies to ensure it includes relevant and updated topics that further attendees' intervention tools and understanding with diverse populations.

Key activities of the CIT trainings will support outcomes around improved recognition of mental health needs in the community by law enforcement professionals and by providing them with intervention tools to intervene appropriately by:

- ▶ Helping law enforcement personnel and first responders recognize the signs of mental illness when responding to mental health calls.
- ▶ Helping law enforcement and first responders to work with persons in crisis and noncrisis situations to receive the necessary intervention to promote wellness, recovery, and resilience.
- ▶ Training law enforcement personnel and first responders to have adequate understanding of the needs of culturally diverse populations.
- ▶ Raising awareness of the community needs among law enforcement and first responders.

Goal 1	De-escalate clients and community members in crisis by providing appropriate mental health interventions and support.
Goal 2	Implement a community-oriented and evidence-based policing model for responding to psychiatric emergencies.
Objective 1	Reduce the number of arrests and incarcerations among people with mental illness.
Objective 2	Strengthen the relationship among law enforcement, consumers, and their families, and the public mental health system.
Objective 3	Reduce the trauma associated with law enforcement intervention and hospital stays during psychiatric emergencies.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$1,892,082	500	\$3,784

UPDATE: The program supports the county's co-responder project ,which pairs HHSA Crisis Clinicians with local law enforcement officers from four local agencies in responding to behavioral health crises in the community. Additional CIT training will be offered to law enforcement personnel countywide later in 2021; coordinated by HHSA's crisis supervisor.

Community Services and Supports (CYF 0–20)

FSP

Non-FSP

Program name: **Children’s Mental Health Services** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–20

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

The Children’s Mental Health Services Program provides a comprehensive blend of outreach and engagement, systems development, and full-service partnership (FSP) services for children and youth with severe emotional disturbance who meet medical necessity for county mental health services.

This program specifically provides case management and individual and family services to Yolo County children and youth up to age 20 with unmet or undermet mental health treatment needs. Additionally, the Children’s Mental Health Services Program provides services to children who are Latinx or English learners, which are delivered by bilingual–bicultural clinicians. Services are available to children countywide and include specific outreach into rural portions of the county, where a disproportionate number of Yolo County residents are English learners and experience poverty.

The children’s FSP program provides outreach and engagement, systems development, and FSP services for children and youth aged 0–15 with severe emotional disturbance who meet medical necessity for specialty mental health services. The children’s FSP program utilizes a client-centered, strengths-based community service model that emphasizes the importance of delivering treatment in settings that best meet the needs of children and families and includes a wide array of services that support recovery, wellness,

and resilience to keep children and their families healthy, safe, and successful in their homes, schools, and community.

The FSP program assists children in accessing behavioral support services such as assessment; individual, group, and family therapy; medication support services; and case management assistance (which includes but is not limited to assistance with transportation, obtaining housing, fulfilling basic needs, and developing social supports, care coordination, and linkage to community resources). The children’s FSP program also utilizes a team approach that ensures that all clients and families served by the program are assigned to a mental health therapist, case manager, and parent partner. All children’s FSP clients and their caregivers have access to a team member known to the family and familiar with the family’s needs at all times for crisis support services.

The target population for the children’s FSP program are Yolo County children aged 0–15 who are unserved, underserved, or inappropriately served and who experience barriers to accessing mental health treatment services. This includes children who are seriously emotionally disturbed and experiencing or at risk of experiencing:

- ▶ Homelessness or insecure housing
- ▶ Foster placement (including children transitioning to less-restrictive environments)
- ▶ Involvement with the criminal justice system or probation
- ▶ Substance use or abuse

- ▶ Violent behavior (including homicidal ideation)
- ▶ Expulsion from school
- ▶ Significant self-harm behavior (including suicidal ideation)
- ▶ Hospitalization or institutionalization

This program is currently provided by Yolo County HHS through a contract with Turning Point Community Programs. The current capacity of the program is 25 children.

Key activities of the children’s FSP program will support children to improve their psychosocial well-being, reduce mental health-related hospitalizations, reduce involvement with the criminal justice system, reduce homelessness, and improve functioning in the family, school, and community by:

- ▶ Educating children and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and support planning, treatment modalities, and other information related to mental health services and the needs of children and youth.
- ▶ Providing intensive support services to children classified as FSP and their families, including individual and family therapy.
- ▶ Providing services to support families of FSP children.
- ▶ Developing integrated service plans that identify needs in the areas of mental health, physical health, education, and socialization.
- ▶ Providing medication management

- services and nursing support, if needed.
- ▶ Supporting children to achieve academic success.
- ▶ Providing community-based services at the child’s home, schools, and appropriate community locations.
- ▶ Delivering mobile services, including assessment, treatment, and telepsychiatry, to reach children and their families who cannot access mental health services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- ▶ Providing navigation and linkages to families in need of resources in the community for mental health services through a family partner.
- ▶ Operating a 24-hour crisis phone line to provide support to the child or family from a person known to the family and familiar with the family’s needs.
- ▶ Referring and linking clients to other community-based providers for other needed social services and primary care.
- ▶ Providing transportation to and from services.

Goal 1	Provide FSP, system development, and outreach and engagement services to all children up to age 20 in Yolo County who are experiencing serious emotional difficulties.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Goal 3	Provide high-quality, community-based mental health services to Yolo County children aged 0-15 who are experiencing serious emotional disturbances.
Objective 1	Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system.
Objective 2	Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services to more adequately reflect mental health prevalence estimates.
Objective 3	Increase the array of community supports for children and youth diagnosed with serious emotional disturbance and their families.
Objective 4	Improve success in school and at home, and reduce institutionalization and out-of-home placements.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$682,309	90	\$7,581

UPDATE: This is an existing program that has had no significant changes in the past year.

Community Services & Supports (TAY 16–25)

FSP

Non-FSP

Program name: **Pathways to Independence** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

The Pathways to Independence program provides outreach and engagement, systems development, and full-service partnership (FSP) services for youth aged 16–25 who meet medical necessity for county mental health services. The Pathways to Independence program assists youth with access to behavioral support services including assessment; individual, group, and family therapy; medication support services; and case management assistance (which includes but is not limited to assistance with: transportation, obtaining housing, fulfilling basic needs, developing social supports, care coordination, and linkage to community resources). This program is provided by Yolo County HHSA. The program utilizes a client-centered, strengths-based community service model that emphasizes the importance of delivering treatment in settings that best meet the needs of transitional-age youth and includes a wide array of services that support recovery, wellness, and resilience to assist youth with remaining safe, living independently, and making a successful transition to self-supportive adulthood. The program seeks to fully implement the transition to independence process (TIP) model in all phases of treatment. The TIP model establishes a practice framework that assists youth in setting and achieving their own short-term and long-term goals across relevant transition domains, such as: employment and career, educational opportunities, living situation, personal effectiveness and well-being, and community-life functioning.

The target population for the Pathways to Independence FSP program are Yolo County youth aged 16–25 who are unserved, underserved, or inappropriately served and who experience barriers to accessing mental health treatment services. This includes youth who are seriously emotionally disturbed or who have a severe and persistent mental illness and who are experiencing or at risk of experiencing:

- ▶ Homelessness or insecure housing
- ▶ Emancipation from the child welfare or juvenile justice system
- ▶ Involvement with the criminal justice system or probation
- ▶ Substance use or abuse
- ▶ Self-injurious or high-risk behavior
- ▶ First onset of serious mental illness
- ▶ Hospitalization or institutionalization

The FSP program utilizes a team approach that ensures that all youth served by the program are assigned to a mental health therapist, case manager, and a peer support worker. All Pathways to Independence clients have access to a team member known to the youth and familiar with the youth’s needs at all times for crisis support services. This program is currently provided by Yolo County HHSA through an internal team of therapists, case managers, and peer support workers. The current capacity of the program is 25 youth.

The Pathways to Independence program will continue to address the needs identified through this year and prior year’s needs assessment, which emphasize access to case management

and psychiatry and a continuum of services across the county that include professional and peer support provided through transitional-age youth wellness centers in Davis, Woodland, and West Sacramento. As part of the process, stakeholders also identified a need for increased support for young people who are entering the mental health system and need help navigating the service system.

Key activities of the Pathways to Independence Program will support youth to improve their psychosocial well-being, reduce mental-health-related hospitalizations, reduce involvement with the criminal justice system, reduce homelessness, improve community, and support a transition to self-supportive adulthood by:

- ▶ Educating youth and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and support planning, treatment modalities, and other information related to mental health services and the needs of the youth.
- ▶ Providing intensive support services and case management to youth identified as FSP, including individual therapy and other collateral support, when needed.
- ▶ Developing integrated service plans that identify needs in the areas of mental health, physical health, education, job training, employment, housing, socialization, and independent living skills.

- ▶ Providing seamless linkages between the child, youth, and family mental health system and the adult and aging mental health system, as appropriate.
- ▶ Providing medication management services and nursing support, if needed.
- ▶ Assisting youth to enroll in entitlement programs for which they are eligible (to facilitate emancipation) including Social Security Disability Insurance, Supplemental Security Income, and Medi-Cal.
- ▶ Assisting youth with obtaining affordable housing in the community (including permanent affordable housing with combined supports for independent living).
- ▶ Providing life skills development to promote healthy independent living.
- ▶ Assisting youth with developing employment-related readiness skills and seeking employment.
- ▶ Empowering youth to participate in efforts to reduce stigma associated with mental illness while developing confidence and public-speaking skills through the TAY Speakers Bureau.
- ▶ Supporting youth to graduate high school and pursue college or vocational school.
- ▶ Providing referrals and navigation support for substance abuse treatment services, when needed.
- ▶ Providing rehabilitative wellness programs, services, group support, and age-appropriate socialization activities.
- ▶ Providing services to support families of youth, as appropriate.
- ▶ Provide navigation and linkages to youth in need of resources in the county or community for mental health services through a peer navigator or outreach specialist.
- ▶ Referring and linking clients to other community-based providers for other needed social services and primary care.
- ▶ Delivering mobile services, including assessment, treatment, and telepsychiatry, to reach youth who cannot access services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- ▶ Transporting youth clients to and from mental health appointments or other program activities.
- ▶ Assisting youth to obtain a driver's license when appropriate.

Goal 1	Provide FSP, system development, and outreach and engagement services to youth aged 16–24 in Yolo County who are experiencing serious mental illness while transitioning to adulthood.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services and more adequately reflect mental health prevalence estimates.
Objective 2	Address existing mental health challenges promptly with assessment and referral to the most effective services.
Objective 3	Support successful transition from the foster care and juvenile justice systems.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$2,092,947	75	\$27,905

UPDATE: In September 2020, Yolo County made a decision to transition FSP services from using county staff to contracted providers as a strategy to increase the number of individuals served and hours of service to fully align with MHSA expectations (24/7 availability to FSP clients of a behavioral health professional who is known to the client). This change required a significant reorganization of staff and resources across both the Child, Youth, and Family Branch and the Adult and Aging Branch and coincided with staff attrition that impacted the Pathways to Independence program. These staffing changes and the impact of the COVID-19 pandemic have created significant challenges for the program. At this time, the agency is continuing to provide services to Pathways clients utilizing staff from both CYF and A&A Branches, in anticipation of contracted providers taking over responsibility for the cases in the next few months. The county has secured contracts with Telecare and TLCS (aka Hope Cooperative) to provide FSP services, and they will begin administering these services during FY 2021/22.

Prevention and Early Intervention Program Plan

Update 2021–2022

PREVENTION

Reduce risk of developing a potential SMI and build protective factors. Activities can include universal prevention strategies geared toward populations that may be more at risk of developing SMI.

Yolo County Programs/Strategies:

**Youth Early Intervention
First Episode Psychosis (FEP)
Program**

EARLY INTERVENTION

Treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.

Yolo County Programs/Strategies:

K-12 School Partnerships

College Partnerships

Senior Peer Counseling

**Maternal Mental Health
Access Hub**

Cultural Competence

IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS

Track and evaluate access and referrals for services specific to populations identified as underserved.

Yolo County Programs/Strategies:

Yolo County currently does not have any programs or strategies that fall under this category.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Activities or strategies to engage, encourage, educate, and train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

Yolo County Programs/Strategies:

**Early Signs Training and
Assistance**

ACCESS AND LINKAGE TO TREATMENT

Activities to connect children, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable to medically necessary care and treatment.

Yolo County Programs/Strategies:

Early Childhood Mental Health & Linkage

STIGMA AND DISCRIMINATION REDUCTION

Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, which can include training and education, campaigns, and web-based resources.

Yolo County Programs/Strategies:

**Latinx Outreach/
Mental Health Promotores Program**

SUICIDE PREVENTION

Organized activities that prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity-building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.

Yolo County Programs/Strategies:

Early Signs Training and Assistance

The Yolo County Suicide Prevention Hotline is embedded within the Early Signs Training and Assistance Program

Prevention and Early Intervention (AA)

FSP

Non-FSP

Program name: **Senior Peer Counseling Program** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0-5

Transitional-Age Youth Aged 16-25

Adults Aged 26-59

Olders Adult Aged 60+

Administered by:

Contractor

County

Program Description

The Senior Peer Counseling Program mobilizes volunteers from the community to provide free, supportive counseling and visiting services for adults aged 60 or older in Yolo County who are troubled by loneliness, depression, loss of spouse, illness, or other concerns of aging. Services are voluntary, consumer directed, and strengths based. By providing psychosocial supports and identifying possible signs and symptoms of mental illness early on and with ongoing assistance, senior peer counselors assist older adults to live independently in the community for as long as reasonably possible.

Senior Peer Counseling volunteers coordinate with existing HHSA older adult services programs to provide opportunities for earlier intervention to avoid crises for older adults and create more opportunities for their support through companionship and counseling. Volunteers and staff members employ wellness and recovery principles, addressing both immediate and long-term needs of program members and delivering services in a timely manner with sensitivity to the cultural needs of those served.

Key activities for the Senior Peer Counseling Program will support outcomes of improved service access and connection for older adults and prolonged healthy and safe independent living by:

- ▶ Recruiting, screening, and coordinating all peer counselor volunteers.
- ▶ Training peer counselors in mental health resources, signs of mental illness, and how to work with older adults experiencing mental illness.
- ▶ Visiting older adults in the home or community to provide companionship and social support.
- ▶ Coordinating with the Friendship Line, a warmline and hotline that is operated out of the San Francisco Institute on Aging.
- ▶ Referring and linking consumers to other community-based providers for other needed social services and primary care.

Goal 1	Support older adults to live independently in the community for as long as reasonably possible while ensuring their mental and physical well-being.
Objective 1	Recruit, train, and support volunteers to provide peer counseling services.
Objective 2	Support independent living and reduce social isolation for seniors.
Objective 3	Promote the early identification of mental health symptoms in older adults.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$48,400	250	\$194

UPDATE: Programs have managed to continue services during the pandemic. Volunteer recruitment for in-person services was halted, but the program continued outreach and engagement. The peer support workers provide one-to-one check-ins while clients continue staying at home.

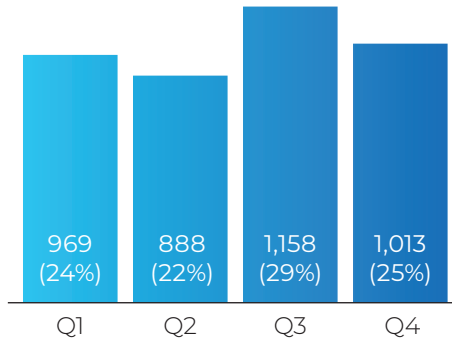
The Senior Peer Counseling program had a turnover in leadership this year and is making tremendous progress in marketing the program, engaging new volunteers and creating a training program.

Evaluation Data for **Senior Peer Counseling** for FY19/20

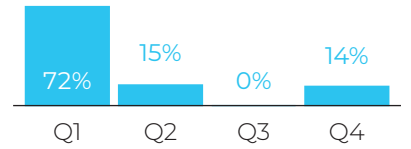
0.5 TOTAL FTEs
12 SENIOR PEER COUNSELORS

We served **281 clients** in 2019–2020!

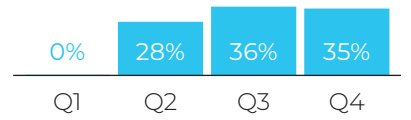
CLIENT CONTACTS (TOTAL = 4,028)



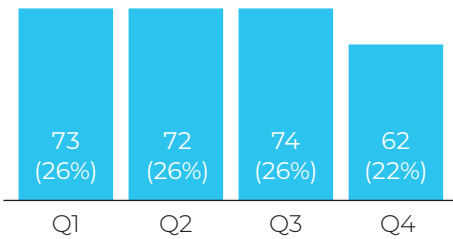
NEW CLIENTS (TOTAL = 116)



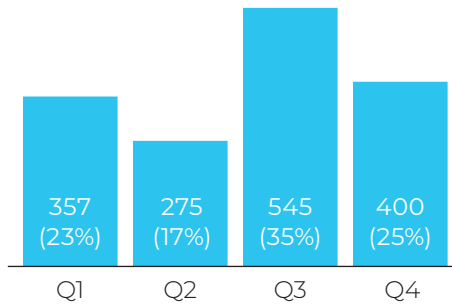
RETURNING CLIENTS (TOTAL = 236)



PARTICIPANTS SERVED (TOTAL = 281)

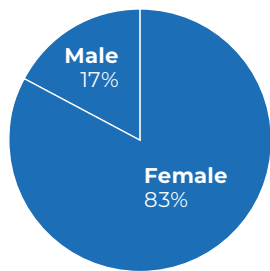


VOLUNTEER HOURS OF SERVICE PROVIDED (TOTAL = 1,577)



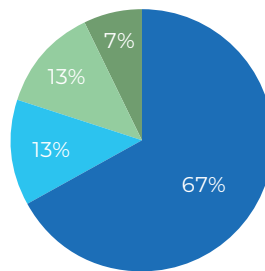
8% of older adults reported an ability to maintain level of self-care and independence as a result of contact with Senior Peer Counseling volunteers.

CLIENT SNAPSHOT



17% Have a Disability
15% Veterans
<1% Gay or Lesbian

CLIENTS SERVED BY DISABILITY TYPE

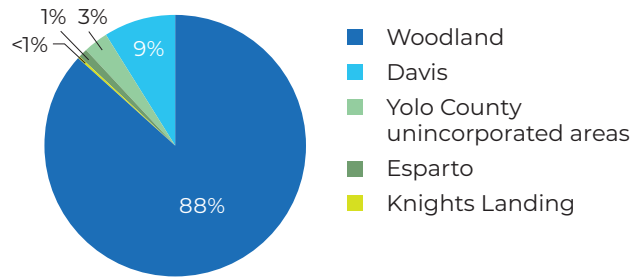


- Physical Mobility Domain: Physical or mobility issue
- Communication Domain: Difficulty hearing or having speech understood
- Other Disability
- Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)

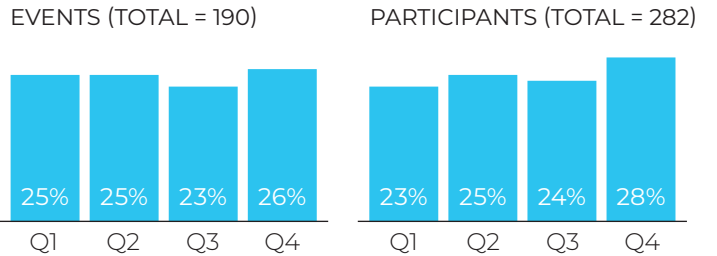
CLIENTS SERVED BY RACE (%)



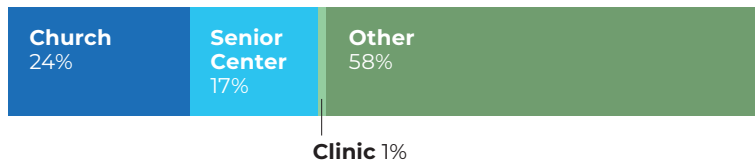
CITY OF RESIDENCE



WE HELD 190 EVENTS IN 2019-2020!



OUTREACH SETTINGS



PROGRAM ACCOMPLISHMENTS

- ▶ All clients received two contacts per week (phone and text, card, or email)
- ▶ Two clients accomplished their goals and “graduated” from the program
- ▶ Created new program brochure
- ▶ Developed comprehensive system for tracking volunteer-client interactions
- ▶ Held biweekly supervision meetings via Zoom for volunteers to update the team about successes and concerns and to have peer-to-peer connection

PROGRAM CHALLENGES

Volunteer engagement was difficult when meeting in person became impossible due to COVID-19. Clients who live in facilities became unreachable as those facilities’ restrictions tightened. Clients were concerned and cautious and sometimes didn’t respond to active volunteers.

Prevention and Early Intervention (AA)

 FSP Non-FSPProgram name: **Latinx Outreach/Mental Health Promotores Program** for FY19/20

Status:

 Started Pending Canceled New 21/22 COVID Delayed

Target Population:

 Children Aged 0-5 Transitional-Age Youth Aged 16-25 Adults Aged 26-59 Older Adults Aged 60+

Administered by:

 Contractor County**Program Description**

The Latinx Outreach/Mental Health Promotores Program provides culturally responsive services to Yolo County Latinx residents (aged 18 or older) with health issues, mental health illnesses, or substance use issues. The program serves the entire Latinx community and seeks to develop relationships between providers and consumers, including their supports, families, and community.

This program addresses several needs, including:

- ▶ Integrating behavioral health services (to decrease costs to the county and providers for uninsured individuals).
- ▶ Reducing mental health hospitalizations for patients receiving services.
- ▶ Increasing the quality of life and independence for individuals with health, mental health, and substance use issues.
- ▶ Expanding participatory input on program activities.
- ▶ Reducing stigma in the Latinx community with a resulting increase in service penetration rates in that community.

By utilizing promotores (a Latinx community member who receives training to provide basic health and mental health education in the community), information can be disseminated to the community in culturally appropriate ways. Promotores focus on addressing the engagement challenges that arise due to stigma related to mental illness, the transient nature of seasonal harvest workers, long working hours for the population, and geographical barriers (e.g., rural or isolated settings) that make traveling to and from behavioral health service locations difficult. To ensure accessibility, the program's outreach strategy follows a "meet individuals where they are" approach that includes a mobile component. Promotores can visit local farms and worksites to provide information and resources to the target population. Additionally, the program offers extended hours beyond traditional work hours each month, including events during the weekend.

Key activities of Latinx Outreach/Mental Health Promotores will support outcomes around improved mental health wellness; personal, social, and community stability;

and connection to other services by:

- ▶ Providing culturally competent and evidence-based practices training for staff.
- ▶ Providing counseling services in accessible locations at convenient times.
- ▶ Providing culturally competent services in English and Spanish.
- ▶ Using evidence-based practices and implementing quality-assurance practices.
- ▶ Increasing access to primary care, mental health, and substance abuse treatment services for Latinx residents of Yolo County, including weekly outreach activities and whole-person health screenings.
- ▶ Connecting Latinx residents to entitlement supports as needed.
- ▶ Providing screening, assessment, short-term solution-focused therapy, and access to psychiatric support for medication assistance to address mental health concerns.
- ▶ Reducing stigma and behavioral health underutilization in Latinx communities.

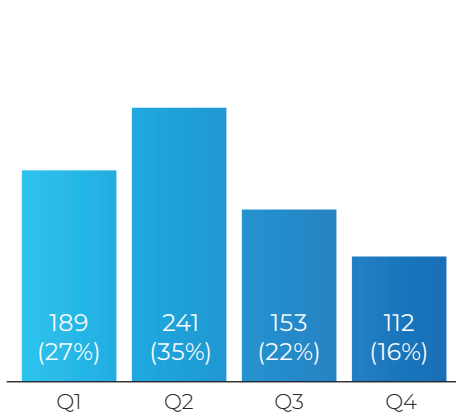
Goal 1	Provide comprehensive health services, including physical and behavioral health, to the Latinx community.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Utilize culturally responsive approaches to engaging the Latinx population.
Objective 2	Increase engagement with Latino men.
Objective 3	Improve health and behavioral health outcomes for the Latinx population.

Estimated FY21/22 Costs \$438,512	Estimated Number to Be Served 200	Estimated Cost/Person Served \$2,193
--	--	---

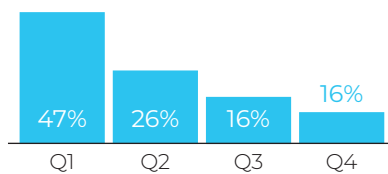
UPDATE: Programs have managed to continue services during the pandemic. The Promotores program continued its services as well.

Evaluation data for: **Latinx Promotores Program** for FY19/20

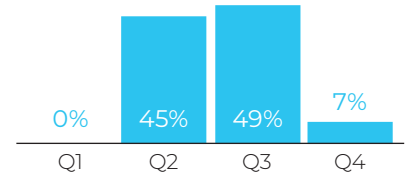
CLIENT CONTACTS (TOTAL = 695)



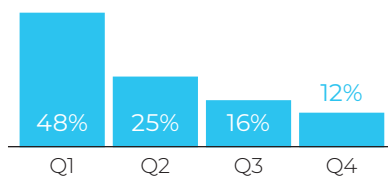
NEW CLIENTS (TOTAL = 116)



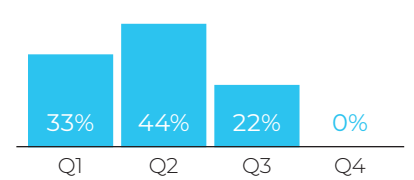
NEW CLIENTS (TOTAL = 116)



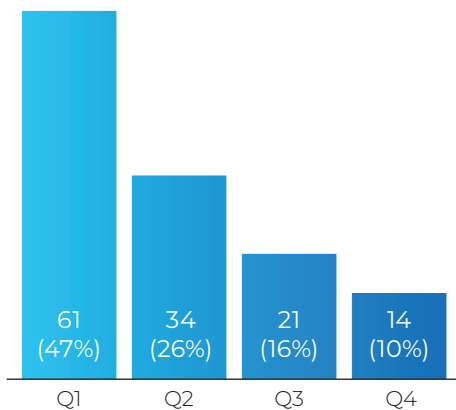
RETURNING CLIENTS (TOTAL = 236)



RETURNING CLIENTS (TOTAL = 236)



PARTICIPANTS SERVED (TOTAL = 130)



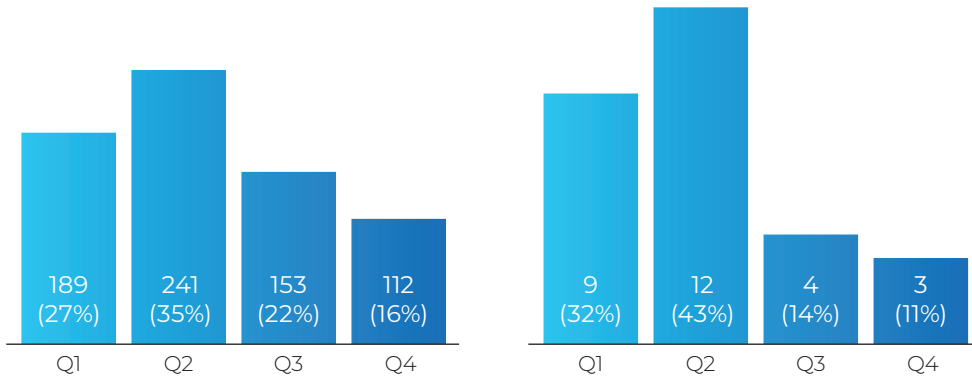
We served **130 clients** in 2019–2020!

16 clients were referred for services

100% received services and reported positive outcomes

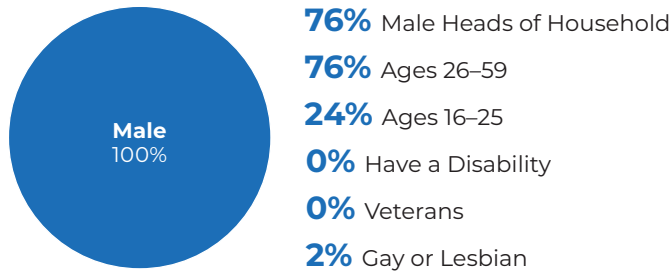
7 days Average interval between referral and treatment

SERVICE UNITS PROVIDED (TOTAL = 695)

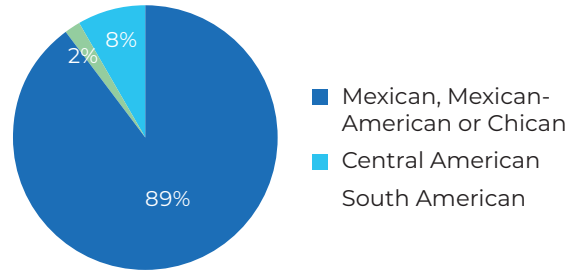


100% of participants reported being satisfied with the services provided and that their cultural background, beliefs, and language were respected

CLIENT SNAPSHOT



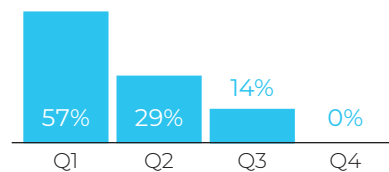
CLIENTS SERVED BY AGE



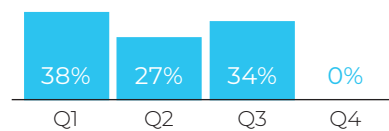
100% of clients received services in Spanish as their preferred language

CLIENTS' CITY OF RESIDENCE	%
Esparto	55
Winters	12
Guinda	9
Madison	8
Dunnigan	6
Brooks	5
Knights Landing	4

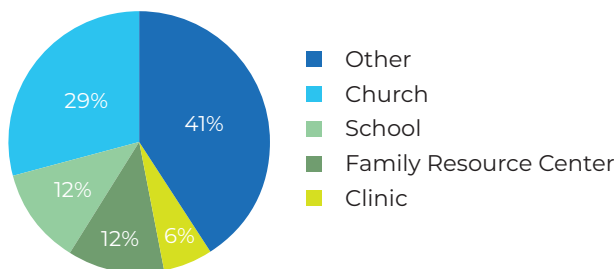
EVENTS (TOTAL = 7)



PARTICIPANTS (TOTAL = 478)



OUTREACH SETTINGS



Prevention and Early Intervention (CYF 0-5) Over 25 Under 25

Program name: **Early Childhood Mental Health Access and Linkage Program** for FY19/20

Status: Started Pending Canceled New 21/22 COVID Delayed

Target Population: Children Aged 0-5 Transitional-Age Youth Aged 16-25 Adults Aged 26-59 Older Adults Aged 60+

Administered by: Contractor County

Program Description

The Early Childhood Mental Health (ECMH) Access and Linkage Program provides universal screenings to parents and their children aged 0-5 to identify young children who are either at risk of or beginning to develop mental health problems that are likely to affect their healthy development. The ECMH Access and Linkage program then connects children and their families to services that would either prevent or provide early intervention to address mental health problems affecting healthy development.

The ECMH Access and Linkage Program provides screening, identification, and referral services for children aged 0-5 in the community setting to: provide prompt identification and intervention for potential issues and provide timely access to and coordination of services

to address existing issues at appropriate service intensity. Children will be linked to the most suitable service, regardless of funding source or service setting (e.g., county, EPSDT, or school).

The purpose of this program is to address the needs identified during the community program planning process for a simplified method of assessment and referral of children to the services that they need. Community stakeholders identified that due to the multitude of programs available and different admission criteria for each, children and youth were not always linked appropriately. This program seeks to bridge this gap by placing a referral and access specialist in community settings to serve children aged 0-5.

Key activities of the ECMH Access and Linkage Program will support outcomes around preventing the development of

mental health challenges in children and improved linkages to mental health services by:

- ▶ Providing assessment and referrals for children aged 0-5 and their families in community settings.
- ▶ Addressing service access challenges when they are identified.
- ▶ Maintaining an up-to-date list of available programs and services across funding sources.
- ▶ Maintaining relationships with available programs and services to smoothly facilitate linkages.
- ▶ Performing outreach to community to raise awareness of the program's purpose and services.

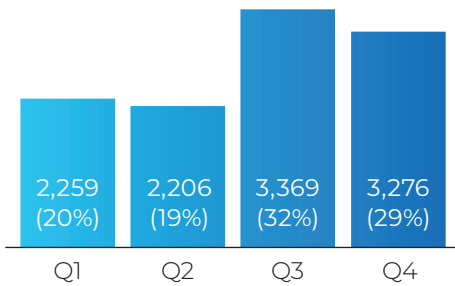
Goal 1	Connect children to the appropriate prevention or mental health treatment service.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Prevent the development of mental health challenges through early identification.
Objective 2	Address existing mental health challenges promptly with assessment and referral to the most effective service.
Objective 3	Strengthen access to community services for children and their families.

Estimated FY21/22 Costs \$400,000	Estimated Number to Be Served FY21/22 9,000	Estimated Cost/Person Served \$44
--	--	--

UPDATE: This is an existing program that has had no significant changes in the past year.

Evaluation data for: **Help Me Grow Yolo County** for FY19/20

CLIENT CONTACTS (TOTAL = 11,380)

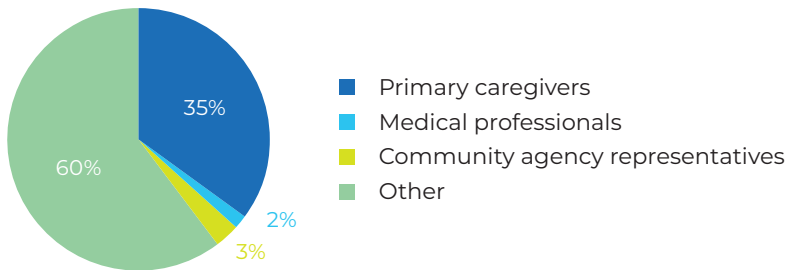


55,507 “Touches” — combination of direct interactions and potential touches through distributed marketing materials

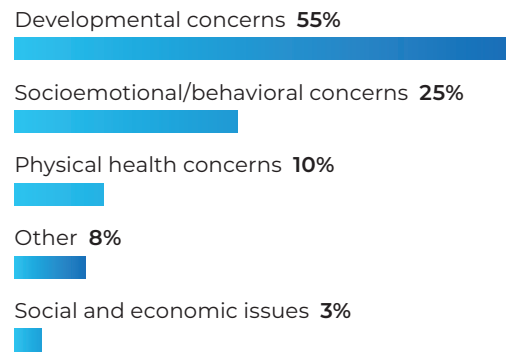
128 calls to the center

We conducted **713 trainings** with **9,911 participants** this year!

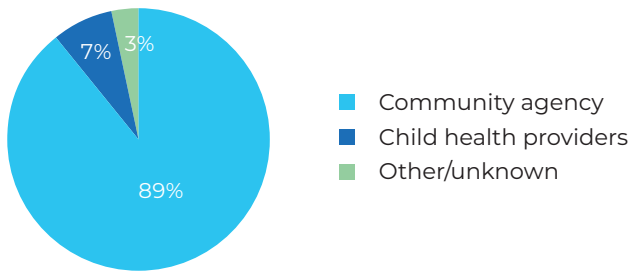
PERSON CONTACTING HELP ME GROW ON BEHALF OF CHILD (TOTAL = 3,590)



ISSUE AT TIME OF REFERRAL



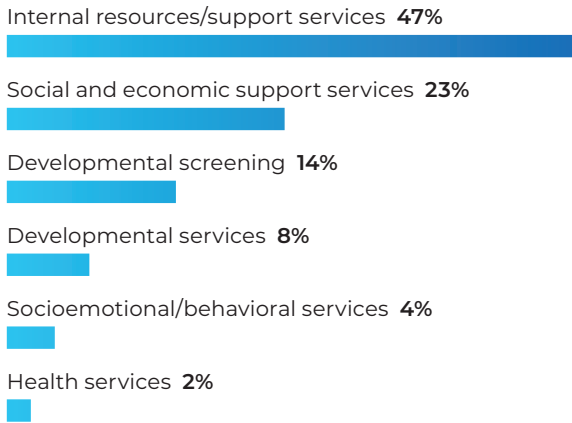
HOW PARENTS/GUARDIANS HEARD ABOUT HELP ME GROW (TOTAL = 998)



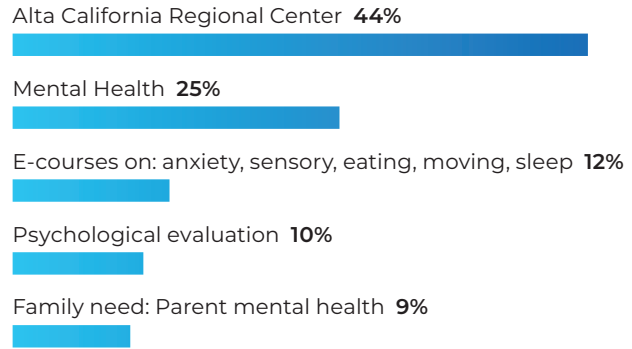
CLIENTS BY TYPE

	Q1	Q2	Q3	Q4	TOTAL
New Clients (not seen previously in this fiscal year)	14%	16%	15%	55%	4,253
Returning Clients (returning from previous quarter in same fiscal year)	0%	14%	51%	35%	689
Individual Family Members Served	22%	15%	13%	50%	8,985
New Clients Served: Prevention	15%	15%	14%	56%	4,127
New Clients Served: Early Intervention	43%	23%	17%	16%	222

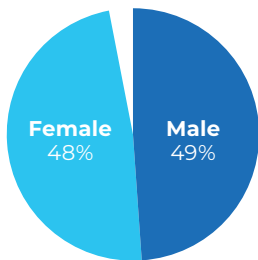
TYPES OF SERVICES CHILD/FAMILY REFERRED TO



TREATMENT/PROGRAM CLIENT WAS REFERRED TO (TOTAL = 222)



CLIENT SNAPSHOT

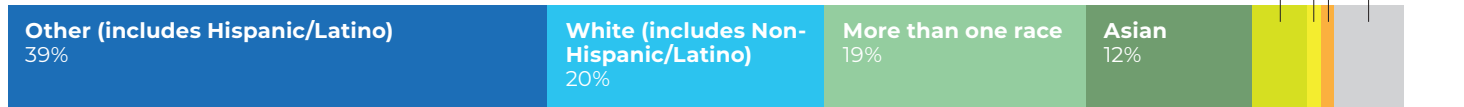


100% Ages 0-15

7% Have a disability

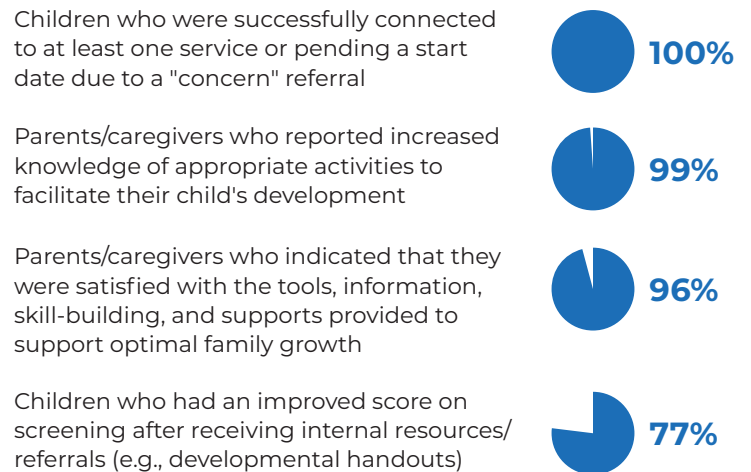
Note: Responses of "Not Recorded" were removed from the analysis.

CLIENTS SERVED BY RACE (%)



CLIENTS' CITY OF RESIDENCE	%
Woodland	35%
West Sacramento	31%
Davis	12%
Winters	5%
Out of County	5%
Sacramento [board and care]	4%
Esparto	3%
Madison	3%
Brooks, Dunnigan, Knights Landing, Yolo, Yolo County unincorporated areas, Clarksburg, Guinda, homeless	<1%

IS ANYONE BETTER OFF?



PROGRAM ACCOMPLISHMENTS

- ▶ The total number of new clients increased significantly as we reached out to families from previous years to remind them of our services.
- ▶ Help Me Grow Yolo County started providing virtual developmental groups every weekday, reflected in the dramatic increase of outreach events held.
- ▶ Our increased focus on outreach to rural communities has shown a significant increase in clients served in those areas, with more than 65% of the rural clients being reached in Q4.
- ▶ Help Me Grow Yolo County ramped up its social media presence by increasing posts, creating more original posts, and putting more focus on Instagram and Pinterest.
- ▶ Help Me Grow Yolo County participated in a diaper distribution event throughout the county and included information about our program.
- ▶ Help Me Grow Yolo County increased the number of outreach participants by partnering with the City of Woodland Parks and Recreation and Woodland Joint Unified School District to distribute activities, resources, and Help Me Grow Yolo County information for families.
- ▶ Families attending the sensory group became more regular participants in the group. Attendance improved and participants were more engaged since they had the materials and instructions for the project of the day during the class.

PROGRAM CHALLENGES

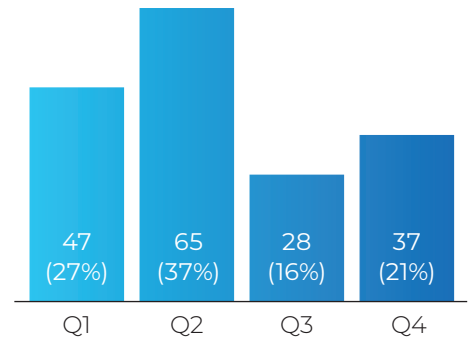
The program had to pivot to accommodate for COVID-19. We switched our 3x/week in-person developmental playgroups to 5x/week virtual groups with increased capacity when no longer needing a physical location. The second half of the fiscal year historically provided the most outreach opportunities, but in-person events were cancelled. Other programs also became overwhelmed with the necessary changes, and the ability to work with them was put on hold while agencies figured out their next steps. The staff at Help Me Grow Yolo County/Northern California Children's Therapy Center sheltered at home, but the office is now staffed with someone every weekday.

Evaluation Data for **Maternal Mental Health Services** for FY19/20

3 TOTAL FTEs
18 CLIENTS WHO RECEIVED IN-HOME COGNITIVE BEHAVIORAL THERAPY
102 SESSIONS PROVIDED

20 clients were referred in 2019–2020
50% received in-home assessments

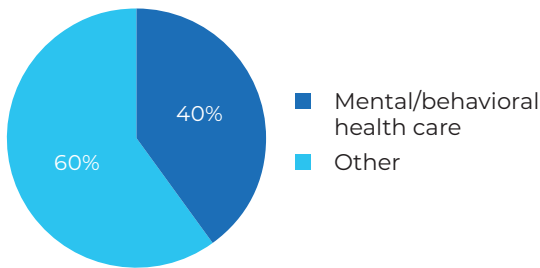
CLIENT CONTACTS (TOTAL = 177)



CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients (not seen previously in this fiscal year)	50%	11%	22%	17%	18
Returning Clients (returning from previous quarter in same fiscal year)	0%	55%	9%	36%	11
New Clients Served: Early Intervention	50%	11%	22%	17%	18

95% CLIENTS ELIGIBLE FOR IN-HOME CBT
50% CLIENTS RECEIVING IN-HOME CBT

OUTREACH SETTING

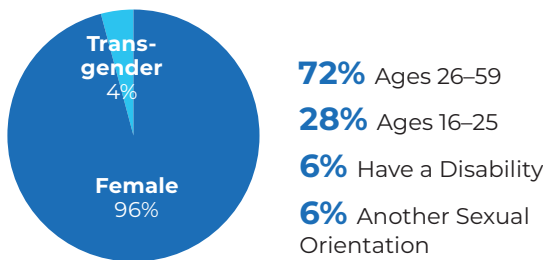


We held **5 outreach events** with **170 total participants** this year!

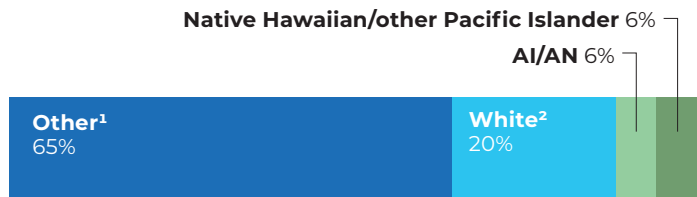
CLIENT OUTCOMES

- 100% Clients showing improvements in function, skill development, PM, and strengths
- 89% Clients showing improvement on pre/post Patient Health Questionnaire, PHQ-9, and self-report of functioning
- 81% Clients reporting they could access services because of home visiting capability of the mental health therapists
- 33% Clients completing PM CBT or graduating

CLIENT SNAPSHOT



NUMBER OF CLIENTS SERVED BY RACE



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino. Note: Responses of "Not Recorded" were removed from the analysis.

61% of clients were Hispanic or Latino
28% of clients requested communications in Spanish

CLIENTS' CITY OF RESIDENCE	%
Woodland	50%
West Sacramento	17%
Winters	11%
Davis	11%
Esparto	6%
Madison	6%

PROGRAM ACCOMPLISHMENTS

- ▶ Clinicians engaged with all clients referred who continued to meet criteria for treatment despite an abrupt transition to telehealth as the result of the COVID-19 pandemic.
- ▶ One client experienced an elimination of symptoms prior to engaging in treatment after having a medical condition treated.
- ▶ Staff referral response time improved.
- ▶ The quality of the referrals from community partners has improved, meaning all clients referred met program enrollment criteria when they were referred.
- ▶ The program graduated its first transgender client, who responded positively to the CBT model of treatment.

PROGRAM CHALLENGES

Despite moving to a telehealth model as the result of COVID-19 social distancing requirements, clients continued to struggle with consistent attendance. Prior to COVID-19 sheltering restrictions, clients reported conflicting appointments and illness as reasons for rescheduling appointments. Following COVID-19, clients reported challenges of getting time and space to themselves to engage in treatment with children out of care or school and in their care full time.

Prevention and Early Intervention (CYF)

Over 25

Under 25

Program name: **K-12 School Partnerships Program** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children and Transitional-Age Youth Aged 6–18

Adults Aged 26–59

Older Adults sAged 60+

Administered by:

Contractor

County

Program Description

The K-12 School Partnerships Program collaborates with school districts and community-based organizations to embed clinical staff members at schools throughout the county to provide a wide array of services including universal screening, assessment, referral, and treatment for children and youth aged 6–18. Similar to the Early Childhood Mental Health Access and Linkage Program, the K-12 School Partnerships Program helps identify children and youth who need mental health services and expand the current service model to provide direct services and supports to students and the school system. The K-12 School Partnerships Program provides evidence-based, culturally responsive services and offers promising practices in outreach and engagement for at-risk children and youth that build their resilience and help mitigate and support their mental health experiences.

This new school-based program builds on two previous iterations of school-based MHSA programs to respond to stakeholder feedback regarding the need to expand access to mental health services on school campuses throughout the county. The focus of the newly designed K-12 School Partnerships Program is on leveraging MHSA and EPSDT funds and local control (LCAP/LCFF) funds from school districts to expand the array of mental

health services and supports available on school campuses. The vision of these district-specific partnerships is to increase access to mental health services in locations that are easily accessible to students and families. The program expands the current, and more limited, array of services and supports available to students to more fully integrate mental health services into the school systems by utilizing an integrated systems model and multitiered systems of support. The goal of this integrated approach is to blend resources, training, systems, data, and practices to improve outcomes for all children and youth. There is an emphasis on prevention, early identification, and intervention of the social, emotional, and behavior needs of students. Family and community partner involvement is critical to this framework.

The K-12 School Partnerships Program provides comprehensive and universal screening, identification, and referral services for children and youth aged 6–18 in school-based settings to: (a) provide prompt identification and intervention for potential issues; (b) provide timely access to and coordination of services to address existing issues at appropriate service intensity; and (c) utilize evidence-based practices and data-driven decision making focused on ensuring positive outcomes for all children, youth, and their families. Children, youth, and their families are linked to the most suitable service,

regardless of funding source or service setting (e.g., county, EPSDT, or school). Services are culturally responsive and embedded in schools in each district and provide community-, district-, and school-specific services to meet the unique needs of children, youth, and their families.

The purpose of this program is to address the needs identified during the community planning process for an expanded array of mental health services and supports for children and youth on school campuses throughout the county. This program greatly expands the reach of mental health services outside of the typical service delivery setting and provides interventions that are likely to reduce the stigma associated with receiving mental health services. This program also focuses services in both urban and rural areas of the county and in the Latinx community. Stakeholders identified that although services are currently available on school campuses, they are limited and the overall needs outweigh capacity.

Key activities of the K-12 School Partnerships Program will support outcomes around preventing the development of mental health challenges in children of all ages and improving linkages to mental health services, mental health wellness, school engagement, and personal, social, and community stability by:

- ▶ Supporting children and youth to increase their social, emotional, and coping skills, including anger management, distress tolerance, self-esteem, relationship building, and cognitive life skills.
- ▶ Supporting school staff, parents, and caregivers to learn trauma-informed and strength-based skills to support children and youth.
- ▶ Providing comprehensive screening and assessment for children aged 6–18 and their families in school settings.
- ▶ Providing direct services and supports to children and youth aged 6–18 on school campuses and referral to higher levels of care as needed.
- ▶ Addressing service access challenges when they are identified.
- ▶ Providing training and consultation to school staff to build capacity in schools to identify and support students with mental health needs.
- ▶ Maintaining an up-to-date list of available programs and services across funding sources.
- ▶ Maintaining relationships with available programs and services to smoothly facilitate linkages.
- ▶ Performing outreach to schools, staff, and the community to raise awareness of the program’s purpose and services.

Goal 1	Increase access to a continuum of mental health services in locations that are easily accessible to students and their families.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Prevent the development of mental health challenges through early identification.
Objective 2	Address existing mental health challenges promptly with assessment, referral to the most effective service, and short-term treatment.
Objective 3	Increase capacity to support wellness on school campuses by expanding access to mental health services and supports for children, youth, and their families.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$1,120,339	1,000	\$1,120

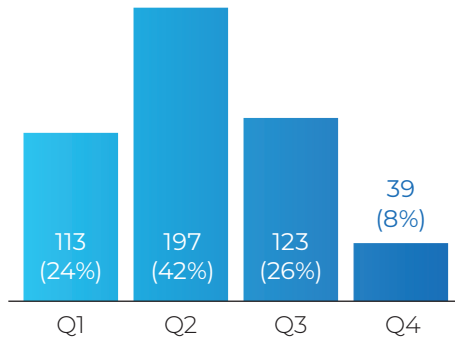
UPDATE: Due to collective impacts of the COVID-19 pandemic that interfered with the project timeline (including delays in developing contracts for the K-12 School Partnerships Program), Yolo County extended the contracts for the School-Based Access and Linkages and Mentorship/Strengths-Building programs described in the [Yolo County MHSA Plan \(2017–2020\)](#) (see pp. 53–56). These programs will terminate when the K-12 School Partnerships Program becomes operational in 2021. The K-12 School Partnerships Program will be administered through four contracts to provide services to the identified geographical catchment areas of: Davis, Esparto/Winters, West Sacramento, and Woodland.

Evaluation Data for **Rural School-Based Access and Linkage Program** for FY19/20

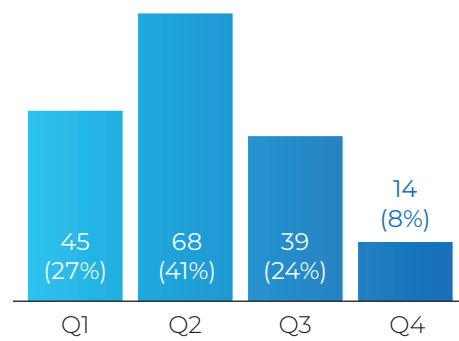
2 TOTAL FTEs (ALL BILINGUAL)

We served **166 clients** in 2019–2020!

CLIENT CONTACTS (TOTAL = 472)



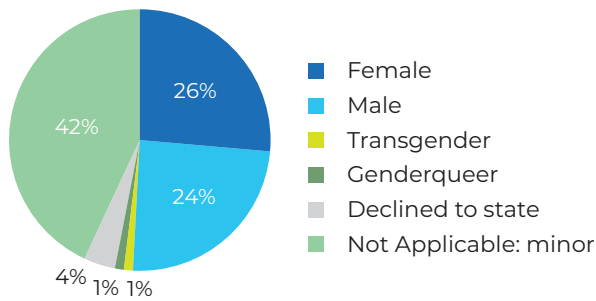
PARTICIPANTS SERVED (TOTAL = 166)



CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients	27%	41%	24%	8%	166
Returning Clients	0%	0%	0%	0%	0

100% of children needing mental health triage received the service within **48 hours** of referral from school districts or family referral

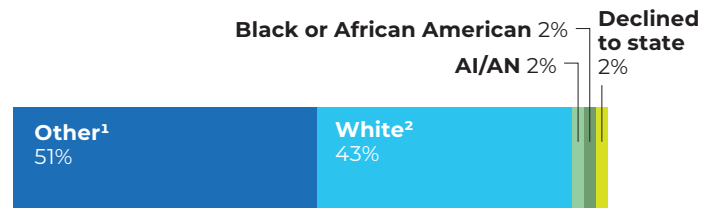
CLIENT SNAPSHOT



Note: Responses of "Not Recorded" were removed from the analysis.

- 28%** Have a Disability
- 0%** Veterans
- 1.8%** Gay or Lesbian
- 3.6%** Bisexual
- 1.8%** Questioning
- <1%** Queer
- 1.3%** Declined to State
- 49%** Not Applicable: Minor

CLIENTS SERVED BY RACE (%)



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino. Note: Responses of "Not Recorded" were removed from the analysis.

- 63%** of clients were Hispanic or Latino
- 2%** of clients requested written communication in Spanish
- 3%** of clients requested spoken communication in Spanish

CLIENTS' CITY OF RESIDENCE	%
Esparto	41
Winters	37
Knights Landing	6
Woodland	5
Brooks	3
Yolo County Unincorporated Areas	2
Madison	2
Yolo	1
Guinda	1
West Sacramento	1
Sacramento (Board & Care)	1

CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
Events	15%	56%	19%	11%	27
Participants	63%	22%	10%	6%	351

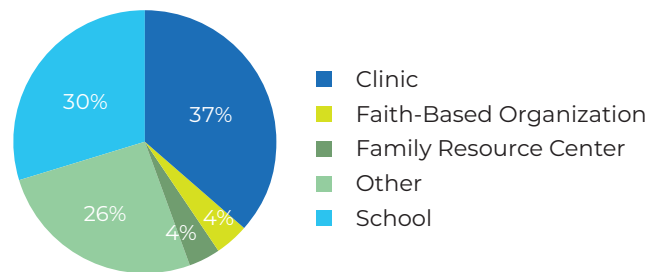
PROGRAM ACCOMPLISHMENTS

- ▶ 100% of youth (14) referred were connected and received at least one mental health service in Q4
- ▶ 100% of children received services in their preferred language
- ▶ In Q4, 75% of family members reported improvement in child/youth family circumstances
- ▶ 91% of respondents reported they saw an improvement after 90 days of receiving mental health services

CLIENTS SERVED BY DISABILITY TYPE (99 CLIENTS TOTAL) %	
Communication Domain: Difficulty seeing	5
Communication Domain: Difficulty hearing or having speech understood	7
Communication Domain: Other	0
Physical Mobility Domain: Physical or mobility issue	3
Chronic Health Conditions: Including but not limited to chronic pain	1
Other Disability	1
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	12
Total	100

Note: Responses of "Not Recorded" were removed from the analysis.

OUTREACH SETTINGS

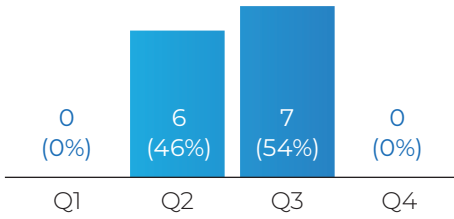


PROGRAM CHALLENGES

Families are really struggling due to the COVID shutdown. Our team is doing all that we can to connect families to various resources that may help their family circumstances. However, due to these unprecedented times, so many are struggling.

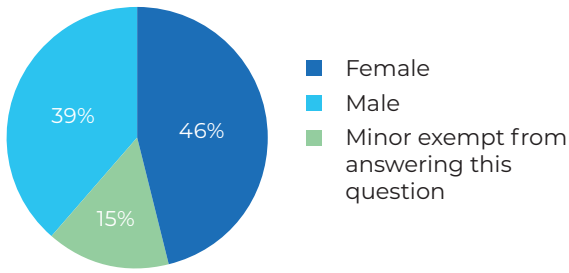
Evaluation Data for **Urban School-Based Access and Linkage Program** for FY19/20

CLIENT CONTACTS (TOTAL = 13)



We served **13 clients** in 2019–2020!

CLIENT SNAPSHOT

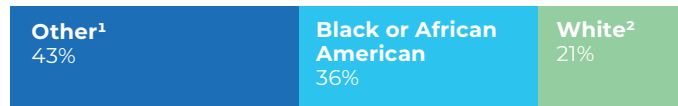


92% Not Disabled **0%** Veterans
8% Declined to State **0%** Gay or Lesbian

CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients	0%	46%	54%	0%	13
Returning Clients	0%	0%	0%	0%	0

Due to isolation and diminished access to social supports, access and linkage services provided flyers to parents and surveyed school staff on their needs and interests regarding our services during COVID-19.

CLIENTS SERVED BY RACE (%)



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.

62% of clients were Hispanic or Latino
0% of clients requested communications in Spanish

100% OF CLIENTS WERE FROM WEST SACRAMENTO

OUTREACH SETTINGS

50% school **50%** other

PROGRAM ACCOMPLISHMENTS

- ▶ 67% of children, youth, and family members were referred to a mental health service provider
- ▶ 100% of routine mental health triage services were provided within 7 calendar days of request for service
- ▶ 75% of referred children, youth, and family members who received at least one mental health service from the preferred provider
- ▶ Staff continued to regularly contact school staff to seek referrals, provide resources, and maintain working relationships

PROGRAM CHALLENGES

The COVID-19 pandemic's closure of schools resulted in a lack of referrals.

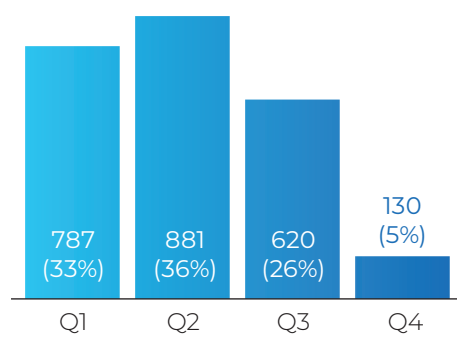
Evaluation Data for **Rural School-Based Strengths and Mentoring Program** for FY19/20

2.5 TOTAL FTEs
(ALL BILINGUAL)

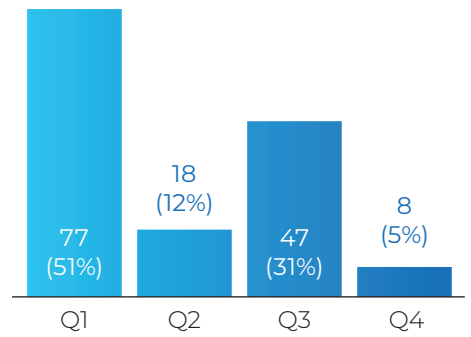
We served **150 clients** in 2019-2020!

No volunteer hours of service data

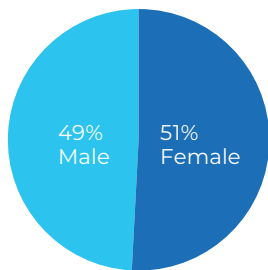
CLIENT CONTACTS (TOTAL = 2,418)



PARTICIPANTS SERVED (TOTAL = 150)



CLIENT SNAPSHOT



- 0% have a disability
- 0% Veterans
- 5% Gay or Lesbian

77% for the program year enrolled in the after-school Mentoring and Strengths Program demonstrated an improvement in well-being on the Youth Asset Survey.

CLIENTS SERVED BY RACE (%)



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.

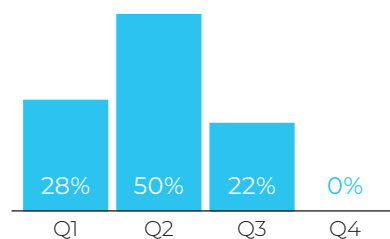
77% of clients were Hispanic or Latino
39% of clients requested communications in Spanish

100%

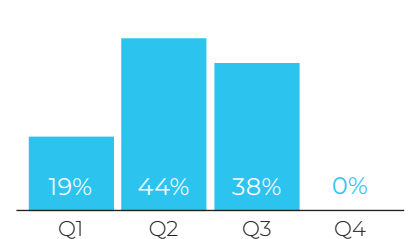
of clients with disability four were from the mental health domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)

CLIENTS' CITY OF RESIDENCE	%
Winters	50
Esparto	37
Madison	7
Guinda	4
Brooks	1

EVENTS (TOTAL = 18)

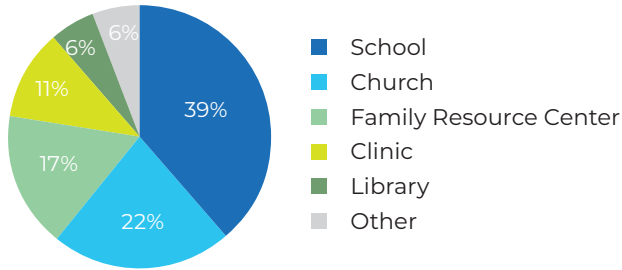


PARTICIPANTS (TOTAL = 1,256)



We held **15 events** in 2019-2020!

OUTREACH SETTINGS



PROGRAM ACCOMPLISHMENTS

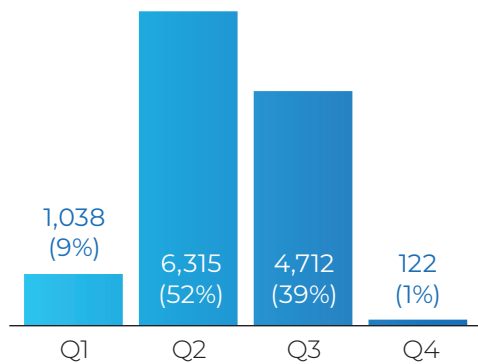
- ▶ 82% enrolled in the Social Emotion Learning and Well-Being Programs, demonstrated an improvement in overall well-being on the Global Self-Worth Assessment
- ▶ 100% of staff received Why Try and Strengths Finder, an evidence-based training
- ▶ 17 participants were referred to RISE Community Center for additional services and followed through on their referrals and received services within 7 days of referral
- ▶ In Q2, all participants (18) reported satisfaction with the services received

PROGRAM CHALLENGES

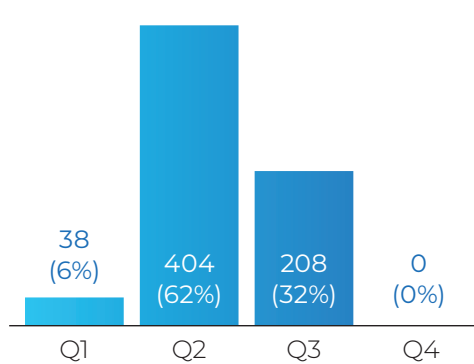
Schools were closed during shelter-in-place orders during COVID-19. Program staff found it hard to physically meet with students to complete year-end, full assessments. Many of services were conducted remotely, and in-person services resumed in July for enrolled youth.

Evaluation Data for Urban School-Based Mentorship and Strengths-Building Program for FY19/20

CLIENT CONTACTS (TOTAL = 12,187)



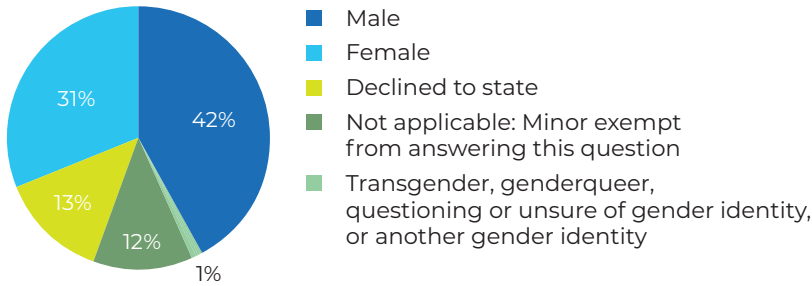
PARTICIPANTS SERVED (TOTAL = 650)



We served **650 clients** in 2019–2020!

85% of respondents reported improved personal skills, improved school or family circumstances, or feeling better overall

CLIENT SNAPSHOT



5% Have a Disability
0% Veterans
<1% Gay or Lesbian
4.3% Bisexual
<1% Questioning
<1% Queer

Note: Responses of "Not Recorded/Field Left Blank" were removed from the analysis.

NUMBER OF CLIENTS SERVED BY RACE



47% of clients were Hispanic or Latino
1% of clients requested communications in Spanish
<1% of clients requested communications in Russian

No events were held in 2019-2020

CLIENTS SERVED BY DISABILITY TYPE (38 CLIENTS)	%
Physical Mobility Domain: Physical or mobility issue	<1%
Communication Domain: Difficulty seeing	3.7%
Communication Domain: Difficulty hearing or having speech understood	1.2%
Communication Domain: Other	1%
Other Disability	<1%
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	<1%
Chronic Health Condition: Including but not limited to chronic pain	<1%
Total	100

Responses of "Not Recorded/Field left blank" were removed from the analysis.

CLIENTS' CITY OF RESIDENCE	%
West Sacramento	64
Woodland	22
Davis	4
Sacramento (Board and Care)	3
Yolo	2
Knights Landing	2
Out of County	1

Responses of "Not Recorded/Field left blank" were removed from the analysis.

PROGRAM ACCOMPLISHMENTS

- ▶ 92% of respondents in Q2 said they were satisfied with the Strengths and Mentoring Program
- ▶ 85% of CYF engaged in this program said it was efficacious
- ▶ Partnered with Yolo County Youth and Family Services Network and local businesses to use their community boards to share information and access to our virtual service offerings
- ▶ Due to school closures, Strengths and Mentoring adapted groups to online video groups to serve students
- ▶ Held a Virtual Summer Camp to provide services through summer

PROGRAM CHALLENGES

The COVID-19 pandemic's closure of schools resulted an inability to provide our usual in-person groups and presentations.

Prevention and Early Intervention (TAY 16–25) Over 25 Under 25

Program name: **Youth Early Intervention First Episode Psychosis (FEP) Program** for FY19/20

Status: Started Pending Canceled New 21/22 COVID Delayed

Target Population: Children Aged 0–5 Transitional-Age Youth Aged 16–25 Adults Aged 26–59 Older Adults Aged 60+

Administered by: Contractor County

Program Description

Serious mental health problems (e.g., schizophrenia, bipolar disorder, major depression) are most likely to present in late adolescence or early adulthood. PEI regulations require that counties develop an early intervention program for youth who are beginning to show signs or symptoms of a serious mental illness. UC Davis and the Early Diagnosis and Preventive Treatment of Psychosis Illness (EDAPT) Clinic have developed a program for youth experiencing a first episode of psychosis and have committed to serving Yolo County residents who meet the EDAPT eligibility criteria. This

program will be funded by MHSA and mental health block grant funding.

This program includes clinical and other supportive services (job skills and employment, groups, family participation) in clinic and community-based settings and provides evidence-based interventions (EDAPT) to address emerging symptoms and support youth to stay on track developmentally.

Services address and promote recovery and related outcomes for a mental illness early in emergence and include services and support to parents and other natural supports.

Key activities of the Youth Early Intervention FEP Program will support outcomes around interrupting or mitigating early signs of mental illness by:

- ▶ Providing age-appropriate mental health services in the community, clinic, and home.
- ▶ Providing clinical interventions to mitigate early onset of mental health issues.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.

Goal 1	Provide early intervention services for youth who are beginning to develop a mood or anxiety-related serious mental illness.
Goal 2	To expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Support young adults to stay on track developmentally and emotionally.
Objective 2	Mitigate the negative impacts that may result from an untreated mental illness.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$230,000	25	\$9,200

UPDATE: The Youth Early Intervention Program had previously been a component of the county-based Transitional Age Youth (TAY) program (that included the Pathways to Independence program and other components). In September 2020, Yolo County made a decision to transition Full-Service Partnership services (including the Pathways to Independence program) from using county staff to contracted providers. During discussions regarding plans to transition clients from the TAY program to contracted providers, the UC Davis EDAPT clinic proposed to serve clients who are referred to the EDAPT clinic but do not meet EDAPT criteria (these are youth that would have previously been referred to the Youth Early Intervention Program). The budget increases for the program will expand the program (to approximately 25 at any given time) and enhance the existing array of services for youth with early onset of early episode psychosis that meet EDAPT criteria.

Prevention and Early Intervention (TAY 16-25) Over 25 Under 25

Program name: **College Partnerships** for FY19/20

Status: Started Pending Canceled New 21/22 COVID Delayed

Target Population: Children Aged 0-5 Transitional-Age Youth Aged 16-25 Adults Aged 26-59 Older Adults Aged 60+

Administered by: Contractor County

Program Description

The College Partnerships Program aims to collaborate with local colleges and community-based organizations to provide engagement, access, and linkage services for college students who are at risk of, beginning to, or currently experiencing mental health problems with the goal of promoting recovery, resilience, and connection to mental health services for those in need. Additionally, the program intends to promote health and well-being for college students through the provision of physical and behavioral health services. This new program builds on the successes of the college-based wellness center program developed in the previous three-year plan and expands to a more robust college-based behavioral health program, providing a broad array of engagement, prevention, early intervention, and both physical and behavioral health intervention services. The focus of the newly designed College Partnerships Program will leverage MHSA and Medi-Cal funds and funds from local colleges to expand the array of mental health services and supports available on college campuses.

The vision of these partnerships is to increase access to mental health services in locations that are easily accessible to college-age students. The program will expand the current, and more limited, array of services and supports available to students to more fully integrate mental health services into the college system by offering a full range of site-based services to include: wellness center activities and services, screening, assessment, and physical and behavioral health services. Additionally, the program will meet the unique cultural needs of the college by providing culturally relevant services to Spanish-speaking students. Education and learning opportunities will be available for students and staff to increase knowledge of healthy-living habits and the college-based services available to them.

Key activities of the College Partnerships Program will support outcomes around improving mental health wellness, social connectivity, and service utilization by:

- ▶ Providing engagement and physical and behavioral health screenings.

- ▶ Providing behavioral health assessments, referrals, and short-term treatment.
- ▶ Providing recovery-based activities.
- ▶ Providing opportunities for consumers to socialize and learn alongside peers.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.
- ▶ Providing resources and information on skills for coping mechanisms.
- ▶ Providing education and information about mental health and available services.
- ▶ Providing mental health first-aid training for faculty and staff.
- ▶ Offering educational opportunities for students and staff including health and wellness fairs, behavioral wellness classes, workshops, trainings, and flex presentations.
- ▶ Participating in ongoing collaborative implementation and program coordination with the school site.

Goal 1	Connect students to appropriate prevention or mental health treatment services in college settings.
Goal 2	Expand and augment behavioral health services to enhance service access, delivery, and well-being for college students.
Objective 1	Prevent the development of mental health challenges through early identification, resources, and support.

Objective 2	Address existing mental health challenges promptly with assessment, referral, and short-term treatment.
Objective 3	Increase capacity to support student wellness on school campuses.

Estimated FY21/22 Costs \$172,924	Estimated Number to Be Served FY21/22 To be determined	Estimated Cost/Person Served To be determined
--	---	--

UPDATE: Service startup was delayed until 2021. Collective impacts of the pandemic interfered with the project timeline. In addition to the direct service PEI programs described in the systems of care, Yolo HHSA has planned the following programs to support outreach for increasing recognition of early signs of mental illness and access and linkage to treatment.

Prevention and Early Intervention (CHB)

FSP

Non-FSP

Program name: **Early Signs Training and Assistance** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0-5

Transitional-Age Youth Aged 16-25

Adults Aged 26-59

Older Adult Aged 60+

Administered by:

Contractor

County

Program Description

Early Signs Training and Assistance focuses on mental illness stigma reduction and community education to intervene earlier in mental health crises. Early Signs provides training to providers, individuals, and other caregivers who live or work in Yolo County. The purpose of these training programs is to educate public and nonmental health staff members to respond to or prevent a mental health crisis in the community; support people living with mental illness or substance abuse; and reduce the stigma associated with mental illness.

This program addresses the need to enhance supports available to individuals before, during, and after a crisis; promote the provision of trauma-informed service delivery by nonmental health staff members through education on mental health and suicide prevention; and increase resilience in the Yolo County community.

Early Signs Training and Assistance includes the following training programs:

- ▶ Applied Suicide Intervention Strategies Training (ASIST)
- ▶ SafeTALK
- ▶ Question, Persuade and Refer (QPR) Suicide Prevention Training
- ▶ Adult Mental Health First Aid Certification
- ▶ Youth Mental Health First Aid Certification
- ▶ Suicide Prevention in the Workplace Training
- ▶ Educate, Equip, and Support: Building Hope
- ▶ Parenting Children Experiencing Trauma Parent/RFA Training
- ▶ Group Peer Support Facilitator Training

1. Applied Suicide Intervention Strategies Training (ASIST)

ASIST is a national suicide prevention training program for caregivers of individuals who are at risk of death by suicide. During a 2-day training, caregivers learn how to recognize and intervene to prevent the immediate risk of suicide (www.livingworks.net/programs/asist).

2. SafeTALK

SafeTALK is a 3-hour training that prepares anyone older than 15 to identify people with thoughts of suicide and connect them to suicide first-aid resources. SafeTALK curriculum emphasizes three main skills:

- a. How to move beyond common tendencies to miss, dismiss, or avoid suicide.
- b. How to identify people who have thoughts of suicide.
- c. Apply the TALK steps: Tell, Ask, Listen, and KeepSafe.

These steps prepare someone to connect a person with thoughts of suicide to first-aid and intervention caregivers (www.livingworks.net/programs/safetalk).

3. QPR

QPR (Question, Persuade, Refer) is a 90-minute training designed to teach three simple steps anyone can learn to help save a life from suicide. QPR provides innovative, practical, and proven suicide prevention training that reduces suicidal behaviors by training individuals to serve as gatekeepers—those in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Yolo County’s MHSA Team will train anyone to be a gatekeeper—parents, friends, neighbors, teachers, ministers, doctors, nurses, office workers, caseworkers, firefighters—anyone who may be strategically positioned to recognize and refer someone at risk of suicide (<https://www.qprinstitute.com/about-qpr>).

4. Mental Health First Aid and Youth Mental Health First Aid Certifications

Both Mental Health First Aid and Youth Mental Health First Aid are 8-hour courses designed to teach individuals in the community how to help someone who is developing a mental health problem or experiencing a mental health crisis. Trainees are taught about the signs and symptoms of mental illness, including anxiety, depression, psychosis, and substance use. Youth Mental Health First Aid is especially designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, providers, and other individuals how to help adolescents and transition-age youth (12–24) experiencing mental health or substance use problems or in mental health crisis situations. The training covers health challenges for youth, offers information on adolescent development, and includes a five-step action plan to help young people in both crisis and noncrisis situations.

In addition to the basic MHFA training curriculum, the following modules are provided:

- ▶ MHFA Higher Education offered to university and community college audiences. This module offers additional materials, statistics, and exercises relevant to student and staff populations.
- ▶ MHFA Public Safety provides probation, corrections, and law enforcement personnel with additional materials, safety considerations, and exercises relevant to this audience and their families.
- ▶ MHFA for caregivers of older adults with later-life issues.

All trainings offer discussion of cultural considerations and messaging regarding differences in help-seeking and help-needing behaviors across diverse cultures.

Information for both courses can be found at www.mentalhealthfirstaid.org.

5. Working Minds: Suicide Prevention in the Workplace Training

Created by the Helen and Arthur E. Johnson Depression Center at the University of Colorado, Suicide Prevention in the Workplace Training is a 3-hour training designed to educate and create awareness of suicide prevention; create a forum for dialogue and critical thinking about workplace mental health challenges; promote help seeking and help giving in the workplace; and reduce stress-related absenteeism. The target audience is those who work in high-skill and high-stakes careers, e.g., first responders, social workers, and others. It is delivered to providers, fire and emergency medical services, and law enforcement personnel. The training also gives education on agency and business postintervention strategies for stabilizing the mental health of a workforce in the immediate aftermath of a suicide (<https://www.coloradodepressioncenter.org/workingminds/>).

6. Educate, Equip, and Support: Building Hope

Educate, Equip, and Support: Building Hope is an award-winning 30-hour course completed in 10 weekly sessions designed to educate parents and caregivers raising children and youth identified as having serious emotional disturbances. Parents and caregivers learn about several types of emotional problems and how these issues manifest differently in children and youth. Parents also learn techniques to manage the stress, grief, and depression associated with parenting children with special needs. In 10 weeks, parents and caregivers learn about mental illnesses, develop new coping skills and parenting techniques, and form bonds with parents in similar circumstances; as a byproduct of their success in learning more about mental illness, stigma is reduced.

7. Parenting Children Experiencing Trauma

This evidence-based resource family caregiver and parent workshop was created by the National Child Traumatic Stress Network in partnership with SAMHSA and the U.S. Department of Health and Human Services. The curriculum is delivered in eight sessions.

- ▶ Resource parents learn the essentials of trauma-informed parenting, how trauma affects children’s development, and the effects of trauma on children of various ages
- ▶ The importance of safety and creating safe spaces
- ▶ New approaches for changing negative or destructive behaviors and reactions
- ▶ Helping children maintain positive connections and make meaning of their traumatic pasts
- ▶ How to avoid compassion fatigue, burnout, and vicarious trauma

This workshop is delivered in partnership with Children’s Mental Health, Child Welfare, Yolo Foster Kinship Program, and Yolo County Office of Education (<https://www.nctsn.org/resources/training/training-curricula>).

8. Group Peer Support (GPS) and GPS Facilitator Training

GPS is a replicable group support model used for diverse populations including maternal mental health, parent, racial equity, and recovery support groups. GPS integrates evidence-based modalities: mindfulness-based stress reduction, cognitive behavioral therapy, and motivational interviewing in group settings. This model addresses the intersection of race, class, culture, and gender identity on individuals’ lived experience. GPS can also be used to train others in this modality (<https://groupeersupport.org/>).

Key activities of Early Signs Training and Assistance will support outcomes around improved mental health education and early identification skills by:

- ▶ Training community and family members to recognize the signs of persons in need of mental health support.
 - ▶ Training community and family members to recognize the signs of persons who are at risk of suicide or developing a mental illness.
 - ▶ Promoting wellness, recovery, and resilience.
 - ▶ Training and working with families and caregivers to develop plans and strategies that are tailored to their family member’s need.
 - ▶ Training participants to address the specific needs of certain populations, including youth.
- ▶ Offering support and trauma-informed facilitation of groups and presentations to organizations about mental health, suicidality, resilience-building strategies, and self-care.
 - ▶ Offering trainings in multiple languages to ensure accessibility for all interested persons.
 - ▶ Offering trainings to an intentionally diverse group of community members, family members, and partners to ensure that persons are trained across populations to meet the needs of those in crisis and noncrisis situations.
 - ▶ Offering expanded suicide hotline services to community members.

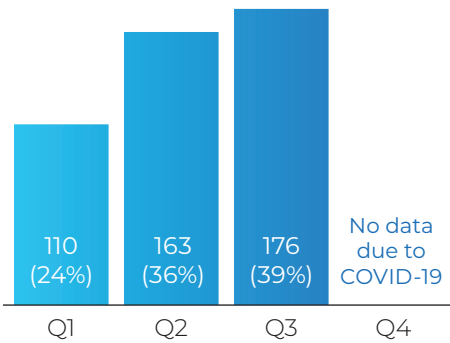
Goal 1	Expand the reach of the mental health system through the training of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community.
Objective 1	Expand the reach of mental health and suicide prevention services.
Objective 2	Reduce the risk of suicide through prevention and intervention trainings.
Objective 3	Promote the early identification of mental illness and signs and symptoms of suicidal behavior.
Objective 4	Advance the wellness, recovery, and resilience of the community through the creation and offering of supportive spaces and trauma-informed group facilitation for diverse audiences.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$321,826	450	\$715

UPDATE: Due to the pandemic, Mental Health First Aid (MHFA) trainings were cancelled and the National Council transitioned to a virtual learning management system (LMS) and new curriculum. Early Signs program staff members were certified to train virtually during this time. However, the council has experienced challenges with the LMS—constant crashes, freezing, and e-scheduling issues—and is working to address these issues. MHFA trainings have been in a holding pattern since April 2020 but are expected to resume in June 2021. The Early Signs program has evolved and met this pandemic moment with creativity, innovation, and adaptation to meet the needs of our agency and community. To meet the needs of our community and PEI programming, a mental health training titled “The Nature of Trauma and Resilience” was developed and was presented to more than 100 participants in spring 2021, in addition to a Suicide Prevention training with more than 100 participants as well.

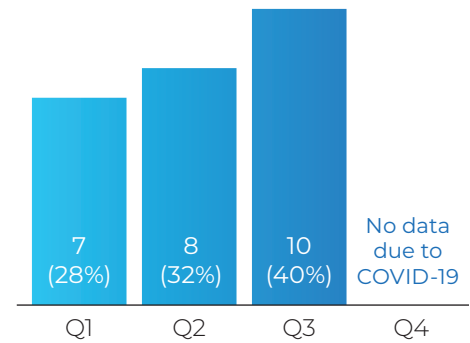
Evaluation Data for **Early Signs Training & Assistance** for FY19/20

CLIENT CONTACTS (TOTAL = 449)

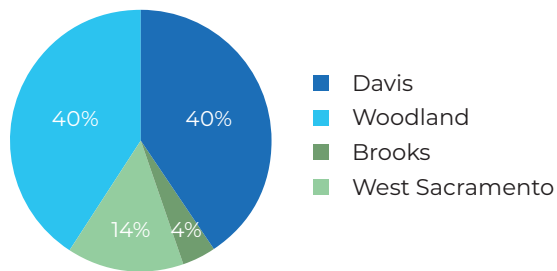


We served **449 clients** in 2019-2020!

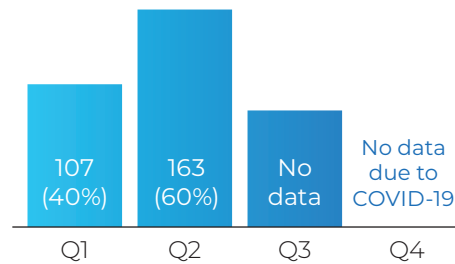
TRAININGS OFFERED (TOTAL = 25)



LOCATION OF TRAININGS



TRAINING PARTICIPANTS (CLIENT CONTACTS) TOTAL = 270



PRESENTATIONS

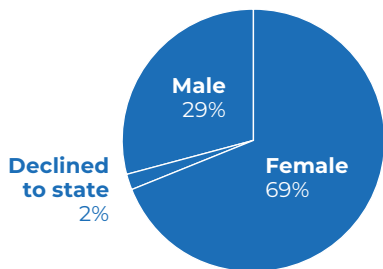
	QUARTER	ATTENDEES
Rancho Yolo Senior Community	Q3	21
Yolo County Library Staff/Davis	Q3	18
Yolo County Library/West Sacramento	Q3	15
UCD Asian Studies/Humanities	Q3	14
Suicide Lethality Presentation to Empower Yolo Volunteers	Q4	16
Trauma and Resilience in the Age of COVID-19	Q4	42
Two CIT Family Storytelling	Q4	24
Total		150

Note: Presentation data were only available for Q3 and Q4

POST-ACTIVITY PARTICIPANT FEEDBACK

Youth & Adult Mental Health First Aid Training	Q1	Q2	Q3	Q4
Participants who reported that the course goals and objectives were achieved	95%	96%	98%	n/a
Participants who reported they felt more confident in reaching out to someone who may be dealing with a mental health challenge	96%	96%	96%	n/a
QPR Training				
Participants who indicated that they would recommend QPR training to others	n/a	100%	99%	n/a
Participants who reported an increase in knowledge about how to ask someone about suicide	n/a	85%	92%	n/a
Parenting Children Experiencing Trauma Training				
Participants who indicated they would recommend this course to others	n/a	n/a	100%	n/a
Participants who expressed a high score on the evaluation of the training topics	n/a	n/a	100%	n/a
Suicide Prevention in the Workplace Training				
Participants who reported an increase in knowledge about how to ask someone about suicide	n/a	n/a	100%	n/a

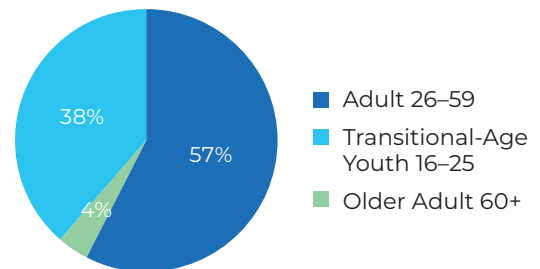
CLIENT SNAPSHOT



<1% Transgender, genderqueer, or questioning or unsure of gender identity

- 7%** Have a disability
- 5%** Veterans
- 18%** Family member of mental health consumer
- 17%** Mental health consumer

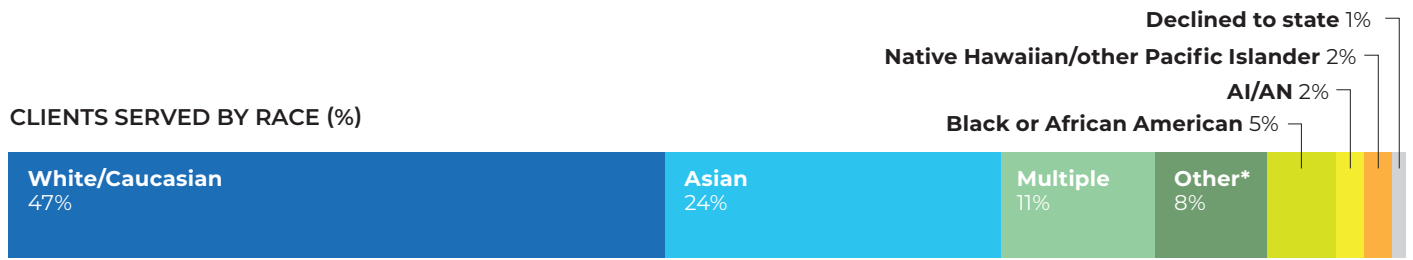
CLIENTS SERVED BY AGE



CLIENTS' SEXUAL ORIENTATION

	%
Heterosexual or Straight	81
Bisexual	8
Gay or Lesbian	4
Declined to State	3
Queer	2
Questioning or Unsure	1
Other Sexual	1
Not Applicable (Minor exempt from answering this question)	0
Total	100

Note: Responses of "Not Recorded" were removed from the analysis.



* Includes Hispanic/Latino

33% were Hispanic or Latino

2% requested written and spoken communication in Spanish

<1% requested written communication in Russian

<1% requested written and spoken communication in another language

Note: Responses of "Not recorded" were removed from the analysis.

CLIENTS' CITY OF RESIDENCE	%
Davis	32
Woodland	30
Out of County	12
Yolo County Unincorporated Areas	6
West Sacramento	6
Sacramento (Board and Care)	5
Esparto	4
Yolo	2
Brooks	1
Winters	1
Clarksburg	<1
Guinda	<1
Knights Landing	<1
Dunnigan	0
Madison	0

Note: Responses of "Not Recorded" were removed from the analysis.

Prevention and Early Intervention (CHB)

FSP

Non-FSP

Program name: **Cultural Competence** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0-5

Transitional-Age Youth Aged 16-25

Adults Aged 26-59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

Yolo County HHSA remains committed to cultural competence, humility, and proficiency and strives to embed it in all our work, including MHSA. We achieve this by increasing attention, activities, outreach, and training to incorporate the recognition and value of racial, ethnic, cultural, and linguistic diversity in the county mental health system while also seeking to address broader health disparities and the roots of their existence.

For this new plan, we intend to increase our MHSA investments in cultural competence to ensure we are reaching and serving all communities in our county. Cultural competence programming provides consistent workforce education in culturally and linguistically appropriate service delivery and the impact of social determinants of health and health disparities. Community

outreach and engagement focus on promoting inclusion and building resilience in our most vulnerable and marginalized communities while offering opportunities to appreciate, connect, and assess the needs of diverse populations. The programming also includes the implementation of a creative multimedia campaign to reduce stigma, provide mental health education to diverse populations, and promote access and engagement. Targeted messaging is designed to reach all communities but with an emphasis on monolingual Russian- and Spanish-speaking community members.

All programming is designed to reduce disparities in populations and promote behavioral health equity. Demographic data and evaluation are collected to assess program efficacy and provide ongoing community needs assessment.

The program provides:

- ▶ Cultural competence and equity outreach engagement and trainings
- ▶ Culturally responsive service delivery
- ▶ Cultural support groups
- ▶ Stigma reduction and outreach to specific populations
- ▶ Additional funding for expansion of scopes and incentives into contracts to support outreach and service delivery to vulnerable populations
- ▶ Culturally responsive resilience support
- ▶ Targeted marketing efforts to vulnerable populations
- ▶ Addition of cultural competence outreach specialist
- ▶ Support for the Yolo Cultural Competency Plan

Goal 1	Enhance, expand, and implement cultural competence and health equity outreach, engagement, and training throughout the HHSA system in the Yolo community.
Objective 1	Reduce health disparities and promote health equity through the education of staff and providers in culturally and linguistically appropriate service standards.
Objective 2	Engage agencies and the community in advancing culturally responsive policy and programming in support of the Yolo Cultural Competency Plan.
Objective 3	Provide targeted, culturally responsive outreach and support to vulnerable populations to reduce stigma and promote service engagement.
Objective 4	Increase understanding of the intersectionality of race, class, and culture to increase community resilience and health equity by offering supportive settings and facilitated discussion.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$911,732	To be determined	To be determined

UPDATE: The new MHSA plan increased investments into the Cultural Competency (CC) Program and added a cultural competency Outreach specialist (OS). The CC work has been impacted by the pandemic as well as the departures of the CC coordinator and MHSA coordinator. Efforts to resume the CC Committee were impacted by staff losses and COVID as remaining staff resources were reassigned to COVID response efforts. However, throughout 2020, HHSa engaged in various virtual activities to demonstrate the ongoing commitment to community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural and linguistic communities with mental health disparities. MHSA staff resources were returned to primary duties in late fall 2020 and CC re-engagement strategies in the Cultural Competency Plan update are in development. Additionally, during this time, the staff began a series of virtual re-engagement strategies by providing resources and actively building up messaging and presence to CC Committee membership. A welcome back to the CC Committee kickoff took place on October 23, 2020, and monthly email resources are being distributed. Concurrently, the CC objective lead, Tessa Smith, for "Team Equity!" began holding meetings and has met monthly since January 2021 to address the strategic plan objective of identifying systemic inequities and developing racial equity programming. This work is in alignment and will be aligned to reach agency CC goals. Efforts to reconvene the CC Committee will be modified to fit a virtual setting and will resume in early May 2021. The CC program is awaiting new staff to support outreach and extended diverse engagement and inclusion in alignment with COVID-19 public health and safety guidelines.

Prevention and Early Intervention

FSP

Non-FSP

Program name: **Maternal Mental Health Access Hub** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0-5

Transitional-Age Youth Aged 16-25

Adults Aged 26-59

Older Adults Aged 60+

Administered by: To be determined

Program Description

Maternal depression is a widespread public health concern that negatively impacts health outcomes for mother-infant dyads and women preconception, interconception, and throughout the maternal life course.

The program shall create a Maternal Mental Health (MMH) Access Hub housed in the Community Health Branch of the Yolo County HHSa. The hub shall be modelled after the MCPAP for Moms program, utilizing tools and trainings from the Lifeline4Moms program. Both these programs are national models that leverage partnerships between health care systems and local state and county public health or mental health departments.

A proposed full-time clinician shall:

- ▶ Provide clinical consultation:
 - Yolo County HHSa-funded home visitation programs with staff working with high-risk mother-infant dyads enrolled in home visitation to improve mental health assessments and linkage to Medi-Cal services.
 - Yolo County HHSa behavioral health programs and clinicians responding to perinatal mental health emergencies and hospital discharge planning to ensure linkage to behavioral services (e.g., perinatal psychiatric consult services)
- ▶ Facilitate the Yolo County MMH Collaborative to increase community engagement for the purposes of increasing resources and educating agencies and providers serving mother-infant dyads.
- ▶ Coordinate the Yolo County HHSa May is MMH and MH Awareness month activities, including the Travelling Blue Dot Campaign to increase provider engagement and awareness in the identification and prevention of maternal mental health disorders.
- ▶ Develop a countywide hub within Yolo County HHSa to serve as a holding space for trainings, resources, innovations, and data for health care providers, behavioral health clinicians, and community-based agency staff.

Goal 1	Improve linkage to services that mitigate and improve the emotional and behavioral health of women preconception, intrapartum, and postpartum.
Goal 2	Increase the quality and quantity of evidence-based and evidence-informed treatments and services for women suffering from or at risk of disorders.
Objective 1	Provide clinical consult to identify appropriate and timely interventions and treatments for women referred to the Yolo County HHS Maternal Mental Health Hub.
Objective 2	Develop a Yolo County HHS Maternal Mental Health Access Hub for the purposes of increasing provider capacity to prevent, mitigate, and treat maternal mental health disorders.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$100,000	To be determined	To be determined

UPDATE: This program was delayed due to the departure and ongoing vacancy of the director of public health nursing and limited nursing staff resources. These staff members were redirected to support county emergency response efforts to the COVID-19 pandemic and continue to be assigned to these duties.

Cross-Area Work Plan

Update 2021–2022

FSP

Non-FSP

Program name: **Evaluation** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

This plan intends to develop measures not only for contracts over \$1 million, but for all requests for proposals (RFPs) and contracts. To do this, we will be utilizing Results-Based Accountability (RBA; see Evaluation) performance measures and outcomes, which include SMART goals, and align with evidence-based practices wherever possible. HHSa will seek an independent evaluator to support development of program performance metrics and with building a system to track and report data. These efforts will create a framework to build from

that will provide information to assess outcomes, successes, modifications needed, new approaches, and how meaningful outcomes are ultimately being achieved.

Furthermore, the proposed evaluation shall include support with:

- ▶ Building a system to track and report data
- ▶ Development of program deliverable targets and performance metrics
- ▶ Technical assistance to program staff internally and support to community organizations, especially those that are smaller

- ▶ Integrate evaluation metrics based on the Yolo County Board & Care Report recommendations to capture data and tracking related to adult residential care, consumers, housing and community needs assessment; to support quality improvement processes, and to inform innovative model development to meet the unique needs of Yolo County
- ▶ Future development support on HHSa systems integration within potential business intelligence software

Goal 1	Support creation and development of program performance metrics and systems to track and report data for program evaluation to assess meaningful outcomes.
Objective 1	Embed RBA development into contracts and provide technical assistance to support smaller organizations.
Objective 2	Ensure program evaluation components are comparable within similar performance functions framework.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$236,858	Not applicable	Not applicable

UPDATE: HHSA completed its preliminary evaluation of proposals for the new MHSA Three-Year Program and Expenditure Plan Evaluation Program and awarded the contract to Community Advocacy Research and Evaluation Consulting Group, Inc. This contract was executed on March 5, 2021. A preliminary analysis of limited RBA data, where available, as well as demographic information for the Prevention and Early Intervention Programs (FY 2019–2020) from the prior Yolo MHSA Three-Year Plan have been assessed and included in this report. HHSA acknowledges the data is incomplete, however, efforts have been made for an initial evaluation of MHSA programs that continued forward into the 2020–2021 fiscal year.

Evaluation work to assess overall impact, success, and challenges of the MHSA funding within Yolo County will continue, as well as assessment, planning, and implementation of a stronger and more effective system moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multiphase approach to continuous evaluation of the county MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the county strategic plan, HHSA’s mission, and the RBA framework. Planning, development, and evaluation metrics related to the Board & Care study will begin in FY 21–22.

Innovation Plan

These are proposed INN programs and budgets pending MHSOAC approval.

Update 2021–2022

Innovation

Program name: **Integrated Medicine into Behavioral Health** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Program Description

Yolo County's Integrated Medicine into Behavioral Health Innovation project will pilot the integration of physical health care in the county's existing West Sacramento specialty mental health clinic. Primary care providers from a community partner will be

embedded in the HHSA clinic so that using culturally and linguistically appropriate interventions in primary care, substance use disorder treatment, and serious mental illness (SMI) treatment, existing HHSA clients will receive coordinated and comprehensive care. Such coordinated care efforts (e.g.,

psychiatric consultation, team-care approach, health screenings, enhanced linkages to community and behavioral health providers) have resulted in significant improvements in health outcomes for SMI clients.

Goal 1	Improve the use of evidence-based medical and behavioral health integration practices within a specialty mental health provider clinic.
Goal 2	Improve physical and behavioral health outcomes for clients, care delivery efficiency, and client experience.
Objective 1	Promote the early identification of physical health conditions in clients with severe mental illness.
Objective 2	Facilitate linkage to appropriate specialty health care providers for clients with severe mental illness, when necessary.
Objective 3	Improve physical health medication and other prescribed medical intervention adherence among clients with severe mental illness.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$0	Not applicable	Not applicable

UPDATE: Collaboration with the community provider was delayed. This program has been eliminated.

Innovation

Program name: **Crisis Now Learning Collaborative** for FY19/20

Status: Started Pending Canceled New 21/22 COVID Delayed

Target Population: Children Aged 0-5 Transitional-Age Youth Aged 16-25 Adults Aged 26-59 Older Adults Aged 60+

Administered by: Contractor County

Program Description

Yolo County intends to take part in MHSOAC’s proposed multicounty collaborative to use the Crisis Now model to develop a systematic approach to meeting urgent mental health needs in their communities. The overarching goal of the collaborative would be to evolve cost-effective crisis services that offer real-time access to care in lieu of justice system or emergency department

involvement. The collaborative will address these issues by deploying a replicable framework that has demonstrated success in multiple communities throughout the nation. The framework includes quantifying community needs, defining opportunities to evolve care based on those needs, and projecting the potential community impact and cost of implementing new models of care. The collaborative also will incorporate

expertise in Medicaid and managed care systems to identify long-term funding and coding solutions that reduce the financial burden of care experienced by local communities. By the close of the collaborative, county participants will have created an actionable strategic plan designed to move from their current crisis system into a system with high fidelity to the Crisis Now model.

Goal 1	Ensure Yolo County’s crisis services match community need, community access to crisis care is enhanced, and overall cost savings are realized.
Objective 1	Assess overall county crisis service needs.
Objective 2	Understand current crisis service access points and gaps.
Objective 3	Enhance crisis service cost-tracking mechanisms across providers.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$700,989	5,000	\$140

UPDATE: HHSA personnel continue to be engaged with this learning collaborative, including weekly technical assistance support as the county develops a new regional behavioral health crisis response system with local stakeholders and surrounding counties.

Capital Facilities and Technological Plan

Update 2021–2022

Capital Facilities and Technology Needs (AA)

FSP

Non-FSP

Program name: **IT Hardware/Software/Subscriptions Services** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

Yolo County HHSA is working to expand access to Netsmart’s MyAvatar (the behavioral health system’s electronic medical record [EMR] system) for all contracted providers; convert its hybrid charting to a full EMR; implement an electronic health information exchange; strengthen its analytic and reporting process to improve the quality and delivery of behavioral health services; and convert to electronic claims submission

for all providers. These goals will be achieved through:

- ▶ Updating hardware and software
- ▶ Implementing upgrades to the Netsmart MyAvatar Information System
- ▶ Implementing either “Little Green Button” software on all computers or another panic button solution
- ▶ Expanding tele-mental health service provision
- ▶ Integrating MyAvatar with a future business intelligence platform
- ▶ Ensuring better strategic planning project management using SmartSheets
- ▶ Ensuring better communication and collaboration as a result of the Office 365 implementation
- ▶ Improving client communication as a result of a VOIP phone system implementation

Goal 1	Implement and support data infrastructure for quality measurement and improvement of programs and improve the necessary technology for service delivery in Yolo County.
Objective 1	Increase efficiencies in reporting, billing, retrieving, and storing personal health information.
Objective 2	Implement a consistent, dependable clinic safety tool.
Objective 3	Improve staff and client communication technologies.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$2,083,339	Not applicable	Not applicable

UPDATE: This program funds the ongoing and investment costs of the behavioral health systems, technology needs, such as EMRs, HIPAA-compliant software applications for remote service provision during COVID, and other technology expansion projects and needs.

Capital Facilities and Technology Needs

FSP
 Non-FSP

Program name: **Peer-Run Housing** for FY19/20

Status:
 Started
 Pending
 Canceled
 New 21/22
 COVID Delayed

Target Population:
 Children Aged 0-5
 Transitional-Age Youth Aged 16-25
 Adults Aged 26-59
 Older Adults Aged 60+

Administered by: To be determined

Program Description

The AFI Foundation is a nonprofit, formed in 2016, to fund projects for people who are severely disabled or disadvantaged with mental illness. Funding for projects goes to other nonprofits that provide services and is intended to supplement their work. The foundation's particular interests include funding the purchase of permanent sustainable housing for individuals with severe mental illness. Through

Turning Point Community Programs, AFI Foundation will match Yolo County funds for the purchase of a home in Yolo County to house six county residents in a peer-run home who receive their mental health services through Yolo County HHSA.

Goal 1	Increase permanent housing options within Yolo County for residents with severe mental illness.
Objective 1	Reduce the number of Yolo County mental health clients residing out of the county.
Objective 2	Support Yolo County mental health clients in transitioning to a greater level of independence.

Estimated FY21/22 Costs <input type="text" value="\$250,000"/>	Estimated Number to Be Served FY21/22 <input type="text" value="Not applicable"/>	Estimated Cost/Person Served <input type="text" value="Not applicable"/>
--	---	--

UPDATE: HHSA supported this program with a one-time startup investment with AFI to open a peer-run residence in the county.

Workforce, Education, and Training Plan

Update 2021–2022

Workforce, Education, and Training (AA)

FSP

Non-FSP

Program name: **Mental Health Professional Development** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

The Mental Health Professional Development program is intended to provide training and capacity building for internal and external mental health providers. The program will provide:

- ▶ Clinical training in identified evidence-based and promising practices
- ▶ Online professional development courses using HHSA's E-Learning platform
- ▶ A strength-based approach to leadership and team development using Gallup's StrengthsFinder

- ▶ Training and technical assistance to promote cultural competence throughout the behavioral health system and with identified experts
- ▶ Training for all providers to screen for and identify perinatal mental health issues for pregnant and new mothers
- ▶ Resources to ensure the mental health system of care develops a trauma-informed approach across all staff and programs

To ensure that staff, providers, consumers, family members, and the community have the most recent and comprehensive guides and resources available, Yolo HHSA will also dedicate resources to updating HHSA's website, county crisis cards, and other brochures.

Mental Health Professional Development will support the outcome of increased formal training and skill building for HHSA staff in all roles and at all levels to respond to both ongoing and community-identified needs in the workforce.

Goal 1	Ensure a competent and trained workforce in alignment with MHSA values that is versed in relevant evidence-based practices.
Objective 1	Ensure clinical staff members are trained in relevant evidence-based practices.
Objective 2	Provide support to front-office staff to provide supportive and welcoming experiences.
Objective 3	Ensure a culturally competent and informed workforce.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$55,795	Not applicable	Not applicable

UPDATE: Coupled with additional WET funds from OSHPD for 2020-2024, this program provides HHSA with the means to recruit and retain staff, offer stipends for graduate-level interns, and offer loan forgiveness incentives to staff.

Workforce, Education, and Training (AA)

FSP

Non-FSP

Program name: **Peer Workforce Development Workgroup** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Administered by:

Contractor

County

Program Description

HHSAs Peer Workforce Development Workgroup is designed to provide persons with lived experience the opportunity to learn basic occupational skills and reenter the workforce. The focus of the program is to assist peer employees with balancing work and the various challenges a job presents with ongoing, necessary self-care and wellness strategies to address any ongoing symptoms of mental illness. Ultimately, the goal of the program is to assist a peer staff member in deciding if working in the mental health field is a good choice for them or if seeking work in an unrelated field is a better fit. Should a peer staff member want to pursue a career in the mental health or human services field, options for nonpeer positions in county employment or in the community will be explored.

Support for peer staff occurs through:

- ▶ Daily task supervision by their direct supervisor, addressing the basics of employment and learning to work while using the peer’s own story to support clients
- ▶ Monthly clinical social worker-facilitated process groups, designed to provide a safe place for peer staff members to process how sharing their story feels and how a work-life balance is best managed

During these monthly process groups, peer staff members have elected to address:

- ▶ Group facilitation strategies
- ▶ Conflict resolution
- ▶ De-escalation techniques
- ▶ Compassion and empathy development
- ▶ Self-care strategies

- ▶ Strategies to best serve clients from diverse groups (e.g., age, residence status, ethnicity, culture)
- ▶ Employment searching; marketing oneself
- ▶ Ethics and legal issues in mental health
- ▶ Maintaining good boundaries
- ▶ Specific job skill development
- ▶ Available community services

The Peer Workforce Development Committee will support the outcomes of increasing peer workforce visibility, skill development, and role clarity while simultaneously decreasing stigma and inherent bias in the nonpeer workforce.

Goal 1	Provide peers with the evidence-based skill building, professional development opportunities, training, and internal HHSAs support they require to provide effective services to consumers, reduce stigma, and expand their foundation of marketable skills.
Objective 1	Strengthen the onboarding, training, and supervision available to peer support staff.
Objective 2	Consider evidence-based practices in the peer support model.
Objective 3	Increase inclusion of peer workforce across the agency.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$3,614	Not applicable	Not applicable

UPDATE: This program provides HHSAs peer staff members with employment and career support as well as a group forum to process their lived experiences as it related to the workplace. It has been suspended during COVID.

Workforce, Education, and Training

FSP

Non-FSP

Program name: **Central Regional WET Partnership** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0-5

Transitional-Age Youth Aged 16-25

Adults Aged 26-59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

In FY19-20, \$40 million was appropriated to fund the California Office of Statewide Health Planning and Development’s (OSHPD) 2020–2025 Workforce, Education, and Training (WET) five-year plan. Counties have been invited to apply for WET funding grants by way

of their regional partnerships in five key areas as long as each participating partnership provides a 33% local match. Yolo County is a part of the Central Regional Partnership, along with 19 other counties, which have access to a total OSHPD grant amount of \$6,463,031 during the five-year period.

Goal 1	Provide funding opportunities to attract and retain well-trained, diverse, and high-quality staff within the county’s mental health service delivery system.
Objective 1	Offer educational loan repayment assistance to professional staff.
Objective 2	Develop and enhance employment efforts for hard-to-find and hard-to-retain positions.
Objective 3	Offer stipends to clinical master’s and doctoral graduate students to support professional internships within the county system.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$52,188	Not applicable	Not applicable

UPDATE: This is the mechanism by which HHSA, in collaboration with 18 other regional counties, accesses the additional OSHPD WET funds for staff recruitment and retention, intern stipends, and loan forgiveness.

Workforce, Education, and Training (AA)

FSP

Non-FSP

Program name: **Mental Health Career Pathways** for FY19/20

Status:

Started

Pending

Canceled

New 21/22

COVID Delayed

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

Program Description

In an increasingly competitive work environment, retaining qualified professionals is critical to the support and infrastructure of a robust mental health plan. Many clinical staff members often have significant experience providing clinical services to clients, but may be unlicensed and need supervision to ensure that they are adequately equipped to handle the needs of

the population they serve, as well as meet the requirements of the Board of Behavioral Sciences for licensure. Without the training and support needed for this clinical supervision, staff members can experience greater rates of burnout and leave the workforce or seek other employment opportunities that provide the training and support needed, ultimately impacting client care.

Goal 1	Ensure well-developed clinical skills among unlicensed clinicians.
Objective 1	Provide clients of all ages with current and appropriate clinical interventions.
Objective 2	Retain licensed clinicians, post-successful licensure, as a result of the MHP's provision of supervised clinical hours to secure license.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$69,369	Not applicable	Not applicable

UPDATE: This new program is proposed to start in FY2021–2022. HHSA will offer state-approved clinical supervision to master’s-level clinical staff members in need of such to attain their state mental health professional license.

Budget Update

2021–2022

Update 2021–2022

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's FY 19-20 through FY 20-23 MHSAs Three-Year Program and Expenditure Plan Submittals (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSAs programs.

Overall Budget Update FY2021–2022

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
Balance of FY1718/1011 revenue	965,497	1,543,958	952,212	0	268,922	514,069	4,244,657
Balance of FY1819/1112 revenue	8,227,233	2,089,731	539,671	0	0	514,069	11,370,705
Revertible end FY1920, if unspent	965,497	1,543,958	952,212	0	268,922	0	3,730,588
FY19–20 Revenue							
Actual MHSAs Allocation	7,573,610	1,907,208	515,592	3,054	1,110	N/A	10,000,574
Actual Interest Earned	143,828	74,499	22,073	25	3,943	N/A	244,368
Total FY19–20 Revenue	7,717,438	1,981,707	537,665	3,080	5,053	0	10,244,943
FY19–20 Expenditures							
Salaries and Benefits	3,622,488	546,453	862,211	34,048	0	N/A	5,065,200
Contracts	3,279,351	1,615,961	17,796	192,095	354,355	N/A	5,459,558
Operating/Other	889,148	139,368	27,055	35,208	1,001,200	N/A	2,091,978
Transfers	1,910,078			(237,642)	(1,222,436)	(450,000)	0
Medi-Cal/Other	(2,950,405)	(57,675)	(21,381)	0		N/A	(3,029,460)
Projected MHSAs Funded Expenditures	6,750,660	2,244,107	885,681	23,708	133,119	(450,000)	9,587,275
Fund Balance FY19–20 revenue	9,194,011	1,827,332	191,655	(20,628)	(128,066)	964,069	12,028,372
Estimated to revert, end FY19–20	0	0	66,530	0	0		66,530

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
Revertible end FY20–21, if unspent	2,442,070	1,389,582	606,202	0	0		4,437,854
FY20–21 Revenue							
Projected MHSA Allocation	10,131,864	2,532,966	666,570	0	0	N/A	13,331,401
Estimated Interest	137,910	27,410	2,875	(309)	(1,921)	N/A	165,965
Total Projected Revenue	10,269,775	2,560,376	669,445	(309)	(1,921)	0	13,497,365
FY20–21 Expenditures							
Salaries and Benefits	6,327,817	714,933	193,715	48,783	0	N/A	7,285,247
Contracts	6,042,696	2,519,327	377,254	32,669	927,884	N/A	9,899,829
Operating/Other	1,148,999	168,376	35,233	67,075	134,490	N/A	1,554,173
Proposed Transfers	1,861,825			(169,464)	(1,192,361)	(500,000)	0
Miscellaneous Reimbursement							0
Estimated Medi-Cal	(4,230,746)	(30,805)	0	0	0	N/A	(4,261,551)
Projected MHSA Funded Expenditures	11,150,591	3,371,831	606,202	(20,938)	(129,987)	(500,000)	14,477,699
Fund Balance FY20–21 revenue	8,313,195	1,015,876	254,898	0	0	1,464,069	11,048,039
Estimated to revert, end FY20–21	0	0	0	0	0		0
Revertible end FY21–22, if unspent	0	0	537,665	0	0		537,665
FY21–22 Revenue							
Projected MHSA Allocation	10,655,036	2,663,759	700,989	0	0	N/A	14,019,784
Estimated Interest	124,698	15,238	3,823	0	0	N/A	143,760
Total Projected Revenue	10,779,734	2,678,997	704,813	0	0	0	14,163,544
FY21–22 Expenditures							
Salaries and Benefits	6,576,841	518,836	0	151,796	891,926	N/A	8,139,399
Contracts	8,614,699	3,192,676	700,989	33,062	1,283,608	N/A	13,825,033
Operating/Other	1,232,131	138,310	0	86,030	291,994	N/A	1,748,465
Proposed Transfers	2,938,990			(270,888)	(2,467,528)	(200,574)	0
Miscellaneous Reimbursement		(1,098,872)					(1,098,872)
Estimated Medi-Cal	(5,029,985)	(34,029)	0	0	0	N/A	(5,064,014)
Projected MHSA Funded Expenditures	14,332,675	2,716,921	700,989	0	0	(200,574)	17,550,012
Fund Balance FY21–22 revenue	4,760,253	977,952	258,722	0	0	1,664,643	7,661,571
Estimated to revert, end FY21–22	0	0	0	0	0		0
Revertible end FY22–23, if unspent	0	0	506,121	0	0		506,121

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
FY22-23 Revenue							
Projected MHSA Allocation	8,942,649	2,235,662	588,332	0	0	N/A	11,766,644
Estimated Interest	71,404	14,669	3,881	0	0	N/A	89,954
Total Projected Revenue	9,014,053	2,250,332	592,213	0	0	0	11,856,598
FY22-23 Expenditures							
Salaries and Benefits	6,857,431	544,778	0	156,421	125,632	N/A	7,684,262
Contracts	8,616,648	3,505,205	588,323	27,775	753,502	N/A	13,491,453
Operating/Other	1,277,601	143,091	0	87,713	161,070	N/A	1,669,475
Proposed Transfers	1,812,114			(271,910)	(1,040,204)	(500,000)	0
Estimated Medi-Cal	(5,121,540)	(41,589)	0	0	0	N/A	(5,163,129)
Projected MHSA Funded Expenditures	13,442,253	4,151,485	588,323	0	0	(500,000)	17,682,061
Fund Balance FY22-23 revenue	332,053	(923,201)	262,612	0	0	2,164,643	1,836,107
Estimated to revert, end FY22-23	0	0	0	0	0		0
Revertable end FY22-23, if unspent	0	0	622,611	0	0		622,611
Totals							
Total Projected Revenue FY19-20-FY22-23	37,780,999	9,471,412	2,504,135	2,770	3,132	0	49,762,449
Total Projected Expend. FY19-20-FY22-23	45,676,179	12,484,344	2,781,195	2,770	3,132	(1,650,574)	59,297,047
Total Projected Reversion FY19-20-FY22-23	0	0	66,531	0	0	0	66,531

Community Services and Supports Budget FY 2020–2021

CSS Component Summary	FY 20–21 Proposed						
	Program Name (Expenditures)	M/C	FSP	Staff & Benefits	Contracts	Operating Costs	Total
CSS Children's Mental Health FSP	Y	Y	-	500,000	-	500,000	
CSS Children's Mental Health Non-FSP	Y		159,240	-	27,071	186,311	
CSS Pathways to Independence for TAY FSP	Y	Y	602,901	378,111	109,434	1,090,446	
CSS Pathways to Independence for TAY Non-FSP	Y		517,547	34,728	116,657	668,931	
CSS Adult Wellness Alternatives FSP	Y	Y	1,463,163	2,336,979	262,101	4,062,243	
CSS Adult Wellness Alternatives Non-FSP	Y		879,268	397,111	162,043	1,438,423	
CSS Older Adult Outreach and Assessment FSP	Y	Y	439,710	457,886	75,876	973,472	
CSS Older Adult Outreach and Assessment Non-FSP	Y		214,987	256,575	36,548	508,110	
CSS Mobile Tele-Mental Health FSP	Y	Y	45,026	250,000	7,654	302,680	
CSS Mobile Tele-Mental Health Non-FSP	Y		187,742	250,000	35,648	473,390	
CSS Community-Based Drop-in Navigation Centers	Y	Y	67,760	844,400	11,519	923,679	
CSS Peer and Family Member Led Support Services			-	100,000	-	100,000	
CSS MH Crisis & Crisis Intervention Training (CIT) FSP			53,146	-	-	53,146	
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP		Y	1,046,171	100,000	177,849	1,324,021	
MHSA Comm Plan & Eval – CSS			302,815	113,821	58,146	474,782	
MHSA Administration – CSS			348,341	23,085	68,453	439,878	
CSS Total	FSP%:	67.9%	6,327,817	6,042,696	1,148,999	13,519,511	
			46.8%	44.7%	8.5%	100.0%	
<i>*Minimum required to be spent to avoid prior year reversion:</i>						2,442,070	
CSS Revenue							
MHSA Allocation							10,131,864
MHSA Interest Earned (on fund balance)							137,910
Medi-Cal Reimbursement							4,230,746
Total Revenue Earned per Fiscal Year							14,500,520
Transfer to Prudent Reserve (current 514,069)							(500,000)
Transfer to WET						(169,464)	(169,464)
Transfer to CFTN						(1,192,361)	(1,192,361)
Available Revenue						(1,967,942)	12,638,695
Available Prior Year Revenue (Fund Balance)							9,194,011
Maximum Revenue Available:							21,832,706
Ending Fund balance: Surplus or (Deficit)							8,313,195

Community Services and Supports Budget FY 2021-2022

CSS Component Summary	FY 21-22 Proposed						
	Program Name (Expenditures)	M/C	FSP	Staff & Benefits	Contracts	Operating Costs	Total
CSS Children's Mental Health FSP	Y	Y	-	520,000	-	520,000	
CSS Children's Mental Health Non-FSP	Y		138,726	-	23,583	162,309	
CSS Pathways to Independence for TAY FSP	Y	Y	152,435	1,472,702	33,132	1,658,270	
CSS Pathways to Independence for TAY Non-FSP	Y		307,255	43,800	83,622	434,677	
CSS Adult Wellness Alternatives FSP	Y	Y	608,483	3,547,445	124,949	4,280,877	
CSS Adult Wellness Alternatives Non-FSP	Y		1,125,963	350,400	204,484	1,680,846	
CSS Older Adult Outreach and Assessment FSP	Y	Y	97,417	1,350,368	17,731	1,465,516	
CSS Older Adult Outreach and Assessment Non-FSP	Y		136,199	43,800	23,154	203,153	
CSS Mobile Tele-Mental Health FSP	Y	Y	-	-	-	-	
CSS Mobile Tele-Mental Health Non-FSP	Y		1,412,328	-	243,977	1,656,305	
CSS Community-Based Drop-in Navigation Centers	Y	Y	276,475	844,411	47,001	1,167,887	
CSS Peer and Family Member Led Support Services			-	100,000	-	100,000	
CSS MH Crisis & Crisis Intervention Training (CIT) FSP			60,501	-	-	60,501	
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP		Y	1,458,616	125,000	247,965	1,831,581	
MHTSA Comm Plan & Eval - CSS			320,397	209,772	61,678	591,847	
MHTSA Administration - CSS			482,046	7,001	120,856	609,903	
CSS Total	FSP%:	66.5%	6,576,841	8,614,699	1,232,131	16,423,671	
			40.0%	52.5%	7.5%	100.0%	
<i>*Minimum required to be spent to avoid prior year reversion:</i>							-
CSS Revenue							
MHTSA Allocation							10,655,036
MHTSA Interest Earned (on fund balance)							124,698
Medi-Cal Reimbursement							5,029,985
Total Revenue Earned per Fiscal Year							15,809,719
Transfer to Prudent Reserve (current 514,069)							(200,574)
Transfer to WET						(270,888)	(270,888)
Transfer to CFTN						(2,467,528)	(2,467,528)
Available Revenue						(2,195,233)	12,870,729
Available Prior Year Revenue (Fund Balance)							8,313,195
Maximum Revenue Available:							21,183,924
Ending Fund balance: Surplus or (Deficit)							4,760,253

Prevention and Early Intervention Budget FY2020-2021

PEI Component Summary	FY 20-21 Proposed						
	Program Name	M/C	<26	S&B	Contracts	Optg	Total
PEI Early Childhood MH Access & Linkage		100%	-	400,000	-	400,000	
NA—PEI School-Based Access and Linkage (Urban)			-	-	-	-	
NA—PEI School-Based Access and Linkage (Rural)			-	-	-	-	
NA—PEI TAY Wellness Center			-	-	-	-	
NA—PEI School Based Mentorship/Strengths Building (Urban)			-	-	-	-	
NA—PEI School Based Mentorship/Strengths Building (Rural)			-	-	-	-	
PEI Senior Peer Counseling			-	50,000	-	50,000	
PEI Youth Early Intervention FEP Program	Y	85%	104,633	-	17,788	122,421	
PEI Early Signs Training and Assistance		41%	239,555	111,725	74,616	425,895	
PEI Latinx Outreach/MH Promotores		10%	-	295,148	-	295,148	
PEI Maternal MH Access Hub (Home Visiting Expansion)			-	100,000	-	100,000	
PEI Cultural Competency		20%	311,511	300,000	64,457	675,967	
PEI College Partnerships		80%	-	150,000	-	150,000	
PEI K-12 School	Y	100%	-	1,100,000	-	1,100,000	
MHSA Comm Plan & Eval—PEI			27,546	10,354	5,289	43,190	
MHSA Administration—PEI			31,688	2,100	6,227	40,015	
PEI Total	<26%:	60.6%	714,933	2,519,327	168,376	3,402,636	
			21.0%	74.0%	4.9%	100.0%	
<i>*Minimum required to be spent to avoid prior year reversion:</i>							1,389,582
PEI Revenue							
MHSA Allocation							2,532,966
MHSA Interest Earned (on fund balance)							27,410
Miscellaneous Reimbursements (FY2122: MHSSA Grant)							
Medi-Cal Reimbursement							30,805
Total Revenue Earned per Fiscal Year							2,591,181
Funds Due to Revert							-
Available Revenue							2,591,181
Available Prior Year Revenue (Fund Balance)							1,827,332
Maximum Revenue Available:							4,418,513
Ending Fund balance: Surplus or (Deficit)							1,015,876

Prevention and Early Intervention Budget FY2022-2023

PEI Component Summary	FY 22-23 Proposed						
	Program Name	M/C	<26	S&B	Contracts	Optg	Total
PEI Early Childhood MH Access & Linkage		100%		-	400,000	-	400,000
NA—PEI School-Based Access and Linkage (Urban)				-	-	-	-
NA—PEI School-Based Access and Linkage (Rural)				-	-	-	-
NA—PEI TAY Wellness Center				-	-	-	-
NA—PEI School Based Mentorship/Strengths Building (Urban)				-	-	-	-
NA—PEI School Based Mentorship/Strengths Building (Rural)				-	-	-	-
PEI Senior Peer Counseling				-	48,400	-	48,400
PEI Youth Early Intervention FEP Program	Y	85%		-	230,000	-	230,000
PEI Early Signs Training and Assistance		41%	157,489		111,725	62,137	331,352
PEI Latinx Outreach/MH Promotores		10%		-	438,512	-	438,512
PEI Maternal MH Access Hub (Home Visiting Expansion)				-	100,000	-	100,000
PEI Cultural Competency		20%	314,311		550,000	64,933	929,243
PEI College Partnerships		80%		-	189,208	-	189,208
PEI K-12 School	Y	100%		-	1,420,339	-	1,420,339
MHSA Comm Plan & Eval—PEI			29,138		16,414	5,063	50,616
MHSA Administration—PEI			43,840		606	10,958	55,404
PEI Total		<26%: 60.4%	544,778		3,505,205	143,091	4,193,074
			13.0%		83.6%	3.4%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>							-
PEI Revenue							
MHSA Allocation							2,235,662
MHSA Interest Earned (on fund balance)							14,669
Miscellaneous Reimbursements (FY2122: MHSSA Grant)							
Medi-Cal Reimbursement							41,589
Total Revenue Earned per Fiscal Year							2,291,920
Funds Due to Revert							-
Available Revenue							2,291,920
Available Prior Year Revenue (Fund Balance)							977,952
Maximum Revenue Available:							3,269,873
Ending Fund balance: Surplus or (Deficit)							(923,201)

Workforce, Education, and Training Budget FY2020-2021

WET Component Summary	FY 20-21 Proposed						
	Program Name	M/C	N/A	S&B	Contracts	Optg	Total
WET Coordinator			18,615	-	3,165	21,780	
WET Professional Development			-	-	54,880	54,880	
WET Peer Workforce Development Workgroup			16,601	-	6,436	23,037	
WET Central Regional Partnership Grants			-	30,000	-	30,000	
WET BBS Supervision			6,776	-	1,152	7,928	
MHSA Comm Plan & Eval – WET			-	2,219	108	2,327	
MHSA Administration – WET			6,790	450	1,334	8,575	
WET Total		0	48,783	32,669	67,075	148,527	
			32.8%	22.0%	45.2%	100.0%	
<i>*Minimum required to be spent to avoid prior year reversion:</i>							-
WET Revenue							
MHSA Allocation						-	
MHSA Interest Earned (on fund balance)						(309)	
Medi-Cal Reimbursement						-	
Total Revenue Earned per Fiscal Year						(309)	
Transfer from CSS						169,464	
Funds Due to Revert						-	
Available Revenue						169,155	
Available Prior Year Revenue (Fund Balance)						(20,628)	
Maximum Revenue Available:						148,527	
Ending Fund balance: Surplus or (Deficit)						0	

Capital Facilities and Technological Needs Budget FY2020-2021

CFTN Component Summary	FY 20-21 Proposed					
Program Name	M/C	N/A	S&B	Contracts	Optg	Total
CFTN Information Technology			–	677,884	134,490	812,374
CFTN Peer-Run Housing (AFI Match)			–	250,000	–	250,000
MHSA Comm Plan & Eval - CFTN						–
MHSA Administration - CFTN						–
CFTN Total		–	–	927,884	134,490	1,062,374
			0.0%	87.3%	12.7%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>						–
CFTN Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						(1,921)
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						(1,921)
Transfer from CSS						1,192,361
Funds Due to Revert						–
Available Revenue						1,190,440
Available Prior Year Revenue (Fund Balance)						(128,066)
Maximum Revenue Available:						1,062,374
Ending Fund balance: Surplus or (Deficit)						0

Capital Facilities and Technological Needs Budget FY2021-2022

CFTN Component Summary	FY 21-22 Proposed					
Program Name	M/C	N/A	S&B	Contracts	Optg	Total
CFTN Information Technology			772,277	1,001,285	264,777	2,038,339
CFTN Peer-Run Housing (AFI Match)			–	250,000	–	250,000
MHSA Comm Plan & Eval - CFTN			47,773	31,278	9,197	88,248
MHSA Administration - CFTN			71,876	1,044	18,020	90,940
CFTN Total		–	891,926	1,283,608	291,994	2,467,528
			36.1%	52.0%	11.8%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>						–
CFTN Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						–
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						–
Transfer from CSS						2,467,528
Funds Due to Revert						–
Available Revenue						2,467,528
Available Prior Year Revenue (Fund Balance)						–
Maximum Revenue Available:						2,467,528
Ending Fund balance: Surplus or (Deficit)						0

Capital Facilities and Technological Needs Budget FY2022–2023

CFTN Component Summary	FY 22–23 Proposed					
Program Name	M/C	N/A	S&B	Contracts	Optg	Total
CFTN Information Technology			–	724,202	133,490	857,692
CFTN Peer-Run Housing (AFI Match)			–	–	–	–
MHSA Comm Plan & Eval - CFTN			50,162	28,257	8,716	87,135
MHSA Administration - CFTN			75,470	1,043	18,863	95,376
CFTN Total		–	125,632	753,502	161,070	1,040,204
			12.1%	72.4%	15.5%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>						–
CFTN Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						–
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						–
Transfer from CSS						1,040,204
Funds Due to Revert						–
Available Revenue						1,040,204
Available Prior Year Revenue (Fund Balance)						–
Maximum Revenue Available:						1,040,204
Ending Fund balance: Surplus or (Deficit)						0

Appendix I

Yolo_PEI_1920_SUP Additional partnership information listed in supplemental report below.

Yolo County Mental Health Services Act (MHSA) Data Performance Measures Report

FY 19/20 : July 1, 2019 through June 30, 2020

Program	PEI Early Childhood Mental Health Access and Linkage -Help Me Grow				
Provider	Northern California Children's Therapy Center				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Full Year
	(7/1/19 – 9/30/19)	(10/1/19 – 12/31/19)	(1/1/20 – 3/31/20)	(4/1/20 – 6/30/20)	(7/1/19 – 6/30/20)
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020

MHSA Program Update/Project Narrative Question “Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?” Additional information listed in supplemental report below.

FY 19-20 Quarter 1: Current and new partners that in Q1.

Academy 4 Kids	Davis Migrant Center	Kids First	Planned Parenthood
Academy Montessori	Davis Parent Nursery School	Learning Ladder Preschool	Portside Montessori
All About Children Daycare	Davis Waldorf	Lighthouse Charter School TK Program	Redbud Montessori
Alphabet Soup Childcare	Delta Elementary Charter School	Lilliput	Resilient Yolo
Alta California Regional Center	Destiny Christian Church	Little Busy Bees Preschool and Childcare	RISE
Alternative Family Solutions	Dignity Healthcare	Little Friends Montessori	Rivendell Nursery School
American Academy of Pediatrics	Discovery Preschool	Macaroni Kids	River Bank Medical Center
Ann's Nursery School	Dixon Joint Unified School District	Madison Migrant Center	Riverbank Elementary School TK program
Applegate Nursery School	Eaglewood Apartment Complex	Madison Migrant CDC	Sacramento City Unified School District
Arden Community	Early Childhood Lab School at The Center for Child and Family Studies	Mama Art Your Heart Out	Sacramento Covered
Ark Preschool	Elica Health Centers	Mercy Housing Esparto	Shining Star Early Learning Academy
Autism Spectrum Therapies	Empower Yolo	Merryhill Preschool	Shores of Hope
Bright Beginnings	Esparto Clinic	Mile Preschool	Solid Foundation Head Start
BUILD Initiative	Esparto Joint Unified School District	MOD Pizza	South Port Preschool
California Early Start	Eva's Day Care	Monsanto	St. John's Preschool
California State University, Monterey Bay	Everyday Solutions for Challenging Behaviors	Montessori Country Day	St. Lukes Episcopal Church
California Family Fitness	Family Child Care-Unspecified	Montessori Country Day II	St. Paul's Lutheran Preschool
Capitol CROWD	Family Hui	Montgomery CDC	Stanford Youth Solutions
Caring Connection Children's Center	First 5: Association of California; Yolo, Solano	Mother & Baby Source	Steffanie Amador Home Childcare
Child Development Center Migrant Camps: Davis; Dixon	Friends of Clarksburg Library	My Sisters House	Strategies 2.0

Child Development Centers: Cesar Chavez, La Rue Park; Russell Park, Patwin	Gan Haverim Preschool	NAMI Yolo	State Council on Developmental Disabilities
Children NOW	Garden of Edynn	New Harmony Apartments	Stonegate Elementary
Children's Home Society	Help Me Grow: Solano County; Sacramento; National; California	Nobel Learning Communities (Merryhill Preschool)	Storybook Cottage
CHOC	Holy Cross Child Care (Highland Community Charter)	North Bay Regional Center	Sunflower Daycare
City of Davis Fire Department	Hopes Anchor	Northern California Children's Therapy Center	Sutter Anderson Lucchetti Women's and Children's Center
City of Woodland: Community Center; Rec2Go; Mayors Office; Fire Department	Iglesia Jesus Salva	Northern Valley Indian Health	Sutter Davis: Pediatrics; Family Practice
Communicare: Perinatal Day Program, Clinic, Behavioral/Mental Health; For Moms Program	IMPACT/ Quality Counts	Office of Child Abuse Prevention	Sweet Success at Sutter Health
Dairy Council of California	Itsy Bitsy Preschool/Daycare	Office of Client's Rights Advocacy Disability Rights California	Taylor's House
Davis Arts Center	Jamboree Property Management	Our Lady of Grace	The Center of Excellence for Infant and Early Childhood Mental
Davis Community Church Nursery School	James Marshall Parent Nursery School	Partnership Health Plan of California	Transformational Family Ministries
Davis Farmers Market	Kaiser Fairfield Pediatric Department	Peregrine School (two sites)	Turning Point
Davis Joint Unified School District	KangaKare	PESI	University of California, Davis: Mind Institute; Center for Child and Family Services; Department of Externalizing and Self-Control Lab; Medical Group; Early Academic Outreach Program; Grad Students
The Center of Excellence for Infant and Early Childhood Mental	Westmore Oaks	Yolo County CASA	WestEd
Transformational Family Ministries	White House Counseling	Yolo County Children's Alliance: Family Resource Center; Healthy Families America; Yolo Family Strengthening Network, Healthy Families America	Westfield Village Elementary School
Turning Point	Winters Family Practice	Yolo County Health and Human Services Agency: Breastfeeding Coalition; Child Welfare Services; Maternal Child Adolescent Health; Nurse Home Visiting; Children's Mental Health Team;	Woodland Parent Nursery School
University of California, Davis: Mind Institute; Center for Child and Family Services; Department of Externalizing and Self-Control Lab; Medical Group; Early Academic Outreach Program; Grad Students	Winters Healthcare	Women Infants and Children in Woodland and West Sacramento; Oral Health; CHIP; Childhood Lead Poisoning Prevention Program	Woodland Public Library
UCSB Children's Center	Winters Joint Unified School District	Yolo County Housing	Yolo Community Center
United Way	Winters Parent Nursery School	Yolo County Library: Friends of the Library Clarksburg; Davis; West Sacramento; Winters	Yolo Early Start

University Covenant Church Preschool	Wonderland Preschool	Yolo County Office of Education	Yolo Food Bank
Victor Community Support Services	Woodland Farmers Market	Yolo County Parks and Recreation	Yolo Hospice: Stepping Stones Program
Warmline Family Resource Center	Woodland Joint Unified School District: Gibson Elementary; State Preschool Program; Education Services	Yolo Crisis Nursery	YMCA: Winters; Woodland; Superior Court of California, of East Bay
Washington Joint Unified School District	WeEmbrace		

FY 19-20 Quarter 2: New partners established in Q2; Q1 partners remain current.

A Better Way
Bayer Seed
Discovery Preschool
Elkhorn Elementary
Highlands Community Charter School
National Family Support Network
Quality Counts
Solano Land Trust
Susan Kandela
Yolo County Courthouse Family Law

FY 19-20 Quarter 3: New partners established in Q3; Q1 partners remain current.

Aces Aware
Arizona ACE Consortium
Communicare: Road 2 Resilience, Perinatal Day Program, Clinic, Behavioral/Mental Health; For Moms Program
District Attorney's Office
Help Me Grow: San Luis Obispo, Solano County; Sacramento; National; California
MOPS Woodland
San Juan Unified IPAT
University of California, Davis: Project ECHO; Mind Institute; Center for Child and Family Services; Department of Externalizing and Self-Control Lab; Medical Group; Early Academic Outreach Program; Grad Students

FY 19-20 Quarter 4: New partners accessed in Q4; Q1-Q3 partners maintained and ongoing.

211 Yolo	First5 Association of California	Storybook Cottage	Yolo County Health and Human Services/ Child Passenger Safety
A Better Way	Free Books for Kids	Strategies 2.0	Yolo County HHSA Nurse Home Visiting
Academy 4 Kids	Harvest Pediatrics Napa Valley	Sutter Davis Pediatrics	Yolo County Library Programs
ADDitude	Healthy Families Yolo County HFYC previously Step by Step/Paso a	Sutter Family Practice Woodland Office	Yolo County Office of Education (YCOE)
Alphabet Soup Childcare	Help Me Grow California	Turning Point	Yolo Crisis Nursery (YCN)
ALTA California Regional Center	Help Me Grow National	UC Davis MIND Institute	Yolo Early Start Team (YES team)
Alyce Norman	Help Me Grow Ventura County	UCD Chicano/a Studies Dept	Zero To Three
Breastfeeding Coalition	Help Me Grow Yolo County	University Covenant Church (preschool)	Esparto Joint Unified School District
Caring connections	Help Me Grow/ YCCA	Victor Community Support Services	Family Hui
Children's Mental Health Team (Yolo County Health and Human Serv	Homerun (previously Quality Counts)	Warmline FRC	Family Soup
Children's Therapy Center (CTC)	Hopes Anchor	Washington Unified Preschool referrals: Special Ed Department	First 5 Alameda/Help Me Grow
Children's Welfare Services (CWS)	Juvo Autism and Behavioral Health Services	WIC Woodland Specific	First 5 Yolo
City of Woodland/Parks and Rec/Rec2Go	La Rue Park	WIC Yolo County	Russell Park CDC
Communicare	Little Busy Bees preschool and childcare	Winters Healthcare	Shining Stars Family Child Care (FCC)
Communicare R2R	Little Farmhouse Preschool	Winters Joint Unified School District State Preschool	Shores of Hope
Davis Arts Center	Madison Migrant Center CDC	Winters Joint Unified Special Education	Stanford Sierra Youth & Families (was previously Stanford Youth)
Davis Community Church Nursery School DCCNS	Maternal Child Adolescent Health HHSA	Winters Parent Nursery School	State Council on Developmental Disabilities (SCDD)
Davis Joint Unified School District	MIND Institute Air-B Mind the Gap	Woodland Public Library	YMCA/CDC Winters
Davis Joint Unified State Preschool	MOPS Woodland	Woodland WJUSD Educational Services	YMCA/CDC Woodland
Davis Migrant Center CDC	Music to Grow	Woodland WJUSD Special Education	Yolo County Childhood Lead Poisoning Prevention Program
Dignity Health Bronze Star	NAMI yolo	Woodland WJUSD Special Projects	Yolo County Children's Alliance
Dignity Health Gibson	Northern Valley Indian Health Agency	Woodland WJUSD State Preschool	Yolo County Health and Human Services
Dingle Elementary	Nurturing Parenting Program	YCCA FRC	
Dixon Community Clinics	Partnership Health Plan of California	YCCA/ PSE	
Elica Health Clinics	Patwin CDC	YCCA-YFSN/CAP	
Empower Yolo	RISE	YIIN / ApoYolo	
Esparto Family Practice-CM Centers	Rivendell Nursery School	YMCA College Street	

**Yolo County
Annual Prevention and Early Intervention Program Report FY 19-20**

This report contains data collected by Yolo County Prevention and Early Intervention Programs for Fiscal Year (FY) 19-20. Yolo County began work in FY16-17 and FY17-18 to-date developing a data collection, tracking, and reporting process to be inclusive of the metrics defined in Section 3560.010 in the Prevention and Early Intervention Regulations (Effective October Oct. 6, 2015). Yolo County provided the first in a series of data collection and reporting trainings covering these regulations in December 2017, and projects having the new data collection, tracking and reporting process were fully in place by FY18-19.

Program	Early Signs Training and Assistance				
Provider	Yolo County Health and Human Services Agency				
	Fiscal Year 19-20 1 st Quarter (7/1/19-9/30/19)	Fiscal Year 19-20 2 nd Quarter (10/19-12/31/19)	Fiscal Year 19-20 3rd Quarter (1/1/20-3/31/20)	Fiscal Year 19-20 4th Quarter (4/1/20-6/30/20)	Fiscal Year 19-20 Full Year (7/1/19-6/30/20)
Data Due to HHS (Quarterly)	10/30/2019	1/31/2020	4/30/2020	7/31/2020	7/31/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	110	163	176	COVID-19	449
New Clients: Not seen previously in this Fiscal Year					
Returning Clients: Returning from previous Quarter in same Fiscal Year					
Individual Family Members Served					
Clients Served: Prevention					
Clients Served: Early Intervention	110	163	176		449
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	0				0
Transition Age Youth 16-25	25	72	74		171
Adult 26-59	74	87	96		257
Older Adult 60+	10	4	6		20
Declined to State	0				0
Not recorded /Field left blank	0	0	0		0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	0	4*	5*		0
Asian	13	35	43		91
Black or African American	7	6	7		20
Native Hawaiian or other Pacific	1	2	3		6
White (includes Non Hispanic/Latino)	46	63	72		181
Other (Includes Hispanic/Latino)	8	10	12		30
More than one race	17	11	16		44
Declined to State	0	4			4
Race not recorded /Field left blank	20	28	28		76
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean	1				1
Central American	4				4
Mexican/Mexican-American/Chicano	25	36	39		100
Puerto Rico	2		2		4
South American	0	4	1		5
Other	3	10			13
Declined to State	0				0
Not recorded/Field left Blank	0	4	6		10
Non-Hispanic or Non-Latino					
African	1	2			3
Asian Indian/South Asian	1	8	6		15
Cambodian	0	1			1
Chinese	6	24	31		61
Eastern European	0				0
European	18	24	36		78
Filipino	4	4	2		10
Japanese	1	3	5		9
Korean	1	6	5		12
Middle Eastern	1	4	6		11
Vietnamese	2	10	8		20
Other	20	4	6		30

More than one ethnicity	17	7	12		36
Declined to state ethnicity	0				0
Not recorded/Field left Blank	0	12	24		36
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	107	163	176		446
Spanish	3	2	3		8
Russian	0	2	1		3
Other	1	2**			3
Declined to State	0				0
Not recorded/Field left Blank	0	2	2		4
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	105	161	176		442
Spanish	2	2	3		7
Russian	0				0
Other (Not a county threshold)	0	2**			2
Declined to State	0				0
Not recorded/Field left Blank	0	3			3
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	3	5	8		16
Heterosexual or Straight	90	132	139		361
Bisexual	7	13	16		36
Questioning or unsure of sexual	1	1	2		4
Queer	4	4	3		11
Another Sexual Orientation	0	2	2		4
Declined to State	1	7	6		14
Not Applicable: Minor exempt from	0	1			1
Not recorded/Field left Blank	3				3
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					
Yes, Disability Indicated	17	6	8		31
Communication Domain: Difficulty Seeing	1	2	2		5
Communication Domain: Difficulty hearing or having speech understood	2	1			3
Communication Domain: Other	3				3
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	4		2		6
Physical Mobility Domain: Physical or mobility issue	3	1	2		6
Chronic Health Condition: including but not limited to chronic pain	3	1	4		8
Other Disability:	4				4
No, Not disabled	90	156	164		410
Declined to State	3	6	4		13
Not recorded/Field left Blank	1				1
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	27	47	55		129
Females	76	118	121		315
Declined to State	0				0
Not recorded/Field left Blank	0				0
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	27	47	55		129
Female	75	115	118		308
Transgender	0		1		1
Genderqueer	1				1
Questioning or unsure of gender	1				1
Another Gender Identity	0				0
Not Applicable: Minor exempt from	0				0
Declined to State	0	5	2		7
Not recorded/Field left Blank	3				3
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	8	5	8		21
No, Not Veteran	99	160	168		427
Declined to State	1				1
Not Applicable: Minor exempt from	0				0
Not recorded/Field left Blank	1				1
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	0	2	3		5

Clarksburg	0		1		1
Davis	23	59	56		138
Dunnigan	0				0
Esparto	0	7	9		16
Guinda	0		1		1
Knights Landing	1		1		2
Madison	0				0
Sacramento [board and care]	11	22***	11		44
West Sacramento	5	4	19		28
Winters	0	2	1		3
Woodland	32	42	58		132
Yolo	4	6			10
Yolo County Unincorporated areas	17	7			24
Homeless*	0				0
Out of County	22	14	16		52
Declined to State	0				0
Not recorded/Field left Blank	1				1

*Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.

MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer		23	31		54
Family Member of Mental Health		23	35		58
Not Applicable		91	93		184
Prefer Not to Answer		5	17		22

MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events					
Outreach Participant Demographics					
Total Outreach Participants					
Outreach Setting					
Church					
Clinic					
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					
Library					
Mental/Behavioral Health Care					
Other					
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School					
Senior Center					
Shelter					
Substance Use Treatment Location					
Support Group					

Number of Individuals Referred to Treatment					
Total Participants Referred					
Total SMI Participants Referred					
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and					
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral)					
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on					
Participants who did not engage in					
Participants for which referral					
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					

7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Unable to determine					
Not Applicable					
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Recorded					
Closed					

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1-Q3: Not provided
 Q4: Due to the pandemic, Mental Health First Aid (MHFA) trainings were cancelled while the National Council transitioned to a virtual Learning Management System (LMS) and new curriculum. Early Signs program staff were certified to train virtually during this time. However, the Council has experienced challenges with the LMS—constant crashes, freezing, e-scheduling issues—and is working to address these issues. MHFA trainings have been in a holding pattern since April 2020 but are expected to resume in June 2021. The Early Signs program has evolved and met this pandemic moment with creativity, innovation, and adaptation to meet the needs of our Agency and community. To meet the needs of our community and PEI programming, a mental health training titled "The Nature of Trauma and Resilience" was developed and was presented to more than 100 participants in Spring 2021, in addition to presenting a Suicide Prevention training to more than 100 participants as well.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1: Marketing our programming was intermittent.
 Q2-4: Not provided

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1: Our partnership with NAMI UCD and the UCD Mental Health and Wellness centers continues to grow.
 Q2-4: Not provided

What are the key activities you expect this program to achieve in the following quarter?

Q1: Increased enrollment into our Suicide Prevention trainings; more community MHFA trainings by request, i.e. Shelters and business entities.
 Q2-4: Not provided

Are the program's services and activities to change in the following quarter? If so, how?

Q1-4: Not provided

Program	Maternal Mental Health - In Home Therapy for Moms				
Provider	Communicare Health Centers				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter	Full Year
	(7/1/19-9/30/19)	(10/19-12/31/19)	(1/1/20-3/31/20)	(4/1/20-6/30/20)	(7/1/19-6/30/20)
Data Due to HHS (Quarterly)	10/30/2019	1/31/2020	4/30/2020	7/31/2020	7/31/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	47	65	28	37	177

New Clients: Not seen previously in this Fiscal Year)	9	2	4	3	18
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	6	1	4	11
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	0	0	0	0
Clients Served: Early Intervention	9	2	4	3	18
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	0	0	0	0	0
Transition Age Youth 16-25	2	0	0	3	5
Adult 26-59	7	2	4	0	13
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	1	0	0	0	1
Asian	0	0	0	0	0
Black or African American	0	0	0	0	0
Native Hawaiian or other Pacific	0	1	0	0	1
White (includes Non Hispanic/Latino)	0	1	2	1	4
Other (Includes Hispanic/Latino)	7	0	2	2	11
More than one race	0	0	0	0	0
Declined to State	0	0	0	0	0
Race not recorded /Field left blank	1	0	0	0	1
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican-American/Chicano	7	0	2	2	11
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	0	0	2	0	2
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	1	1
Not recorded/Field left Blank	0	2	0	0	2
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	5	2	3	3	13
Spanish	4	0	1	0	5
Russian	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	5	2	3	3	13
Spanish	4	0	1	0	5
Russian	0	0	0	0	0
Other (Not a county threshold)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	0	0	0	0	0
Heterosexual or Straight	9	1	4	3	17
Bisexual	0	0	0	0	0
Questioning or unsure of sexual	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	0	1	0	0	1
Declined to State	0	0	0	0	0

Not Applicable: Minor exempt from	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a and 5b)					
Yes, Disability Indicated	1	0	0	0	1
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental	0	0	0	0	0
Physical Mobility Domain: Physical or	0	0	0	0	0
Chronic Health Condition: including but	0	0	0	0	0
Other Disability:	1	0	0	0	1
No, Not disabled	8	2	4	3	17
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	0	0	0		
Females	9	2	4		
Declined to State	0	0	0		
Not recorded/Field left Blank	0	0	0		
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	0	0	0	0	0
Female	9	1	4	3	17
Transgender	0	1	0	0	1
Genderqueer	0	0	0	0	0
Questioning or unsure of gender	0	0	0	0	0
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	9	2	4	3	18
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	0	0	0	0	0
Clarksburg	0	0	0	0	0
Davis	1	0	1	0	2
Dunnigan	0	0	0	0	0
Esparto	1	0	0	0	1
Guinda	0	0	0	0	0
Knights Landing	0	0	0	0	0
Madison	1	0	0	0	1
Sacramento [board and care]	0	0	0	0	0
West Sacramento	1	1	1	0	3
Winters	1	0	1	0	2
Woodland	4	1	1	3	9
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	0	0	0	0	0
Homeless ¹	0	0	0	0	0
Out of County	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	9	2	4	3	18
Family Member of Mental Health	0	0	0	0	0
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0	0	0	0	0
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	0	3	2	0	5
Outreach Participant Demographics					
Total Outreach Participants	0	150	20	0	170
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0

Family Resource Center	0	0	0	0	0
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	1	1	0	2
Other	0	2	1	0	3
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	0	0	0	0	0
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred	1	1	0	0	2
Total SMI Participants Referred	1	0	0	0	1
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health	1	1	0	0	2
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and	0	0	0	0	0
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
	CCHC Psychiatry	Cal Works	n/a	n/a	0
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on	1	1	0	0	2
Participants who did not engage in	0	0	0	0	0
Participants for which referral	0	0	0	0	0
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	1	1
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	1	0	0	0	1
Unable to determine	0	0	0	0	0
Not Applicable	8	2	4	2	16
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month	8	2	3	3	16
1-2 Months	1	0	0	0	1
2-3 Months	0	0	0	0	0
3-4 Months	0	0	1	0	1
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not Recorded	0	0	0	0	0
Treatment not Completed: Referral	0	0	0	0	0
Data County Considers Relevant: MHSA Program Update/Projection Narratives					
Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.					
What were the program's key successes in the previous quarter?					
Q1:For the clients who stayed engaged in treatment and either completed the treatment program or are still progressing towards completion, PHQ9 Scores dropped an average of 4.4 points. Three mothers gave birth to healthy infants and all report secure attachments to their babies. Clinicians were able to expand services and meet demand by utilizing Beacon insurance to fund treatment for clients with Part 4213, increasing program capacity to accommodate demand					

insurance to fund treatment for clients with Partnership, increasing program capacity to accommodate demand.

Q2:The referral process was streamlined, ensuring timely engagement with referred clients. Clinicians were able to expand services and meet demand by utilizing Beacon insurance to fund treatment for clients with Partnership, increasing program capacity to accommodate demand. For the clients who stayed engaged in treatment and either completed the treatment program or are still progressing towards completion, Edinburgh scores dropped approximately 13 points and PHQ9 Scores dropped an average of 10.5 points. The team engaged in outreach to referring partners making presentations at staff meetings with CCHC BH and SUD Staff, Maternal Mental Health Collaborative, Meeting with Help Me Grow staff.

Q3:Increased professional contact between referring partner staff and program staff, improving quality of referrals and care coordination. Clinicians continue to bill Beacon insurance when possible, allowing the stretching of funding dollars. For the clients who stayed engaged in treatment, all clients with the exception of 1 (who had just two sessions in Q3) had decreases in Edinburgh and PHQ9 scores, reflecting reduction in Perinatal Mood and Anxiety Disorder (PMAD) symptoms.

Q4:Clinicians were able to engage with all clients referred who continued to meet criteria for treatment despite abrupt transition to telehealth as the result of the COVID-19 pandemic. One client experienced an elimination of symptoms prior to engaging in treatment after having a medical condition treated. Staff referral response time improved. The quality of the referrals from community partners has improved, meaning all clients referred met program enrollment criteria when they were referred. The program graduated its first transgender client, who responded positively to CBT model of treatment.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1:Despite eliminating the barrier of travel/transportation for mothers in the program by meeting them in their homes, the program experienced on average a 36 % cancelation/reschedule rate. The most common reasons clients provided for needing to cancel appointments were scheduling conflicts, illness in the family, and taking time off to give birth.

Q2:In the previous quarter some of the challenges this program encountered included: Some clients referred did not meet criteria for treatment indicating a need for on going training with referring partner staff. Limited professional contact between referring partner staff and program staff resulting in a disconnect between program goals and client needs identification. In a few instances, clients struggled with readiness to change, indicating need for more motivational engagement prior to CBT intervention, or need to explore alternative therapies earlier if resistance is indicated.

Treatment sessions were canceled or rescheduled due to illness and other scheduling conflicts, prolonging completion dates.

Q3:Consistency of attendance continued to be a challenge and was stressed by COVID-19 fears and ultimate social distancing requirements. Some clients have struggled with the transition to telehealth.

Q4:Despite moving to a telehealth model as the result of COVID-19 social distancing requirements clients continued to struggle with consistent attendance. Prior to COVID-19 sheltering restrictions client's reported conflicting appointments, illness as reasons for rescheduling appointments. Following the COVID -19, client's reported challenges of getting time and space to themselves to engage in treatment with children out of care/school and in their care full time.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1:This program is done in collaboration with Help Me Grow and Healthy Families America who help refer clients in need to access in-home therapy. There is ongoing continuous quality improvement discussions among all parties to improve referrals and access to services as well as data tracking.

Q2:Clients to the program were referred primarily by Help Me Grow. For those clients who were referred by Healthy Families Yolo County or internal CommuniCare Health Center staff, they were asked to sign a release and agree to a Help Me Grow referral.

Q3:Clients to the program were referred primarily by Help Me Grow. For those clients who were referred by Healthy Families Yolo County or internal CommuniCare Health Center staff, they were asked to sign a release and agree to a Help Me Grow referral.

Q4:Of the four clients referred to treatment this quarter, two (2) were referred by Healthy Families American, one (1) was referred by Help Me Grow and one (1) was referred by CommuniCare's Integrated Behavioral Health team. While referrals were received from other programs/departments/providers, the MMH-IHT4M team did not make any external referrals for the three clients who were new to engage in the fourth quarter.

What are the key activities you expect this program to achieve in the following quarter?

Q1:We will continue to fulfill our mission by providing high quality CBT treatment for pregnant and post partum mothers experiencing mood and anxiety symptoms. We hope to have 3-5 clients complete the treatment program and successfully reduce their mental health symptoms.

Q2:Improved communications and coordination of care with Help Me Grow and other referring parties. Explore blinding session evaluation tool to insure getting honest feedback from clients regarding satisfaction and engagement. . Continue reinforcing attendance expectations with clients to reduce cancelations and rescheduling.

Q3:COVID-19 response social distancing requirements have necessitated moving sessions from client homes to telehealth via phone or video. Clinicians and clients will continue to adjust to this change and find ways of meeting client needs, many of whom are experiencing increased levels of stress. Staff will step up resource referrals and connections to concrete supports.

Q4:COVID-19 response social distancing requirements have necessitated moving sessions from client homes to telehealth via phone or video. Clinicians and clients will continue to adjust to this change and find ways of meeting client needs, many of whom are experiencing increased levels of stress. Staff will step up resource referrals and connections to concrete supports. Additionally, the program is losing a staff member and will be bring on and training a new clinician in the coming months.

Are the program's services and activities to change in the following quarter? If so, how?

Q1:We are planning to change the way clinicians discuss attendance expectations and cancelation policies with clients, with the hope of decreasing cancelations, improving attendance rate and consistent progression through the treatment program.

Q2:No plans to change services in the following quarter.

Q3:Key change is the transition to telehealth service delivery.

Q4: While the telehealth transition was seen initially as a short term solution to social distancing, it now appears our program will be offering services remotely for the foreseeable future. The MMH-IHT4M team will continue to train in effective telehealth service providing and look at modifications that can be made to sustain or improve on client engagement in the telehealth format which may include providing printed handouts via mail prior to sessions, increasing utilization of screen sharing, on screen draw tool to increase interaction with client in skill building and activities.

Program	Crisis Intervention Training				
Provider	Disability Response				

No trainings during 1st Quarter	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter (7/1/19 – 9/30/19)	2 nd Quarter (10/1/19– 12/31/19)	3 rd Quarter (1/1/20 – 3/31/20)	4 th Quarter (4/1/20 – 6/30/20)	Full Year (7/1/19 – 6/30/20)
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020

MHSA Required Performance Measures : Demographic Information

Clients Served					
Total Client Contacts	0	22	27	18	67
New Clients: Not seen previously in this					
Returning Clients: Returning from					
Individual Family Members Served					
Clients Served: Prevention					
Clients Served: Early Intervention	0	22	27	18	67
Clients Served By Age (Demographic Form Question 1)					
Children 0-15					
Transition Age Youth 16-25		5	6	2	13
Adult 26-59		16	21	16	53
Older Adult 60+					
Declined to State		1			1
Not recorded /Field left blank					
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native		1	1	1	3
Asian		1		1	2
Black or African American		1	1		1
Native Hawaiian or other Pacific			1		1
White (includes Non Hispanic/Latino)		14	17	10	41
Other (Includes Hispanic/Latino)		3			3
More than one race		1			1
Declined to State					
Race not recorded /Field left blank					

Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean					
Central American		1			1
Mexican/Mexican-American/Chicano			3		3
Puerto Rico			1		1
South American					
Other					
Declined to State					
Not recorded/Field left Blank					
Non-Hispanic or Non-Latino					
African					
Asian Indian/South Asian					
Cambodian				1	1
Chinese					
Eastern European			1		1
European			4	3	7
Filipino			1		1
Japanese			2		2
Korean					
Middle Eastern					
Vietnamese					
Other			5		5
More than one ethnicity					
Declined to state ethnicity					
Not recorded/Field left Blank					
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English		22	27	18	67
Spanish					
Russian					
Other					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English		22	27	18	67
Spanish					
Russian					
Other (Not a county threshold)					
Declined to State					
Not recorded/Field left Blank					
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian					
Heterosexual or Straight			27	15	42
Bisexual					
Questioning or unsure of sexual					
Queer					
Another Sexual Orientation					
Declined to State				1	1
Not Applicable: Minor exempt from					
Not recorded/Field left Blank					
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					
Yes, Disability Indicated					
Communication Domain: Difficulty			1		1
Communication Domain: Difficulty					
Communication Domain: Other					
Mental Domain: Not including mental					
Physical Mobility Domain: Physical or					
Chronic Health Condition: including but					
Other Disability:			1		1
No, Not disabled			26	16	42
Declined to State				2	2
Not recorded/Field left Blank					
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males		20	19	15	54
Females		1	8		9
Declined to State		1		1	2
Not recorded/Field left Blank					
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male		20	19	15	54
Female		1	7		8
Transgender					

Genderqueer					
Questioning or unsure of gender					
Another Gender Identity					
Not Applicable: Minor exempt from					
Declined to State		1		1	2
Not recorded/Field left Blank					
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran		5		4	9
No, Not Veteran		17		13	30
Declined to State					
Not Applicable: Minor exempt from					
Not recorded/Field left Blank					
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks					
Clarksburg					
Davis			2		2
Dunnigan					
Esparto			4	1	5
Guinda					
Knights Landing					
Madison					
Sacramento [board and care]					
West Sacramento		2	4		6
Winters					
Woodland		6	6	4	16
Yolo		1		1	2
Yolo County Unincorporated areas		3			3
Homeless					
Out of County		10	11	8	29
Declined to State					
Not recorded/Field left Blank					
<i>Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.</i>					
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10) Continued					
Homeless ^[1]					
Out of County					
Declined to State					
Not recorded/Field left Blank					
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer					
Family Member of Mental Health					
Not Applicable					
Prefer Not to Answer					
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events					
Outreach Participant Demographics					
Total Outreach Participants					
Outreach Setting					
Church					
Clinic					
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					
Library					
Mental/Behavioral Health Care					
Other					
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School					
Senior Center					
Shelter					
Substance Use Treatment Location					
Support Group					

MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred					
Total SMI Participants Referred					
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and					
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on					
Participants who did not engage in					
Participants for which referral					
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Unable to determine					
Not Applicable					
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
Average Interval between the referral and participation in treatment /referred service (continued)					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Participation in Treatment not					
Closed					

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1-Q3: Not provided
 Q4: Participation from Yolo Sheriff's Office

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1-Q3: Not provided
 Q4: COVID shut down training for months. Only by insistence of Sheriff Lopez did we get final training to happen

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1-Q4: Not provided

What are the key activities you expect this program to achieve in the following quarter?

Q1-Q4: Not provided

Are the program's services and activities to change in the following quarter? If so, how?

Q1-Q4: Not provided

Program	Help Me Grow Yolo County				
Provider	Northern California Children's Therapy Center				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Full Year
	(7/1/19 – 9/30/19)	(10/1/19– 12/31/19)	(1/1/20 – 3/31/20)	(4/1/20 – 6/30/20)	(7/1/19 – 6/30/20)
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	2259	2206	3639	3276	11380
New Clients: Not seen previously in this Fiscal Year)	600	682	621	2350	4253
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	96	349	244	689
Individual Family Members Served	1983	1343	1176	4483	8985
Clients Served: Prevention	600	630	583	2314	4127
Clients Served: Early Intervention	96	52	38	36	222
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	586	512	551	2110	3759
Transition Age Youth 16-25	0	0	0	0	0
Adult 26-59	0	0	0	0	0
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	14	170	70	240	494
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	3	3	2	13	21
Asian	40	22	7	135	204
Black or African American	18	7	6	29	60
Native Hawaiian or other Pacific		0	2	7	9
White (includes Non Hispanic/Latino)	63	38	20	209	330
Other (Includes Hispanic/Latino)	105	97	41	407	650
More than one race	68	47	30	164	309
Declined to State	14	12	4	49	79
Race not recorded /Field left blank	289	456	509	1337	2591
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	1	0	0	0	1
Mexican/Mexican-American/Chicano	36	18	7	62	123
Puerto Rico	0	0	0	1	1
South American	0	0	0	1	1
Other	1	0	0	361	362
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	68	80	28	0	176
Non-Hispanic or Non-Latino					
African	8	0	2	0	10
Asian Indian/South Asian	19	10	1	20	50
Cambodian		0	0	1	1
Chinese	5	4	0	6	15
Eastern European	4	1	1	4	10
European	8	5	2	16	31
Filipino		0	0	1	1
Japanese	1	0	0	1	2
Korean	1	1	0	1	3
Middle Eastern	2	2	6	12	22
Vietnamese	1	0	0	12	13
Other	3	3	4	30	40
More than one ethnicity	64	6	6	447	523
Declined to state ethnicity	14	12	4	50	80
Not recorded/Field left Blank	364	540	560	1337	2801
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	363	236	123	1478	2200
Spanish	162	108	60	560	890
Russian	0	0	0	1	1
Other	29	27	5	56	117
Declined to State	0	2	0	2	4
Not recorded/Field left Blank	46	309	433	253	1041
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	363	235	119	1486	2203
Spanish	162	105	60	551	878

Russian	0	0	0	1	1
Other (Not a county threshold)	31	34	8	59	132
Declined to State	0	1	0	59	60
Not recorded/Field left Blank	44	307	434	253	1038
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	0	0	0	0	0
Heterosexual or Straight	0	0	0	0	0
Bisexual	0	0	0	0	0
Questioning or unsure of sexual	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from	600	682	621	2350	4253
Not recorded/Field left Blank	0	0	0	0	0
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					
Yes, Disability Indicated	19	27	17	107	170
Communication Domain: Difficulty Seeing	0	0	0	4	4
Communication Domain: Difficulty hearing or having speech understood	8	5	5	26	44
Communication Domain: Other	0	0	0	4	4
Mental Domain: Not including mental illness (including but not limited to	1	5	3	23	32
Physical Mobility Domain: Physical or mobility issue	0	5	1	1	7
Chronic Health Condition: including but not limited to chronic pain	0	12	5	30	47
Other Disability:	0	0	3	19	22
No, Not disabled	516	313	141	1184	2154
Declined to State	8	16	8	27	59
Not recorded/Field left Blank	67	328	455	1032	1882
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	291	244	108	870	1513
Females	286	264	101	844	1495
Declined to State	16	22	28	42	108
Not recorded/Field left Blank	7	152	384	594	1137
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender	0	0	0	0	0
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from	600	682	621	2350	4253
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	600	682	621	2350	4253
Not recorded/Field left Blank	0	0	0	0	0
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	2	1	0	8	11
Clarksburg	0	1	0	6	7
Davis	76	34	22	218	350
Dunnigan	3	1	1	7	12
Esparto	14	10	2	71	97
Guinda	1	0	0	4	5
Knights Landing	1	2	0	9	12
Madison	31	4	0	47	82
Sacramento [board and care]	29	10	9	68	116
West Sacramento	126	62	77	613	878
Winters	12	37	4	86	139
Woodland	199	194	66	532	991
Yolo	2	2	1	7	12
Yolo County Unincorporated areas	1	1	0	10	12
Homeless*	1	0	1	0	2
Out of County	54	11	6	66	137
Declined to State		0	0	0	0

Not recorded/Field left Blank	48	312	432	598	1390
<i>Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.</i>					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	0	0	0	0	0
Family Member of Mental Health Client/Consumer	0	0	0	0	0
Not Applicable	600	682	621	2350	4253
Prefer Not to Answer	0	0	0	0	0
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events Held/Attended	46	29	17	80	172
Outreach Participant Demographics					
Total Outreach Participants	2,853	390	278	5735	9,256
Outreach Setting					
Church	0	0	0	0	0
Clinic	3	3	2	0	8
Cultural Organization	0	0	0	0	0
Faith-Based Organization	3	0	0	0	3
Family Resource Center	2	2	2	1	7
Law Enforcement Departments	0	0	0	0	0
Library	0	0	3	0	3
Mental/Behavioral Health Care	8	4	2	1	15
Other	18	12	5	11	46
Primary Health Care	1	0	0	0	1
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	67	67
Residence	1	0	0	0	1
School	8	8	3	0	19
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	2	0	0	0	2
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred	96	52	38	36	222
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health	96	52	38	36	222
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and	0	0	0	0	0
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
Alta California Regional Center	42	14	25	17	98
Family Need: Parent Mental Health		7	5	7	19
Mental Health	32	10	6	8	56
Psychological Evaluation	10	7	2	3	22
E-Courses on: anxiety, sensory, eating, moving, sleep	12	14	0	1	27
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on referral and engaged in treatment	0	0	0	0	0
Participants who did not engage in treatment to which they were referred.	0	0	0	0	0
Participants for which referral engagement data is not available.	96	52	38	36	222
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0

Unable to determine	96	52	38	36	222
Not Applicable	0	0	0	0	0
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Recorded	96	52	38	36	222
Closed	0	0	0	0	0

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1:First 5 Yolo's Help Me Grow Yolo County has experienced many successes in the first quarter of fiscal year 2019-2020. Some successes we can highlight are: There was a 35 % increase in the number of new clients served in the first quarter (600) compared to the first quarter (445) in fiscal year 2018-2019. There was a 1500% increase in the number of clients identified and referred to mental health services in the first quarter (96) compared to the first quarter (6) in fiscal year 2018-2019. There was an improved relationship with Woodland Joint Unified School District to incorporate the developmental screening of incoming transitional and kindergarten children in the 2020/2021 school year. Help Me Grow Yolo County offered free developmental playgroups for families in Yolo County with children birth through 5 provided by a developmental specialist.

Q2:There was a 208% increase in the number of families from Winters served from twelve in the first quarter of 2019-2020 to thirty seven in the second quarter of 2019-2020. Help Me Grow Yolo County saw a 42% increase in the number of clients entering the program with special needs from nineteen in the first quarter of 2019-2020 to twenty seven in the second quarter 2019-2020. There was an increase in the number of unique clients served from 600 in the first quarter of 2019-2020 to 682 in the second quarter of 2019-2020.

Q3:The total number of contacts that the Help Me Grow Yolo County had with clients has increased. This includes clients reaching out to Help Me Grow Yolo County and Help Me Grow Yolo County reaching out to families. The increase is largely due to the addition of the developmental play groups and parent support support groups which have been well received by the community and the number of children/families participating is significant. Compared to fiscal year 2018/2019 the number of new clients: not previously seen in the fiscal year has increased. Compared to the same time last year, Help Me Grow Yolo County have almost doubled the unique clients served. Compared to the second quarter of fiscal year 2019/2020 more children were referred to Alta Regional Center. This may indicate that children are being identified via developmental screening and referred to early intervention earlier in life.

Q4:The total number of new clients increased significantly as we reached out to families from previous years to remind them of our services.

Help Me Grow Yolo County started providing virtual developmental groups every weekday, reflected in the dramatic increase of outreach events held.

Our increased focus on outreach to rural communities has shown a significant increase in clients served in those areas; with over 65% of the rural clients being reached in Q4.

Help Me Grow Yolo County ramped up its social media presence by increasing posts, creating more original posts, and putting more focus into Instagram and Pinterest

Help Me Grow Yolo County participated in a Diaper Distribution throughout the County and included information about our program

Help Me Grow Yolo County was able increase the number of outreach participants by partnering with the City of Woodland Parks and Recreation and Woodland Joint Unified School District to distribute activities, resources, and Help Me Grow Yolo County information for families.

Families attending the sensory group became more regular to the group. Attendance improved and participants were more engaged since they had the materials and instructions for the project of the day during the class.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1:There was a 35% decrease in the outreach events held or attended from the first quarter 2019-2020 (46) compared to first quarter in fiscal year 2018-2019 (71). There are continued challenges related to language barriers. Currently, Help Me Grow Yolo County has two English-speaking and one bilingual English/Spanish-speaking staff. This limits who can deliver the results of the screenings to the Spanish-speaking families. Translation services for other languages are not currently funded, therefore, there is a barrier to engaging families that speak other languages and supporting them in completing screenings. Additionally, Help Me Grow Yolo County has

families that speak other languages and supporting them in completing screens. Additionally, Help Me Grow Yolo County has experienced an increase in the amount of time needed to conduct case management for Spanish-speaking families. This increase, while positive, has increased the workload for our Spanish-speaking staff member who is also the program's Medical Outreach Specialist. Help Me Grow Yolo County is reviewing its current workload as well as exploring options to address this challenge.

Q2: There was a decrease in the number of events held/attended by Help Me Grow Yolo County staff. With this decrease there was also a decrease in the total number of outreach participants.

Q3: Outreach has been greatly affected by COVID-19 effects on the community with the shelter-in-place order. There has been a significant decrease in the number of outreach events held/attended along with the number of outreach participants. Historically the fiscal year's third quarter has had the highest number of events held/attended for Help Me Grow Yolo County. The not recorded/left blank fields have grown from previous quarters due to the success of the groups and the challenges collecting demographics from parents while they have multiple children vying for their attention. HMG is asking the basic demographics that clients can address within the format of the group. HMG plans to continue contacting clients after the groups to get them entered into yesyolo system and offer a screening; at that point, more demographic information can be collected and as this process continues to evolve, there will be fewer missing fields.

Q4: The program had to pivot to accommodate for COVID-19. Previous, 3x/week in-person developmental playgroups have become virtual groups every weekday; with increased capacity when no longer needing a physical location. The second half of the fiscal year, historically, provided the most outreach opportunities but in-person events were cancelled. Other programs also became overwhelmed with the necessary changes and the ability to work with them was put on hold while agencies figured out their next steps. The staff at Help Me Grow Yolo County/Northern California Children's Therapy Center were sheltering-at-home but the office is now staffed with someone every weekday.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1: Help Me Grow Yolo County works as a network of programs. Once a program is connected to Help Me Grow Yolo County that relationship is maintained and ongoing; unless the program declines to work with Help Me Grow Yolo County. Help Me Grow Yolo County continues to partner with CommuniCare Health Centers on the Maternal Mental Health component to deliver in-home therapy to mothers experiencing depression. The list on the second sheet of this excel document is of the new partners that were established in the first quarter of fiscal year 2019/2020 and existing partners. There were 15 new partnered programs established in the first quarter and these are noted in bold.

Q2: Help Me Grow Yolo County works as a network of programs. Once a program is connected to Help Me Grow Yolo County that relationship is maintained and ongoing; unless the program declines to work with Help Me Grow Yolo County. The following list is of the current partners and includes new partners, highlighted in bold, that were established in the second quarter of fiscal year 2019/2020. Help Me Grow Yolo County continues to partner with CommuniCare Health Care Center on the Maternal Mental Health component to deliver in-home therapy to mothers experiencing depression.

Q3: Help Me Grow Yolo County works as a network of programs. Once a program is connected to Help Me Grow Yolo County that relationship is maintained and ongoing; unless the program declines to work with Help Me Grow Yolo County. The following list is of the current partners and includes new partners, highlighted in bold, that were established in the second quarter of fiscal year 2019/2020. Help Me Grow Yolo County continues to partner with CommuniCare Health Care Center on the Maternal Mental Health component to deliver in-home therapy to mothers experiencing depression.

Q4: As we began offering weekly developmental playgroups, we were also able to provide those families and other community members with Sensory Activity Kits that correspond to the activities of the week and Movement Kits for the Family Dance and Movement Groups. In support of public health efforts, HMGYC used their partners', Yolo County Libraries and Woodland Public Library, curbside pick-ups program for distribution. We also partnered with City of Woodland Parks and Recreation and the Woodland Joint Unified School District lunch pick-ups to provide materials and activities to families. When critical supplies were difficult to find, Help Me Grow Yolo County, First 5 Yolo, and the Northern California Children's Therapy Center worked together with local ECE providers to get diapers and wipes to families in need. Help Me Grow Yolo County works as a network of programs. Once a program is connected to Help Me Grow Yolo County that relationship is maintained and ongoing; unless the program declines to work with Help Me Grow Yolo County. The following list is of the partners accessed in Q1-Q4: **Reference Yolo_PEI_1920.SUP document for full list of partnerships.**

What are the key activities you expect this program to achieve in the following quarter?

Q1: While maintaining current goals and activities, Help Me Grow Yolo County has outlined the following activities to build-on in the following quarter:

1. Provide parent support groups/workshops that were identified as part of ongoing service gap analysis by Help Me Grow Yolo County staff

2. Increase reach to Spanish-speaking families by hiring an additional Spanish-speaking Help Me Grow Yolo County staff person at Northern California Children’s Therapy Center

3. Screenings at events offered by other community agencies

4. Increasing the number of families completing subsequent screenings for children when recommended through incentives from community businesses

Q2:While maintaining current goals and activities, Help Me Grow Yolo County has outlined the following activity to build in the following quarter: Increasing the number of families completing subsequent screenings for children when recommended through incentives from community businesses.

Q3:While maintaining current goals and activities, Help Me Grow Yolo County has outlined the following activity to build in the following quarter:
 Prioritizing increasing our online presence with webinar workshops, additional activities and resources shared on social media. Emphasizing additional developmental screening opportunities via Centralized Access Point. Staff has developed new social media “blasts” to promote the use of the centralized access point. Staff is also working on a set of instructional videos on how to use the Help Me Grow Yolo County system to complete a developmental screening on a mobile device in English and Spanish.
 Staff has shared activities for families to do together at home and are preparing lesson plans for additional activities that will be shared with partners and via social media.

Q4:Assuming continued variations due to the current health crisis, Help Me Grow Yolo County has outlined the following activity to build in the following quarter:
 Continue increasing our online presence with webinar workshops, additional activities and resources shared on social media. Increase participation in weekly developmental groups
 Increase the number of our informational videos for posting on social media
 The 3rd iteration of the database designed for Help Me Grow Yolo County (yesyolo.org) is expected to be near completion in the following quarter. This will allow for streamlined data process, and increased opportunity for outreach and program development.

Are the program's services and activities to change in the following quarter? If so, how?

Q1:Help Me Grow Yolo County strives for continuous quality improvement within its program. Help Me Grow Yolo County will continue to offer free developmental screenings for children 0-5, outreach and trainings on the Help Me Grow Yolo County program, and a call center that families and providers can access per the national model. Help Me Grow Yolo County staff will continue to expand availability and access to developmental screenings, resources, and referrals for vulnerable families in Yolo County. Help Me Grow Yolo County staff will increase outreach to providers and continue to make other adjustments as needed based on data analysis. In addition to these services and activities Help Me Grow Yolo County will provide new services with the implementation of developmental playgroups and parent support groups/workshops that were identified as part of ongoing service gap analysis by Help Me Grow Yolo County staff.

Q2:Help Me Grow Yolo County strives for continuous quality improvement within its program. Help Me Grow Yolo County will continue to offer free developmental screenings for children 0-5, outreach and trainings on the Help Me Grow Yolo County program, and a call center that families and providers can access per the national model. Help Me Grow Yolo County staff will continue to expand availability and access to developmental screenings, resources, and referrals for vulnerable families in Yolo County. Help Me Grow Yolo County staff will increase outreach to providers and continue to make other adjustments as needed based on data analysis.

Q3: & Q 4:Help Me Grow Yolo County strives for continuous quality improvement within its program. Help Me Grow Yolo County will continue to offer free developmental screenings for children 0-5, outreach and trainings on the Help Me Grow Yolo County program, and a call center that families and providers can access per the national model. Help Me Grow Yolo County staff will continue to expand availability and access to developmental screenings, resources, and referrals for vulnerable families in Yolo County. Help Me Grow Yolo County staff will increase outreach to providers and continue to make other adjustments as needed based on data analysis.

Due to program and societal restrictions the Help Me Grow Yolo County team are striving to bring our services and tools to even more families at home with young children, child health providers over burdened with the pandemic, and childcare workers working with families that are still required to work. Though started last month, we expect to continue changing this quarter to meet the needs of our community during this unprecedented time. Help Me Grow Yolo County has successfully used telecommunication to work and train families, child health care providers, and community-based partners. For child health care providers and community-based partners, there has been virtual training on how to use the Help Me Grow Yolo County program and online system to complete developmental screenings with families. Additionally, Help Me Grow Yolo County staff has increased our resource data bank with more information than ever for child health care providers and community-based partners and is sharing that information in new ways, for example via Google Classrooms. For families, there have been virtual workshops provided and offered, and there has been an increase in social media presence targeted for families.

Program	Urban School-Based Mental Health Access and Linkage Program				
Provider	Victor Community Support Services, West Sacramento				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Full Year
	(7/1/19 –	(10/1/19–	(1/1/20 –	(4/1/20 –	(7/1/19 –
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	0	6	7	0	13
New Clients: Not seen previously in this	0	6	7	0	13
Returning Clients: Returning from	0	0	0	0	0

Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	0	0	0	0
Clients Served: Early Intervention	0	6	7	0	13
Clients Served By Age (Demographic Form Question 1)					
Children 0-15		6	6	0	12
Transition Age Youth 16-25			1	0	1
Adult 26-59					
Older Adult 60+					
Declined to State					
Not recorded /Field left blank					
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native					
Asian					
Black or African American		2	3	0	5
Native Hawaiian or other Pacific					
White (includes Non Hispanic/Latino)		1	2	0	3
Other (Includes Hispanic/Latino)		2	4	0	6
More than one race					
Declined to State					
Race not recorded /Field left blank					
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean					
Central American					
Mexican/Mexican-American/Chicano		3	4		7
Puerto Rico					
South American					
Other			1	0	1
Declined to State					
Not recorded/Field left Blank					
Non-Hispanic or Non-Latino					
African		2	3	0	5
Asian Indian/South Asian					
Cambodian					
Chinese					
Eastern European					
European		1	2	0	3
Filipino					
Japanese					
Korean					
Middle Eastern					
Vietnamese					
Other					
More than one ethnicity					
Declined to state ethnicity					
Not recorded/Field left Blank					
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English		6	7	0	13
Spanish					
Russian					
Other					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English		6	7	0	13
Spanish					
Russian					
Other (Not a county threshold)					
Declined to State					
Not recorded/Field left Blank					
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian					
Heterosexual or Straight		6	7	0	13
Bisexual					
Questioning or unsure of sexual					
Queer					
Another Sexual Orientation					
Declined to State					
Not Applicable: Minor exempt from					
Not recorded/Field left Blank					
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a and 5b)					

Yes, Disability Indicated					
Communication Domain: Difficulty					
Communication Domain: Difficulty					
Communication Domain: Other					
Mental Domain: Not including mental					
Physical Mobility Domain: Physical or					
Chronic Health Condition: including but					
Other Disability:					
No, Not disabled		6	6	0	12
Declined to State			1	0	1
Not recorded/Field left Blank					
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males		2	2	0	4
Females		4	3	0	7
Declined to State			2	0	2
Not recorded/Field left Blank					
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male		2	3	0	5
Female		4	2	0	6
Transgender					
Genderqueer					
Questioning or unsure of gender					
Another Gender Identity					
Not Applicable: Minor exempt from			2	0	2
Declined to State					
Not recorded/Field left Blank					
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran					
No, Not Veteran					
Declined to State					
Not Applicable: Minor exempt from		6	7	0	13
Not recorded/Field left Blank					
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks					
Clarksburg					
Davis					
Dunnigan					
Esparto					
Guinda					
Knights Landing					
Madison					
Sacramento [board and care]					
West Sacramento		6	7	0	13
Winters					
Woodland					
Yolo					
Yolo County Unincorporated areas					
Homeless*					
Out of County					
Declined to State					
Not recorded/Field left Blank					
<i>*Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.</i>					
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer			1	0	1
Family Member of Mental Health			1	0	1
Not Applicable		5	1	0	6
Prefer Not to Answer		1	4	0	5
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	5	4	1	0	10
Outreach Participant Demographics					
Total Outreach Participants					
Outreach Setting					
Church					
Clinic					
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					

Library					
Mental/Behavioral Health Care					
Other	3	2		0	5
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School	2	2	1	0	5
Senior Center					
Shelter					
Substance Use Treatment Location					
Support Group					
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred	0		4	0	4
Total SMI Participants Referred	0		0	0	0
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health	0		4	0	4
Substance Use Treatment	0		0		0
Both Behavioral/Mental Health and	0		0		0
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
Access	0		3	0	3
referred to pvt. Ins. Provider's	0		1	0	1
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on	0		2	0	2
Participants who did not engage in	0				
Participants for which referral	0		1	0	1
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month			2	0	2
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months			1	0	1
Unable to determine			2	0	2
Not Applicable					
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month			2	0	2
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Participation in Treatment not			1	0	1
Treatment not Completed: Referral					

Data County Considers Relevant: MHSA Program Update/Projection Narratives
Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?
 Q1: Staff met with staff at schools and the Washington Unified School District Collaboration meeting to explain and advocate for our services as Access and Linkage screening providers.
 Q2: In the previous quarter (Q1 of FY1819), the Access and Linkage program was focused on connecting and developing relationships with new staff and referral parties at schools, making staff aware of our services and availability. This preparation successfully

encouraged the application of services in Q2, as 51 services were provided to 16 new clients. This represents a 33% increase in referrals served in the same period last fiscal year.
 Q3: This was the first time we received referrals from an elementary school, and we were seeing increasing numbers of referrals and contacts from school staff, prior to the COVID-19 shuttering of the schools.
 Q4: Staff continued to regularly contact school staff to seek referrals, provide resources, and maintain professional working relationships.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1: A few referrals were provided with an introductory conversation, but our staff were unable to make linkages when those referrals stated they have private insurance. This is a compounding barrier as school staff may be less likely to refer students who school staff perceive as not likely to have Medi-Cal.
 Q2: In the previous quarter (Q1 of FY1819), VCSS Yolo changes limited the availability of clinicians to provide screening services for a brief period.
 Q3: A major barrier for this program in this quarter was the COVID-19 pandemic's closure of the schools, which resulted in our inability to receive referrals and to meet with students.
 Q4: A major barrier for this program in this quarter was the COVID-19 pandemic's continued closure of the schools, which resulted in a lack of referrals.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1: VCSS West Sacramento collaborated with the schools where we provided services, but did not partner with programs/departments/providers beyond them. The Access and Linkage program relies upon and are grateful to the schools that host our services, as well as the staff at those schools who make referrals.
 Q2: In the previous quarter (Q1 of FY1819), VCSS Yolo collaborated with the schools where we provided services, but did not partner with programs/departments/providers beyond them. The Access and Linkage program relies upon and are grateful to the schools that host our services, as well as the staff at those schools who make referrals.
 Q3: VCSS West Sacramento collaborated with the schools where we provided services, but did not partner with programs/departments/providers beyond them. The Access and Linkage program relies upon and are grateful to the schools that host our services, as well as the staff at those schools who make referrals.
 Q4: VCSS West Sacramento collaborated with the schools where we provided services, but did not partner with programs/departments/providers beyond them. The Access and Linkage program relies upon and are grateful to the schools that host our services, as well as the staff at those schools who make referrals.

What are the key activities you expect this program to achieve in the following quarter?

Q1: In Q2 of FY1920, staff will be continue offering the Access and Linkage services along with our Strengths Building and psychoeducation services. We'll aim to support the school staff in recognizing and understanding their vital support for their student's mental/behavioral health needs.
 Q2: In Q3 of FY1819, Access and Linkage services will continue to be provided at two schools several days each week, hopefully serving all referrals within seven days of referral. Several schools in Davis use our access and linkage services on a case by case basis, as the need arises for them.
 Q3: In Q4, the team is continuing to perform outreach and give information to school staff as the need for mental health services is expected to increase due to the closure of schools for the remainder of the school year. Staff are prepared to provide services via Telehealth upon receipt of referrals. Staff will work on preparing for the program to reopen in the fall, and will attempt to begin screening referrals via tele-health services. Additionally, the PEI team has provided our school contacts with a newsletter to keep in contact and remind our partners of our available services.
 Q4: Staff are prepared to provide services via Telehealth upon receipt of referrals. The need for mental health services is expected to continue to increase due to isolation and diminished access to social supports. We will also include information for access and linkage services on school fliers to parents, as well as surveying school staff on their needs and interests for our services.

Are the program's services and activities to change in the following quarter? If so, how?

Q1: No significant changes are expected in this program's services in the next quarter.
 Q2: There will be no significant changes to the Access and Linkage program's services and activities in the next quarter.
 Q3: Yes, services are likely to not be provided in the school, and instead will screenings and check-ins via tele-health based on referrals from school staff and partners.
 Q4: All the districts we work with have announced they will be 100% virtual classrooms through at least the first semester. We will continue to work with school staff to seek out referrals and provide telehealth screenings for all referrals that are gathered.

Program Provider	Rural Access and Linkage				
	RISE, Incorporated				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
	(7/1/19 – 9/30/19)	(10/1/19– 12/31/19)	(1/1/20 – 3/31/20)	(4/1/20 – 6/30/20)	(7/1/19 – 6/30/20)
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					

Total Client Contacts	113	197	123	39	472
New Clients: Not seen previously in this	45	68	39	14	166
Returning Clients: Returning from	0	0	0	0	0
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	0	0	0	0
Clients Served: Early Intervention	0	0	0	0	0
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	38	66	34	10	148
Transition Age Youth 16-25	5	2	5	2	14
Adult 26-59	2	0	0	2	4
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	0	2	1	0	3
Asian	0	0	0	0	0
Black or African American	1	1	0	0	2
Native Hawaiian or other Pacific	0	0	0	0	0
White (includes Non Hispanic/Latino)	20	24	11	2	57
Other (Includes Hispanic/Latino)	21	24	10	12	67
More than one race	0	0	0	0	0
Declined to State	2	0	1	0	3
Race not recorded /Field left blank	1	17	16	0	34
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	3	0	0	0	3
Mexican/Mexican-American/Chicano	22	46	18	13	99
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	0	1	0	0	1
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	1	1
Non-Hispanic or Non-Latino					
African	1	1	2	0	4
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	6	9	4	0	19
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	10	3	5	0	18
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	2	0	0	0	2
Not recorded/Field left Blank	1	8	10	0	19
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	43	68	39	13	163
Spanish	2	0	0	1	3
Russian	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	44	65	39	13	161
Spanish	1	3	0	1	5
Russian	0	0	0	0	0
Other (Not a county threshold)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	2	1	0	0	3
Heterosexual or Straight	18	21	14	1	54
Bisexual	2	2	2	0	6
Questioning or unsure of sexual	0	2	1	0	3
Queer	1	0	0	0	1
Another Sexual Orientation	0	0	0	0	0
Declined to State	2	5	6	4	17
Not Applicable: Minor exempt from	20	37	15	9	81

Not recorded/Field left Blank	0	0	1	0	1
Yes, Disability Indicated	12	13	5	0	30
Communication Domain: Difficulty	3	2	0	0	5
Communication Domain: Difficulty	0	6	1	0	7
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental	5	3	4	0	12
Physical Mobility Domain: Physical or	2	1	0	0	3
Chronic Health Condition: including but	0	1	0	0	1
Other Disability:	1	0	0	0	1
No, Not disabled	28	1	29	4	62
Declined to State	3	0	5	0	8
Not recorded/Field left Blank	2	54	0	10	66
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	22	37	21	7	87
Females	23	30	17	7	77
Declined to State	0	1	1	0	2
Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	14	12	14	0	40
Female	15	13	9	6	43
Transgender	0	0	1	0	1
Genderqueer	2	0	0	0	2
Questioning or unsure of gender	0	1	1	0	2
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from	14	39	10	7	70
Declined to State	0	2	4	1	7
Not recorded/Field left Blank	0	1	0	0	1
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	18	31	23	6	78
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from	27	36	15	8	86
Not recorded/Field left Blank	0	1	1	0	2
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	0	4	0	1	5
Clarksburg	0	0	0	0	0
Davis	0	0	0	0	0
Dunnigan	0	0	0	0	0
Esparto	30	21	12	5	68
Guinda	0	0	1	0	1
Knights Landing	0	1	9	0	10
Madison	0	2	2	0	4
Sacramento [board and care]	0	1	0	0	1
West Sacramento	0	0	0	1	1
Winters	8	35	14	5	62
Woodland	4	2	1	2	9
Yolo	1	1	0	0	2
Yolo County Unincorporated areas	2	1	0	0	3
Homeless					
Out of County					
Declined to State					
Not recorded/Field left Blank					
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	31	32	22	8	93
Family Member of Mental Health	2	1	0	0	3
Not Applicable	10	25	16	5	56
Prefer Not to Answer	2	10	1	1	14
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	4	15	5	3	27
Outreach Participant Demographics					
Total Outreach Participants	220	76	34	21	351
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	10	0	0	10
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	1
Family Resource Center	0	1	0	0	1
Law Enforcement Departments	0	1	0	0	0
Library	0	0	0	0	0

Mental/Behavioral Health Care	0	0	0	0	0
Other	0	2	2	3	7
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	4	1	3	0	8
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0

MHSA Required Performance Measures: MHSA Referral Tracking

Number of Individuals Referred to Treatment

Total Participants Referred	45	68	39	14	166
Total SMI Participants Referred	0	0	0	0	0

Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)

Behavioral/Mental Health	45	67	39	14	165
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and	0	1	0	0	1

Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)

Treatment Follow Through (Screening and Referral Form Questions 4 & 5)

Participants who followed through on	42	63	36	7	148
Participants who did not engage in	3	5	3	7	18
Participants for which referral	0	0	0	0	0

Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)

Less than 1 month	0	0	1	0	1
1-2 Months	0	1	0	0	1
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	1	0	0	1
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	1	0	0	0	1
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	1	0	0	0	1
Unable to determine	28	42	7	8	85
Not Applicable	15	24	31	6	76

Average Interval between the referral and participation in treatment /referred service

Less than 1 month	42	63	36	7	148
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not	3	5	3	7	18
Treatment not Completed: Referral					

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1: We entered the second year of the Access and Linkage Program and our system was running at full speed once school started. We did not skip a beat when all administrators, teachers, and students returned from summer break. The schools are familiar with the referral system and urgency to get students services. The system is in place and this was a major success for the first quarter.

Q2: There have been many successes in the previous quarter. The main success is that all Mental Health Referrals were screened and connected to a Mental Health Clinician within a week. RISE is fortunate to have in-house Clinicians that can respond immediately to children in need. We have accessible services for children, youth, and adults with all client's language needs being met by our RISE team.

Q3: The third quarter's critical successes were having community members, schools, and teachers connect with Mental Health resources. The Access and Linkage program has had an increase and interest over the past quarters, ranging from students, staff, and individuals in our community.

Q4: Our fourth quarter's critical successes had available mental health resources to community members ranging from children to adults during Yolo County's shelter in place. The Access and Linkage program generated new interest with families that needed support during the past and present months due to the COVID-19 pandemic.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1: The only challenges we faced was losing contact with some of the students, staff, and parents due to the summer break. Our Access and Linkage Specialist was doing what they could to find youth programs and engage with the community. However, summer was a little more challenging because school was on break. Nevertheless, RISE operates several summer programs and the Access and Linkage Specialist was able to reserve in-house referrals from other RISE programs.

Q2: Although decreasing every year of the program, there is still a stigma for children, youth, and families to want to receive Mental Health services. Some families report wanting their children involved in the prevention programs RISE offers and are more hesitant to the one-to-one professional counseling. As mentioned, the stigma is decreasing but does still exist for some which makes it challenging for them to seek out the help that they may need.

Q3: Challenges and barriers encountered during the third quarter were school closures due to COVID-19's pandemic, which caused a shelter in place for all residents throughout Yolo County. Unfortunately, this created a crucial factor in the reduction of services due to the social distance impact and regulations implemented by the Centers for Disease Control and Prevention.

Q4: Barriers encountered during the fourth quarter were families adjusting to services modified virtually. For instance, counseling services had to be a transition into Telehealth (virtual) rather than traditional face-to-face services. It was a challenge for our community members due to the fact of living in a rural area, caused having weak internet access havoc while adjusting to virtual services.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1: During the summer months we partnered with several of our in-house RISE Incorporated Youth programs. We also partnered with Winters Healthcare Foundation to provide a drug prevention workshop for incoming freshman boys. That was another major success! We conducted a 3-day workshop for 9 young men who were entering high school.

Q2: RISE established a very strong partnership with the Esparto and Winters School Districts. In fact, the Districts are supporting Mental Health Clinicians based on the school sites and contributing 50% of their salary. This has been a huge partnership to ensure that children in the rural communities are served quickly. Access would be a major challenge for our community if these resources did not exist.

Q3: There were no partner programs during the previous quarter, but RISE implemented safety procedures to serve clients during this pandemic, which meant serving clients virtually. Yolo County's shelter in place caused many programs or services to be evaluated or change to provide a safe environment for clients and staff.

Q4: Over the fourth quarter RISE Inc. implemented protocols and guidelines to keep community and staff members safe. As well as adjusting on-going programs to be re-designed virtually or in person, but following enforced guidelines by Yolo County's Health and Human Services, like wearing a mask and having a six-foot distance.

What are the key activities you expect this program to achieve in the following quarter?

Q1: School will be in full gear. Our Access and Linkage Specialist will be onsite at the local schools to receive mental health referrals and get students connected to services. The start of a new school year is always exciting and we are very well prepared to hit the ground running full speed in our second year operating the program.

Q2: In the 3rd Quarter of the program we plan on continuing to build resiliency within children and families, continue to provide outreach and education to our communities in hopes of decreasing the stigma of receiving Mental Health services and continuing to strengthen relationships with our community and clients we serve.

Q3: The fourth quarter expectations are to continue serving all community members following Yolo County recommendations during these difficult and uncertain times. Implementing virtual, social distancing, and confidential service is a crucial development for RISE to follow guidelines to provide the safest service of practice.

Q4: The Access and Linkage rural school-based program expects to achieve by continuing serving students, staff, and community members and having all Esparto Unified Schools have accessible mental health services to all students while distance learning.

Are the program's services and activities to change in the following quarter? If so, how?

Q1: No major changes rather than a ramp up of services and referrals because school is back in session.

Q2: No major changes for the 3rd Quarter. We are patiently awaiting the new round of Mental Health funding from Yolo County. We have established a strong partnership over the past few years and are hopeful that some of these critical services will continue in the

new plan.

Q3:Program services are changing in the upcoming quarter because clients will feel or react with different perspectives due to the pandemic; therefore, they might want to take a different approach to ask for services. When in fact, the county's shelter in place lifted, will continue with social distancing, but also provide services to the community effectively and safely to serve their needs.

Q4:Due to the COVID-19, pandemic program services will change or modified from previous quarters to safely follow protocols. For RISE Inc, the main priority is to keep all community members safe by offering Telehealth services while continuing to social distance and provide effectively and safely to serve their need during these uncertain and unknown times.

Program	Urban School-Based Mentorship and Strengths-Building Program				
Provider	Victor Community Support Services, West Sacramento				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
	(7/1/19 –	(10/1/19–	(1/1/20 –	(4/1/20 –	(7/1/19 –
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	1038	6315	4712	122	12187
New Clients: Not seen previously in this	445	1154	570	103	2272
Returning Clients: Returning from	0	413	664	0	1077
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	407	750	836	103	1622
Clients Served: Early Intervention	38	442	398	0	650
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	38	325	175	0	538
Transition Age Youth 16-25		50	29	0	79
Adult 26-59		6	0	0	6
Older Adult 60+		0	0	0	0
Declined to State		23	4	0	27
Not recorded /Field left blank		0	0	0	0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native		1	2	0	3
Asian	2	10	4	0	16
Black or African American	1	22	13	0	36
Native Hawaiian or other Pacific		3	1	0	4
White (includes Non Hispanic/Latino)	6	76	30	0	112
Other (Includes Hispanic/Latino)	26	198	70	0	294
More than one race		30	20	0	50
Declined to State		6	3	0	9
Race not recorded /Field left blank	4	58	65	0	127
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean		4	3	0	7
Central American		1	1	0	2
Mexican/Mexican-American/Chicano	15	159	70	0	244
Puerto Rico		3		0	3
South American		1		0	1
Other		24	2	0	26
Declined to State				0	0
Not recorded/Field left Blank	11	12		0	23
Non-Hispanic or Non-Latino					
African	1	1	5	0	7
Asian Indian/South Asian		1	1	0	2
Cambodian		1	2	0	3
Chinese	1	3	2	0	6
Eastern European		8	7	0	15
European	6	11	5	0	22
Filipino		4	3	0	7
Japanese		1		0	1
Korean		1	1	0	2
Middle Eastern				0	0
Vietnamese	1	2	0	0	3
Other		1		0	1
More than one ethnicity			20	0	20
Declined to state ethnicity			3	0	3
Not recorded/Field left Blank	4		83	0	87
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	38	385	176	0	599
Spanish		3	3	0	6
Russian		2	0	0	2

Other		6	2	0	8
Declined to State				0	0
Not recorded/Field left Blank		8	27	0	35
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	38	385	173	0	596
Spanish		3	5	0	8
Russian		2	0	0	2
Other (Not a county threshold)		6	1	0	7
Declined to State			0	0	0
Not recorded/Field left Blank		8	29	0	37
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian		3	1	0	4
Heterosexual or Straight		202	91	0	293
Bisexual		15	10	0	25
Questioning or unsure of sexual		3	1	0	4
Queer		1	0	0	1
Another Sexual Orientation			1	0	1
Declined to State		17	13	0	30
Not Applicable: Minor exempt from	38	119	63	0	220
Not recorded/Field left Blank		44	28	0	72
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					
Yes, Disability Indicated	0	23	7	0	30
Communication Domain: Difficulty		16	2	0	18
Communication Domain: Difficulty		2	4	0	6
Communication Domain: Other		4	1	0	5
Mental Domain: Not including mental		1	1	0	2
Physical Mobility Domain: Physical or		2	1	0	3
Chronic Health Condition: including but		2	0	0	2
Other Disability:		2	0	0	2
No, Not disabled	9	230	135	0	374
Declined to State	2	32	13	0	47
Not recorded/Field left Blank	27	119	53	0	199
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	12	185	79	0	276
Females	9	126	82	0	217
Declined to State	0	18	12	0	30
Not recorded/Field left Blank	17	75	35	0	127
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	7	156	65	0	228
Female	6	96	66	0	168
Transgender		2	0	0	2
Genderqueer		1	0	0	1
Questioning or unsure of gender		1	1	0	2
Another Gender Identity		0	1	0	1
Not Applicable: Minor exempt from	19	9	38	0	66
Declined to State		69	3	0	72
Not recorded/Field left Blank	6	70	34	0	110
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran		0	0	0	0
No, Not Veteran		74	49	0	123
Declined to State		11	11	0	22
Not Applicable: Minor exempt from	38	308	142	0	488
Not recorded/Field left Blank		11	6	0	17
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks					0
Clarksburg					0
Davis		7	17	0	24
Dunnigan				0	0
Esparto				0	0
Guinda				0	0
Knights Landing	4	9		0	13
Madison				0	0
Sacramento [board and care]		11	5	0	16
West Sacramento	13	216	113	0	342
Winters		2	0	0	2
Woodland	16	80	23	0	119
Yolo	1	5	4	0	10
Yolo County Unincorporated areas		2		0	2
Homeless*		1		0	1
Out of County		4	1	0	5
Declined to State				0	0

Not recorded/Field left Blank	4	67	45	0	116
<i>Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.</i>					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	0	20	7	0	27
Family Member of Mental Health	0	19	13	0	32
Not Applicable	2	112	111	0	225
Prefer Not to Answer	11	127	77	0	215
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	0	0	0	0	0
Outreach Participant Demographics					
Total Outreach Participants	0	0	0	0	0
Outreach Setting					
Church					
Clinic					
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					
Library					
Mental/Behavioral Health Care					
Other					
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School					
Senior Center					
Shelter					
Substance Use Treatment Location					
Support Group					
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred					
Total SMI Participants Referred					
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and					
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on					
Participants who did not engage in					
Participants for which referral					
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Unable to determine					
Not Applicable					
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					

8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Participation in Treatment not					
Treatment not Completed: Referral					

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1:Due to requests over the summer, Strengths-building services started sooner than usual in the schools, indicating strong demand for our services. New curriculums (such as one about screen-time) were created while others were revised to add more participatory and experiential components for participants. A new role model/ leadership development group for K-5 graders has been very well received.

Q2:In the previous quarter (Q1 of FY1819), new mentors were being selected and trained for service in their schools and communities. In the Strengths-Building portion of the program, 769 new clients were served as the Prevention and Early Intervention services were ramped up as the school year began.

Q3:In this quarter, we saw schools use our services more for staff and parents, including a parent-focus "drug and alcohol" presentation, and a parent-focused "anxiety and your child" presentation. (These groups are Prevention, which is why their demographics were not included in the Q3 numbers above.) We were also on track to surpass our Q3 service numbers over the last fiscal year's Q3. We also began development of a school-aligned curriculum, starting with "the Zones book" (full of self-regulation tools) - with the plan to teach students how to use the tools, and presenting school staff with the ideas and concepts, to support school staff in understanding and encouraging the utilization of the Zones tools.

Q4:In response to school closures due to COVID, we adapted our groups to an online video format for service to students. We developed an online self-registration for parents to complete for their students to attend our "Virtual Summer Camp" activities. This self-registration system engaged parents while preserving connection with students. Additionally, this "Virtual Summer Camp" allowed us to provide services throughout the summer.

We incorporated the concepts of the Zones of Regulation into a new and updated emotion management curriculum, in preparation for presenting it in groups.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1:This fiscal year, West Sacramento and Woodland schools have begun their own mentoring programs, which has limited their demand for our mentoring program.

Q2:In the previous quarter (Q1 of FY1819), a key challenge was the expedient screening/selection and engagement of mentors; there is a critical rush at the beginning of the school year to select new mentors and ensuring they will commit to the program through the entire school year.

Q3:A major barrier for this program in this quarter was the COVID-19 pandemic's closure of the schools, which resulted in our inability to provide groups and presentations.

Q4:A major barrier for this program in this quarter was the COVID-19 pandemic's closure of the schools, which resulted in our inability to provide our usual in-person groups and presentations. Once we began offering virtual services, the greatest barrier was marketing these services to students and parents without the assistance of school staff (due to summer break.)

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1:In this quarter, VCSS West Sacramento partnered with several school districts, as well as the other community agency partners of the Washington Unified School District Collaboration meeting. Without them and their support, these programs would not exist.

Q2:In the previous quarter (Q1 of FY1819), VCSS Yolo partnered with several school districts, as well as the Davis Youth Leadership program and the West Sacramento Restorative Justice/Youth Court program. Without them and their support, these programs would not exist.

Q3:In this quarter, VCSS West Sacramento partnered with several school districts, as well as the other community agency partners of the Washington Unified School District Collaboration meeting. Without them and their support, these programs would not exist.

Q4:In this quarter, we partnered with the Yolo County Youth and Family Services Network and local businesses to use their local community boards to share information and access to our virtual service offerings.

What are the key activities you expect this program to achieve in the following quarter?

Q1:In Q2 of FY1920, it is expected that a strong increase in the number of Prevention and Early intervention (Strengths-Building) services will be delivered, as Q1 is the "ramp-up" period when school begins and services are sought and scheduled. The mentoring program will be training the new mentors who were in the on-boarding process in this quarter.

Q2:In Q3 of FY1819, it is expected that strong numbers of Prevention and Early intervention (Strengths-Building) services will be

delivered, while the Mentoring program's mentors will begin working with their mentees.

Q3:In response to COVID-19, the PEI team has developed a step by step plan to coordinate groups with the school Outreach Specialists and Social Workers to provide small groups and/or individual check-ins utilizing telehealth services. In these groups, the PEI staff will be addressing the needs that have been identified by school staff as: Helping the students manage their anxiety through mindfulness exercises, providing the students with coping skills/strategies to handle their big emotions, and how to manage grief. In Q4 so far, we have offered our services (small groups and individual check ins) to 10 school sites and 3 sites have confirmed that they are interested.

Additionally, the PEI team has provided our school contacts with a newsletter to keep in contact with our providers that discusses the various curricula we are working on - including strengths/mentoring videos we're developing in response to school requests for them.

Q4:In Q1 of FY2021, we will continue to offer our virtual services (small groups and individual check ins) to school sites as well as extracurricular skills-based groups. We intend to further increase our school and community collaboration, including reaching out through a local online parenting resource-sharing group. We will continue creating digital newsletters to share and advertise our offerings to community members.

In our ongoing groups, the PEI staff will be addressing the needs that have been identified by participants and school staff, such as: Helping the students manage their anxiety through mindfulness exercises, providing the students with coping skills/strategies to handle their emotions, and how to manage grief.

Are the program's services and activities to change in the following quarter? If so, how?

Q1:No significant changes are expected in this program's services in the next quarter.

Q2:There are no significant changes expected in the Mentoring and Strengths-Building services and activities in the next quarter.

Q3:In Q4, it is expected this program will likely be unable to provide any services, though we are hopeful the tele-health groups will be up and running in mid-Q4. However, we are working with school staff on the possibility of starting tele-health service groups in partnership with schools. These groups have the potential to allow us to serve students into June, as they would not be limited to the school year. In either case, staff will also work on preparing for the program to reopen in the fall, including revising and training curriculums, as well as developing and maintaining school and community contacts.

Q4:For the foreseeable future, all our services will be provided virtually.

We will continue to work with school staff, parents, and students to adapt and respond to identified needs. We will likely revise our available time offerings and registration processes to efficiently and effectively meet stakeholder e-learning needs and schedules.

Program Provider	Strengths and Mentoring Program				
	RISE, Incorporated				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Full Year
	(7/1/19 – 9/30/19)	(10/1/19– 12/31/19)	(1/1/20 – 3/31/20)	(4/1/20 – 6/30/20)	(7/1/19 – 6/30/20)
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	787	881	620	130	2418
New Clients: Not seen previously in this	77	18	47	8	150
Returning Clients: Returning from	0	68	64	32	32
Individual Family Members Served	0	0	4	0	4
Clients Served: Prevention	71	18	30	8	127
Clients Served: Early Intervention	6	0	17	0	23
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	56	15	30	7	108
Transition Age Youth 16-25	21	3	17	1	42
Adult 26-59	0	0	0	0	0
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	0	0	2	0	2
Asian	0	0	2	0	2
Black or African American	4	1	5	0	10
Native Hawaiian or other Pacific	0	0	0	0	0
White (includes Non Hispanic/Latino)	5	5	10	0	20
Other (Includes Hispanic/Latino)	68	12	28	8	116
More than one race	0	0	0	0	0
Declined to State	0	0	0	0	0
Race not recorded /Field left blank	0	0	0	0	0
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					

Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican-American/Chicano	68	12	28	8	116
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Non-Hispanic or Non-Latino					
African	4	1	0	0	5
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	0	0	0	0	0
More than one ethnicity	0	0	5	0	5
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	5	5	14	0	24
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	21	18	44	8	91
Spanish	56	0	3	0	59
Russian	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	21	18	44	8	91
Spanish	56	0	3	0	59
Russian	0	0	0	0	0
Other (Not a county threshold)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	1	3	4	0	8
Heterosexual or Straight	44	15	23	1	83
Bisexual	1	0	2	0	3
Questioning or unsure of sexual	1	0	0	0	1
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	15	0	0	0	15
Not Applicable: Minor exempt from	15	0	18	7	40
Not recorded/Field left Blank	0	0	0	0	0
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					
Yes, Disability Indicated	0	0	0	0	0
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental	1	0	3	0	4
Physical Mobility Domain: Physical or	0	0	0	0	0
Chronic Health Condition: including but	0	0	0	0	0
Other Disability:	0	0	0	0	0
No, Not disabled	75	18	44	8	145
Declined to State	1	0	0	0	1
Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	33	6	29	6	74
Females	44	12	18	2	76
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	33	6	29	6	74
Female	44	12	18	2	76
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender	0	0	0	0	0
Another Gender Identity	0	0	0	0	0

Not Applicable: Minor exempt from	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	77	0	47	0	124
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from	0	18	0	8	26
Not recorded/Field left Blank	0	0	0	0	0
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	2	0	0	0	2
Clarksburg	0	0	0	0	0
Davis	0	0	0	0	0
Dunnigan	0	0	0	0	0
Esparto	16	12	20	8	56
Guinda	4	0	2	0	6
Knights Landing	0	0	0	0	0
Madison	6	0	5	0	11
Sacramento [board and care]	0	0	0	0	0
West Sacramento	0	0	0	0	0
Winters	49	6	20	0	75
Woodland	0	0	0	0	0
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	0	0	0	0	0
Homeless					
Out of County					
Declined to State					
Not recorded/Field left Blank					
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	0	0	3	0	3
Family Member of Mental Health	1	3	5	0	9
Not Applicable	56	15	39	8	118
Prefer Not to Answer	20	0	0	0	20
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	5	9	4	0	18
Outreach Participant Demographics					
Total Outreach Participants	235	550	471	0	1256
Outreach Setting					
Church	0	3	1	0	4
Clinic	0	1	1	0	2
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	2	1	0	3
Law Enforcement Departments	0	0	0	0	0
Library	0	1	0	0	1
Mental/Behavioral Health Care	0	0	0	0	0
Other	0	0	1	0	1
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	5	2	0	0	7
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred	6	0	17	0	23
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health	6	0	17	0	23
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and	0	0	0	0	0
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral					
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					

Participants who followed through on	6	0	17	0	23
Participants who did not engage in	0	0	0	0	0
Participants for which referral	0	0	0	0	0
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	6	0	0	0	6
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Unable to determine	0	0	17	0	17
Not Applicable	0	18	0	0	18
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month	6	0	17	0	23
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not	0	0	0	0	0
Treatment not Completed: Referral	0	0	0	0	0

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1:RISE has been providing prevention and early intervention services to the communities of western rural Yolo County for several years. Our programs are established and more specifically, our summer programs. July and August are usually challenging months since students are out of school. Nevertheless, in our communities summer is when we are the most busy. There are not many youth programs in the rural communities and therefore, our success for the first quarter was engaging 77 in wellness activities in July and August. Our communities rely on these programs during the summer months. It was our largest success for the first quarter.

Q2:The 2nd quarter of the program is right in the middle of the Holiday Season. A major highlight for the quarter was having our enrolled youth volunteer and give back during the Holiday Season. We had several of our youth volunteer at our Thanksgiving Turkey give always where we provided over 300 Turkey Dinners to residents of Esparto and Winters. Our youth also participated in our Christmas Toy Drive. Youth helped sort toys for families who needed extra help during the holidays. It is a success to build trust and a strong relationship with our youth and teach them the importance of giving back to the community. Moreover, our teaching moment to our youth is that it is always ok to ask for help. We all can use some help throughout our lives and its important to know how to navigate to access services.

Q3:Our major success for the 3rd quarter was our ability to stay connected and continue to provide direct services during the Shelter at Home order. Our team was able to provide services during the last half of March virtually. We continued our relationships with our students and connected their families to various services available. Moreover, our strong partnerships with our local Districts allowed from seamless communication during the times of uncertainty.

Q4: Our team kept in contact with our youth participants during the Shelter at home COVID shutdown. We transitioned our programs and services to a virtual platform and kept our doors open for youth who needed to come into the office and meet face to face. There were many struggles, anxiety, and uncertainty felt by our youth during this time. Our team was available provide wrap around case management for youth and families in need of support and services.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1:Summer months are super successful because we serve so many students daily. On the other hand, summers can be challenging because our staff is providing prevention programs Monday through Friday. It's challenging because we have so few staff in the summer months and when someone is out for vacation or sick we struggle finding substitutes to keep programs running seamlessly.

Q2:Our prevention and early intervention programs have been established in the rural areas for many years. Due to the MHSA PEI

programs, so many young people in the rural communities are engaged in youth prevention programs that would not have had access. We have established relationships with our local schools which gives us direct access to students where they are. There have not been any specific challenges or barriers that we faced in the second quarter. The main challenge is to continue to reduce the stigma of accessing and receiving mental health services. Particularly in the Latino population. We continue to build relationships with families and encourage them to seek services that they need.

Q3:COVID-19 has been our major challenge. Having to completely shut down our large group prevention programs has been a major challenge. Physically being to connect and build positive relationships with our youth was extremely impacted via the Shelter at Home order as a result of COVID-19.

Q4:The 4th quarter of our PEI programs are usually filled with fun and excitement. We would have our end of year community celebrations and kick off to summer and due to COVID we were forced to shut down abruptly. The shutdown was the major challenge faced by our program in the final quarter. The uncertainty was the largest barrier for all of our youth programs. Nevertheless, our team remained agile and adjusted our services accordingly to meet these unexpected challenges.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1:We partnered with our RISE Mental Health Clinicians. There were 6 students who were identified as needing professional mental health services and we were able to referral and connect them to services within the week. Having an internal mental health team speeds up the process in getting youth the services they need.

Q2:We partnered with the Yolo County Housing Authority to provide focused youth services at El Rio Vista Housing Community in Winters. Our RISE team provides activities for the isolated community 2-3 times per week. This has been another success to reach this underserved population.

Q3:We continue to partner with our local school districts to offer support and services to students and families.

Q4:During the final quarter of the program we partnered with our local school districts to help support them during these challenging time. Our team offered extra support for students, teachers, and district staff. We also partnered with local faith based organizations to leverage resources and provide emergency food distributions for families in need.

What are the key activities you expect this program to achieve in the following quarter?

Q1:The second quarter we transition fully into our regular school year programs. Our Success Mentoring program will be in full swing along with our evidence based curriculums for the school year.

Q2:We are down the last stretch of the program year. Our School programs are in full swing and serving over 50 children daily. We have established programs, groups, and individual case management and mentoring that we provide directly to students. Those services and programs will continue for the entire third quarter.

Q3:We are taking the 4th quarter week by week. RISE greatly appreciates the proactive support and communication of Yolo County Staff. We have been in communication regularly with any help we need. We plan on continuing virtual and direct services and begin planning for a possible summer program based upon the updates and safety requirements in order.

Q4:Our hopes are to begin small group programs and services during the summer months. After so much time of shelter in place, our team is excited for the opportunity to see our students in person again. We are planning for safe opportunities in July for our youth to meet in person. Lastly, we are thankful that contracts and programs have been extended through the remainder of the calendar year. This allows us to support our students when they return to school in August/September. We will partner with our districts to best support families with whatever the transition back to school may bring.

Are the program's services and activities to change in the following quarter? If so, how?

Q1:There will be no major changes in the following quarter. The normal transition to the regular school year prevention and early intervention programs.

Q2:The third quarter will not have any program changes. Our community is patiently waiting the new RFP for the new 3 year round of funding for the MHSA PEI programs. We are hopeful that our most needed programs will continue in the new round of programs.

Q3:RISE will continue to be agile and adapt to the needs of our community while maintaining safety. We will be prepared for various options depending on the current safety situation of our community.

Q4:Our team remains agile and is willing to pivot to best serve the needs of our students, families and community. We will continue to keep our doors open to serve in the safest ways possible.

Program	Senior Peer Counseling				
Provider	Yolo Hospice				

	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Full Year
	(7/1/19 –	(10/1/19–	(1/1/20 –	(4/1/20 –	(7/1/19 –
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020

MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	969	888	1158	1013	4028
New Clients: Not seen previously in this	83	17	0	16	116

Returning Clients: Returning from Individual Family Members Served		67	86	83	236
Clients Served: Prevention	83	84	86	83	336
Clients Served: Early Intervention					
Clients Served By Age (Demographic Form Question 1)					
Children 0-15					
Transition Age Youth 16-25					
Adult 26-59					
Older Adult 60+	83	84	86	99	352
Declined to State					
Not recorded /Field left blank					
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native					
Asian	2	2	2	2	8
Black or African American		2	2	2	6
Native Hawaiian or other Pacific					
White (includes Non Hispanic/Latino)	74	72	75	86	307
Other (Includes Hispanic/Latino)	7	8	7	9	31
More than one race					
Declined to State					
Race not recorded /Field left blank					
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean					
Central American					
Mexican/Mexican-American/Chicano	7	10	10	11	38
Puerto Rico					
South American					
Other	1	4	5	5	15
Declined to State		5	5	5	15
Not recorded/Field left Blank			48	59	107
Non-Hispanic or Non-Latino					
African					
Asian Indian/South Asian					
Cambodian					
Chinese					
Eastern European					
European	6	8	8	10	32
Filipino					
Japanese					
Korean					
Middle Eastern					
Vietnamese					
Other		5	5	5	15
More than one ethnicity		2	2	2	6
Declined to state ethnicity		2	3	2	7
Not recorded/Field left Blank		2			
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	79	76	78	91	324
Spanish	4	8	8	8	28
Russian					
Other					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	79	76	78	91	324
Spanish	4	8	8	8	28
Russian					
Other (Not a county threshold)					
Declined to State					
Not recorded/Field left Blank					
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	1			1	2
Heterosexual or Straight	82	84	86	98	350
Bisexual					
Questioning or unsure of sexual					
Queer					
Another Sexual Orientation					
Declined to State					
Not Applicable: Minor exempt from					
Not recorded/Field left Blank					
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					

Yes, Disability Indicated	15	13	13	15	56
Communication Domain: Difficulty					
Communication Domain: Difficulty	3	1			4
Communication Domain: Other					
Mental Domain: Not including mental	1	1			2
Physical Mobility Domain: Physical or	9	11			20
Chronic Health Condition: including but					
Other Disability:	2	2			4
No, Not disabled	68	62	65		270
Declined to State		2	2		11
Not recorded/Field left Blank		7	6		15
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	11	15	16		59
Females	72	69	70		293
Declined to State					
Not recorded/Field left Blank					
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	11	15	16	17	59
Female	72	69	70	82	293
Transgender					
Genderqueer					
Questioning or unsure of gender					
Another Gender Identity					
Not Applicable: Minor exempt from					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	9	14	15	15	53
No, Not Veteran	74	70	71	84	299
Declined to State					
Not Applicable: Minor exempt from					
Not recorded/Field left Blank					
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks					
Clarksburg					
Davis	7	7	8	10	32
Dunnigan					
Esparto			1	1	2
Guinda					
Knights Landing	1				1
Madison					
Sacramento [board and care]					
West Sacramento					
Winters					
Woodland	75	74	74	85	308
Yolo					
Yolo County Unincorporated areas		3	3	3	9
Homeless*					
Out of County					
Declined to State					
Not recorded/Field left Blank					
<i>*Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.</i>					
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10) Continued					
Homeless ⁽¹⁾					
Out of County					
Declined to State					
Not recorded/Field left Blank					
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer					
Family Member of Mental Health					
Not Applicable					
Prefer Not to Answer					
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	48	48	44	50	190
Outreach Participant Demographics					
Total Outreach Participants	64	70	68	80	282
Outreach Setting					
Church	12	12	9	10	43

Clinic				2	2
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					
Library					
Mental/Behavioral Health Care					
Other	24	24	54		102
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School					
Senior Center	12	12	5		29
Shelter					
Substance Use Treatment Location					
Support Group					
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred					
Total SMI Participants Referred					
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and					
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on referral and engaged in treatment					
Participants who did not engage in treatment to which they were referred.					
Participants for which referral engagement data is not available.					
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Unable to determine					
Not Applicable					
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
Average Interval between the referral and participation in treatment /referred service (continued)					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Participation in Treatment not					
Treatment not Completed: Referral					

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1-Q3: Not provided
 Q4. All Clients were served happily with 2 contacts per week (phone once a week and written either by text, card or email.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1-Q3: Not provided
 Q4. Beginning March 15 - current Senior Shelter in place order due to COVID-19. All volunteers and clients over 60.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1-4: Not provided

What are the key activities you expect this program to achieve in the following quarter?

Q1-4: Not provided

Are the program's services and activities to change in the following quarter? If so, how?

Q1-4: Not provided

Program Provider	Integrated Behavioral Health for Latino Community and Families aka CREO				
	CommuniCare Health Centers				
	Fiscal Year 19-20 1 st Quarter (7/1/19 –)	Fiscal Year 19-20 2 nd Quarter (10/1/19–)	Fiscal Year 19-20 3rd Quarter (1/1/20 –)	Fiscal Year 19-20 4 th Quarter (4/1/20 –)	Fiscal Year 19-20 Full Year (7/1/19 –)
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	269	248	305	349	1,171
New Clients: Not seen previously in this	54	59	38	60	211
Returning Clients: Returning from	0	26	48	17	91
Individual Family Members Served	54	59	86	77	276
Clients Served: Prevention	16	13	11	22	62
Clients Served: Early Intervention	38	46	27	55	166
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	1	0	0	0	1
Transition Age Youth 16-25	1	1	1	1	4
Adult 26-59	51	55	36	71	213
Older Adult 60+	1	3	2	5	11
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Black or African American	0	0	0	0	0
Native Hawaiian or other Pacific	0	0	0	0	0
White (includes Non Hispanic/Latino)	0	0	0	56	56
Other (Includes Hispanic/Latino)	39	48	29	0	116
More than one race	5	1	1	3	10
Declined to State	6	6	0	18	30
Race not recorded /Field left blank	4	4	8	11	27
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	2	5	6	9	22
Mexican/Mexican-American/Chicano	49	52	31	46	178
Puerto Rico	0	0	0	0	0
South American	2	2	1	5	10
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	1	0	0	0	1
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0

Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	0	0	0	0	0
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	0	0	0	0	0
Spanish	54	59	38	60	211
Russian	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	0	0	0	0	0
Spanish	54	59	38	60	211
Russian	0	0	0	0	0
Other (Not a county threshold	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	0	0	0	0	0
Heterosexual or Straight	51	5	16	33	105
Bisexual	1	0	0	1	2
Questioning or unsure of sexual	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	1	1	6	6	14
Not Applicable: Minor exempt from	1	0	0	0	1
Not recorded/Field left Blank	0	53	16	37	106
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					
Yes, Disability Indicated	1	1	1	2	5
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental	0	0	0	0	0
Physical Mobility Domain: Physical or	1	0	0	0	1
Chronic Health Condition: including but	0	0	1	0	1
Other Disability:	0	0	0	0	0
No, Not disabled	50	11	7	0	68
Declined to State	3	0	0	0	0
Not recorded/Field left Blank	0	47	30	2	79
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	11	15	7	20	53
Females	43	44	31	56	174
Declined to State	0	0	0	1	1
Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	11	15	7	19	52
Female	43	43	31	57	174
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender	0	0	0	0	0
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from	0	0	0	0	0
Declined to State	0	1	0	1	2
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	52	59	37	77	225
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from	2	0	1	0	3
Not recorded/Field left Blank	0	0	0	0	0
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	0	0	0	0	0
Clarksburg	1	1	0	0	2
Davis	7	9	6	14	36
Dunnigan	0	0	0	0	0

Esparto	0	0	0	1	1
Guinda	0	0	0	0	0
Knights Landing	0	1	0	0	1
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	8	19	17	28	72
Winters	3	1	0	0	4
Woodland	33	27	14	33	107
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	2	0	0	0	2
Homeless*	0	0	0	0	0
Out of County	0	1	1	1	3
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0

Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.

MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	54	55	38	55	202
Family Member of Mental Health	3	4	3	5	15
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0	0	0	0	0
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	28	35	21	10	94
Outreach Participant Demographics					
Total Outreach Participants	574	1,104	928	120	2726
Outreach Setting					
Church	0	1	1	0	2
Clinic	11	0	10	0	21
Cultural Organization	2	4	4	0	10
Faith-Based Organization	0	1	0	0	1
Family Resource Center	0	0	0	0	0
Law Enforcement Departments	0	0	1	0	1
Library	0	0	0	0	0
Mental/Behavioral Health Care		1	0	0	1
Other	10	0	2	5	17
Primary Health Care		1	0	0	1
Public Transit Facility		0	0	0	0
Recreation Center		0	0	0	0
Residence		0	0	0	0
School	4	13	3	0	20
Senior Center		0	0	0	0
Shelter		0	0	0	0
Substance Use Treatment Location		0	0	0	0
Support Group		14	0	5	19
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred	3	7	8	5	23
Total SMI Participants Referred	1	0	4	2	7
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health	1	2	4	6	13
Substance Use Treatment	2	5	4	1	12
Both Behavioral/Mental Health and	1	0	2	1	4
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
Spanish SUD Program at CommuniCare	2	5	4	1	12
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on	4	3	5	5	17
Participants who did not engage in	0	2	3	2	7
Participants for which referral	0	0	0	0	0
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month	0	0	0	0	0
1-2 Months	3	0	6	14	23
2-3 Months	0	15	8	7	30
3-4 Months	14	5	8	4	31
4-5 Months	0	2	5	8	15
5-6 Months	10	13	3	11	37
6-7 Months	11	9	0	2	22
7-8 Months	1	6	2	0	9
8-9 Months	0	2	0	0	2
9-10 Months	0	0	0	5	5

10-11 Months	0	0	0	0	0
11-12 Months	5	0	5	1	11
More than 12 Months	3	3	1	7	14
Unable to determine	7	2	0	1	10
Not Applicable	0	2	0	0	2
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month	0	3	4	3	10
1-2 Months	3	2	1	3	9
2-3 Months	1	0	0	0	1
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not	0	0	0	0	0
Treatment not Completed: Referral	0	0	0	0	0

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1:CREO now has a well-established, informative educational workshop for Spanish speaking parents of school age children. Requests are increasing from the schools to present the information. Sessions are well attended and participants are asking great questions regarding substance use and mental health symptoms with children.
 We introduced a 4 week series of groups based on "self-esteem" issues to introduce coping skills and healthy behaviors such as exercise and meditation, communication.

Q2:CREO now has a well-established, informative educational workshop for Spanish speaking parents of school age children. Requests are increasing from the schools to present the information. Sessions are well attended and participants are asking great questions regarding substance use and mental health symptoms with children.
 We introduced a 4 week series of groups based on "self-esteem" issues to introduce coping skills and healthy behaviors such as exercise and meditation, communication. CREO provided 11 school based education/prevention information to Spanish speaking parents of school age children

Q3:Several requests for informative educational workshops for Spanish speakers. We have developed a culturally responsive presentation to the community. Requests continue to come in from the schools to present information related to mental health and substance use. CREO continues to outreach at several health fairs in Yolo County and partners with other programs within CommuniCare such as the Health Promotions and Wellness Programs to promote awareness in the community about behavioral health issues. Resource acquisition and case management services have increased this quarter. Our case manager has assisted with services ranging from apartment searching to court advocacy to victim supports. Counseling sessions continue to be highly sought after. CREO continues to monitor a waitlist for counseling of 5-10 clients.

Q4:The primary objective this quarter was to shift services over to telehealth due to COVID-19. We were successful at doing so despite technology/language challenges with our clients. Although some clients chose to wait until they can be seen in person, many were receptive to learning the new format. For some it became an easier format to use. Our total contacts were up from last quarter, as well as new clients accepted. We also successfully transitioned our CREO Platicas to an online version in May and have had success in doing so. Case management sessions continue to be steady as clients are needing increased services. We have also done really well with providing information to the community about much needed resources through our Facebook platform. Messaging to the community about COVID has been an imperative part of our outreaching efforts.

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1:Increasing referrals for Counseling, early interventions for clients who are experiencing increased symptoms of anxiety, depression and PTSD.

Q2:CREO is continuing to be overwhelmed with referrals. Increasing referrals for Counseling, early interventions for clients who are experiencing increased symptoms of anxiety, depression and PTSD. There is currently a waitlist for therapy services and CREO is only able to take the most serious situations. Our Sac State intern has helped recently.

Q3:Challenges continue to be an overwhelming number of requests for services with minimal number of staff to respond. The end of this quarter was impacted by the quarantine which slowed down Promotora work in the community.

Q4:CREO continues to maintain a wait list for Counseling services due to increased need due to COVID we are seeing many new referrals. Having 1 full-time clinician has been a challenge the entire lifetime of the grant. Obviously, we have been also challenged with shifting services to an online platform for clients who are not comfortable with technology and have difficulty due to language barriers/inadequate phone service/limited data/discomfort with meeting for counseling with someone they have not yet met in person. Lack of resources to the community and COVID information also continues to be a challenge.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1:We have partnered with the Mexican Consulate, CommuniCare Health Education Programs, Community leaders, elementary school officials, community events.

Q2:We have partnered with the Mexican Consulate, CommuniCare Health Education Programs, Community leaders, elementary school officials, community events, churches, and law enforcement. We have had community leaders from Sacramento present and have an upcoming event that includes a PhD at Sac State.

Q3:We have partnered with the Mexican Consulate, CommuniCare Health Education Programs, Community leaders, elementary school officials, community events, churches, and law enforcement. We have had community leaders from Sacramento present and have an upcoming event such as Margarita Berta-Avila a PhD at Sac State and California Rural Legal Assistance Foundation, Juanita Ontiveros as well as Lucha- Latinos Unidos Contra el Habito y Adicion al Tabaco for tobacco cessation information in the Latino Community.

Q4:We have partnered with the Mexican Consulate, CommuniCare Health Education Programs, Community leaders, elementary school officials, community events, churches, and law enforcement. Due to the pandemic we have had less ability to provide the type of Outreach contacts we would normally provide. We worked with the California Rural Legal Assistance Foundation, Juanita Ontiveros to discuss Emergency Relief, and continue to coordinate with all our partners for the most up to date information in the Latino Community

What are the key activities you expect this program to achieve in the following quarter?

Q1:We will continue to identify areas that we may be able to utilize additional assistance with mental health assessments and counseling. We are incorporating a Sac State intern this quarter to assist with resourcing and assessing. Began a bilingual consultation group for CommuniCare staff who are serving the Spanish speaking population. Working to identify ways to support staff in this work with a highly stigmatized and isolated community.

Q2:We will continue to identify areas that we may be able to utilize additional assistance with mental health assessments and counseling. We are incorporating a Sac State intern this quarter to assist with resourcing and assessing. Began a bilingual consultation group for CommuniCare staff who are serving the Spanish speaking population. Working to identify ways to support staff in this work with a highly stigmatized and isolated community.

Q3:The following quarter will be affected mostly by our response to COVID-19. We began telephone session in late March and began telehealth sessions mid April. We will start our first telehealth Platica/education support group May 4th. We have been reaching out to the community in the meantime by making Outreach calls to those on the waitlist and previous participants. One such call resulted in a need for a laptop for a former client's daughter who was starting college. The United Way supported this effort and we were able to drop it off at the client's home practicing social distancing.

Q4:We are unsure what will take place depending on continued funding. If we are able to continue services we would like to continue outreach to the Latino community on mental health, substance use and promote healthy ways of living that are culturally relevant to them. We would like to continue to support clients with resources due to current challenges with COVID including resources to help with stress reduction education, challenges with school age children/online learning , and economic stressors that contribute to substance abuse and early symptoms of depression and anxiety.

Are the program's services and activities to change in the following quarter? If so, how?

Q1:No changes at this time.

Q2:No changes at this time.

Q3:Please see above statement regarding response to COVID-19.

Q4.Services will end without funding to continue.

Program	Latino Promotore Program				
Provider	RISE, Incorporated				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Full Year
	(7/1/19 – 9/30/19)	(10/1/19– 12/31/19)	(1/1/20 – 3/31/20)	(4/1/20 – 6/30/20)	(7/1/19 – 6/30/20)
Data Due to HHS (Quarterly)	10/28/2019	1/27/2020	4/27/2020	7/27/2020	7/27/2020
MHSA Required Performance Measures : Demographic Information					
Clients Served					
Total Client Contacts	189	241	153	112	695
New Clients: Not seen previously in this	61	34	21	14	130
Returning Clients: Returning from	0	47	51	7	105
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	58	30	19	14	121
Clients Served: Early Intervention	3	4	2	0	9
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	0	0	0	0	0
Transition Age Youth 16-25	14	10	5	2	31
Adult 26-59	47	24	16	12	99
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Black or African American	0	0	0	0	0

Native Hawaiian or other Pacific	0	0	0	0	0
White (includes Non Hispanic/Latino)	0	0	0	0	0
Other (Includes Hispanic/Latino)	61	34	21	14	130
More than one race	0	0	0	0	0
Declined to State	0	0	0	0	0
Race not recorded /Field left blank	0	0	0	0	0
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	11	0	0	0	11
Mexican/Mexican-American/Chicano	47	34	21	14	116
Puerto Rico	0	0	0	0	0
South American	3	0	0	0	3
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	0	0	0	0	0
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	16	8	2	0	26
Spanish	45	26	19	14	104
Russian	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	16	8	2	0	26
Spanish	45	26	19	14	104
Russian	0	0	0	0	0
Other (Not a county threshold)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	0	2	1	0	3
Heterosexual or Straight	61	32	20	14	127
Bisexual	0	0	0	0	0
Questioning or unsure of sexual	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic					
Yes, Disability Indicated					
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Difficulty	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental	0	0	0	0	0
Physical Mobility Domain: Physical or	0	0	0	0	0
Chronic Health Condition: including but	0	0	0	0	0
Other Disability:	0	0	0	0	0
No, Not disabled	54	34	21	14	123
Declined to State	5	0	0	0	5
Not recorded/Field left Blank	2	0	0	0	2
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	61	34	21	14	130
Females	0	0	0	0	0
Declined to State	0	0	0	0	0

Not recorded/Field left Blank	0	0	0	0	0
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	61	34	21	14	130
Female	0	0	0	0	0
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender	0	0	0	0	0
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	54	34	18	14	120
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from	0	0	0	0	0
Not recorded/Field left Blank	7	0	3	0	10
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	4	0	3	0	7
Clarksburg	0	0	0	0	0
Davis	0	0	0	0	0
Dunnigan	4	1	2	1	8
Esparto	34	12	15	11	72
Guinda	5	6	1	0	12
Knights Landing	2	3	0	0	5
Madison	4	7	0	0	11
Sacramento [board and care]	0	0	0	0	0
West Sacramento	0	0	0	0	0
Winters	8	5	0	2	15
Woodland	0	0	0	0	0
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	0	0	0	0	0
Homeless					
Out of County					
Declined to State					
Not recorded/Field left Blank					
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	20	4	0	0	24
Family Member of Mental Health	5	11	0	7	23
Not Applicable	15	6	15	3	39
Prefer Not to Answer	21	13	6	4	44
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	7	4	6	0	17
Outreach Participant Demographics					
Total Outreach Participants	184	130	164	0	478
Outreach Setting					
Church	2	1	2	0	5
Clinic	1	0	0	0	1
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	1	1	0	2
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	4	2	1	0	7
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	0	0	2	0	2
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred	6	8	2	0	16
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					

Behavioral/Mental Health	6	3	0	0	9
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and	0	5	2	0	7
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral)					
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on	6	8	2	0	16
Participants who did not engage in	0	0	0	0	0
Participants for which referral	0	0	0	0	0
Average Duration of Untreated Mental Illness (Screening and Referral Form Question 1 ii.)					
Less than 1 month	0	2	0	0	2
1-2 Months	0	0	0	0	0
2-3 Months	1	1	0	0	2
3-4 Months	1	1	0	0	2
4-5 Months	1	0	0	0	1
5-6 Months	0	4	0	0	4
6-7 Months	3	0	0	0	3
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Unable to determine	0	0	2	0	2
Not Applicable	0	0	0	0	0
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month	6	8	2	0	16
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not	0	0	0	0	0
Treatment not Completed: Referral	0	0	0	0	0

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1: During the first quarter of the program (July through September) our Latino Promotore Coordinator successfully referred 6 Latino male farmworkers for mental health services. Not only were those individuals referred but they were connected to a mental health clinician and began receiving services during the quarter.

Q2: Our main success in the previous quarter was referring 8 Latino Males for Mental Health services/treatment. Not only were these individuals referred but they were immediately served by a Clinician and we are happy to report that all 8 individuals are seeing a Mental Health Clinician weekly. It took us a while to establish relationships and trust with the Farmworker men and we are happy with our progress. Lastly, our extended hour services is a major success. In large part to this funding we are able to open our Esparto RISE Office one Saturday a month and one Monday evening a month to make services more accessible to the Latino male farmworker population.

Q3: Several requests for informative educational workshops for Spanish speakers. We have developed a culturally responsive presentation to the community. Requests continue to come in from the schools to present information related to mental health and substance use. CREO continues to outreach at several health fairs in Yolo County and partners with other programs within CommuniCare such as the Health Promotions and Wellness Programs to promote awareness in the community about behavioral health issues. Resource acquisition and case management services have increased this quarter. Our case manager has assisted with services ranging from apartment searching to court advocacy to victim supports. Counseling sessions continue to be highly sought after. CREO continues to monitor a waitlist for counseling of 5-10 clients.

Q4: The main success of the 4th quarter is that RISE kept our doors open to serve. We stayed in contact with our current clients and connected to them to available services and resources. RISE stepped up to the challenge of keeping services fluid. We adjusted to more virtual check-ins, however, we did keep our main offices open to the public. COVID safety precautions and protocols were implemented

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1: Lack of time has been the major challenge for the program. We are thankful to provide a half time position to provide mental health education and referrals to the hard to reach and access Latino male head of household. The challenge is prioritizing the limited hours of

our Program Coordinator. There is so much ground to cover between the various farms that our staff feels like they cannot keep up.
 Q2: There were a couple of challenges this quarter for the program. The main one being staff turnover. Our Latino Promotore left RISE for a full time position with another agency. We quickly regrouped and hired another qualified staff and this set us back a bit. Furthermore, it has been challenging to gain access to more farms. Not all farms will open their doors and allow us to provide Mental Health outreach to their farmworkers. RISE has established relationships with many farms however, we will continue working to gain access to more in the following quarters.

Q3: Challenges continue to be an overwhelming number of requests for services with minimal number of staff to respond. The end of this quarter was impacted by the quarantine which slowed down Promotora work in the community.

Q4: The COVID-19 shelter at home greatly impacted our ability to continue in person services and outreach. Our Latino Promotore Case Manager was not allowed to conduct Farm site visits. This was reflected in our final 4th quarter new participants low enrollment. It was challenging to enroll new individuals during the final quarter of the program.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1: Our Coordinator would attend the monthly RISE Collaborative agency to partner with various agencies throughout Yolo County. We gather information and resources that we can share with the farm workers when we hold office hours directly on the farms.

Q2: This quarter we focused primarily on farm visits. We have 20 hours of employment for this program and most of those are based on local farm sites providing information and outreach. With the loss of our Program Coordinator we did not partner with other organizations or departments but rather focused on the direct service and connection to farms.

Q3: We have partnered with the Mexican Consulate, CommuniCare Health Education Programs, Community leaders, elementary school officials, community events, churches, and law enforcement. We have had community leaders from Sacramento present and have an upcoming event such as Margarita Berta-Avila a PhD at Sac State and California Rural Legal Assistance Foundation, Juanita Ontiveros as well as Lucha- Latinos Unidos Contra el Habito y Adicion al Tabaco for tobacco cessation information in the Latino Community.

Q4: RISE partnered with local faith based organizations and the local School Districts to get information out to our rural residents. The shutdown came swiftly and RISE needed to gather our local partners to share updated information and resources available.

What are the key activities you expect this program to achieve in the following quarter?

Q1: The second quarter of the program we will continue to outreach to farms providing information for the various holiday distributions. Moreover, we will continue to build relationships with farmworkers in hopes that they reach out if they need services. We were successful in connecting 6 individuals for mental health services who would not have received the help they needed. Our goal is to continue to reduce stigma and increase access to services.

Q2: Our Latino Promotore program will provide 2-3 Farmworker Presentations in the third quarter. These Presentations are exciting as we get to connect with hundreds of farm workers. We coordinate with other providers, agencies, and health clinic to provide a full presentation on a variety of health issues.

Q3: The following quarter will be affected mostly by our response to COVID-19. We began telephone session in late March and began telehealth sessions mid April. We will start our first telehealth Platica/education support group May 4th. We have been reaching out to the community in the meantime by making Outreach calls to those on the waitlist and previous participants. One such call resulted in a need for a laptop for a former client's daughter who was starting college. The United Way supported this effort and we were able to drop it off at the client's home practicing social distancing.

Q4: Our hopes are that the shutdown is lifted and we can begin our weekly Farm outreach. The goal of the project is to be mobile and visit the places that we can access the Latino male population. Our staff needs to be able to safety visit worksites to be most effective.

Are the program's services and activities to change in the following quarter? If so, how

Q1: Programs and services will not change in the 2nd quarter of the program. The 3rd quarter is when we host our large farm worker conferences.

Q2: Program or services will not change in the 3rd quarter. As stated above the third quarter is when we are able to host our large presentations to the farm worker population. Our goal is to reach 150-250 Latino male farm workers.

Q3: Please see above statement regarding response to COVID-19.

Q4: RISE will continue our efforts in serving this unique population during the next quarter. The summer months are usually the busiest for us in terms on outreach and we are hopeful that we can safety conduct outreach events.

Program	First Responders Mental Health Urgent Care				
Provider	Yolo County HHSA				
	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20	Fiscal Year 19-20
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
	(7/1/19 – 9/30/19)	(10/1/19– 12/31/19)	(1/1/20 – 3/31/20)	(4/1/20 – 6/30/20)	(7/01/19 – 6/30/20)
Data Due to HHSA (Quarterly)	10/29/2019	1/28/2020	4/29/2020	7/29/2020	7/29/2020

MHSA Required Performance Measures : Demographic Information

Clients Served					
Total Client Contacts	309	350	322		981
New Clients: Not seen previously in this	180	150	149		479
Returning Clients: Returning from	47	53	60		160
Individual Family Members Served	0	0	0		0
Clients Served: Prevention	0	0	0		0
Clients Served: Early Intervention	0	0	0		0
Clients Served By Age (Demographic Form Question 1)					
Children 0-15	14	7	6		27
Transition Age Youth 16-25	37	39	30		106
Adult 26-59	157	148	156		461
Older Adult 60+	19	9	17		45
Declined to State	0	0	0		0
Not recorded /Field left blank	0	0	0		0
Clients Race (Demographic Form Question 2: as denoted by checks to classifications that are in bold text.)					
American Indian or Alaska Native	1	2	0		3
Asian	8	7	7		22
Black or African American	19	21	21		61
Native Hawaiian or other Pacific	2	0	0		2
White (includes Non Hispanic/Latino)	134	119	121		374
Other (Includes Hispanic/Latino)	54	45	54		153
More than one race	0	0	0		0
Declined to State	9	9	6		24
Race not recorded /Field left blank	0	0	0		0
Clients Ethnicity (Demographic Form Question 2: as denoted by checks to classifications that are in plain text.)					
Hispanic or Latino					
Caribbean	0	0	0		0
Central American	1	0	0		1
Mexican/Mexican-American/Chicano	41	39	42		122
Puerto Rico	1	0	1		2
South American	0	0	0		0
Other	0	0	1		1
Declined to State	11	9	9		29
Not recorded/Field left Blank	0	0	1		1
Non-Hispanic or Non-Latino					
African	19	21	21		61
Asian Indian/South Asian	4	3	0		7
Cambodian	0	0	0		0
Chinese	2	1	2		5
Eastern European	0	1	3		4
European	134	114	117		365
Filipino	0	0	2		2
Japanese	0	0	0		0
Korean	0	0	0		0
Middle Eastern	2	2	0		4
Vietnamese	1	0	1		2
Other	1	2	2		5
More than one ethnicity	0	0	0		0
Declined to state ethnicity	10	10	5		25
Not recorded/Field left Blank	0	1	2		3
Clients Served By Language Requested for Written Communication (Demographic Form Question 3a)					
English	224	201	209		634
Spanish	2	2	0		4
Russian	0	0	0		0
Other	0	0	0		0
Declined to State	1	0	0		1
Not recorded/Field left Blank	0	0	0		0
Clients Served by Language Requested for Spoken Communication (Demographic Form Question 3b)					
English	224	201	209		634
Spanish	2	2	0		4
Russian	0	0	0		0
Other (Not a county threshold)	0	0	0		0
Declined to State	1	0	0		1
Not recorded/Field left Blank	0	0	0		0
*Clients Served By Sexual Orientation (Demographic Form Question 4)					
Gay or Lesbian	8	2	9		19
Heterosexual or Straight	149	124	141		414
Bisexual	6	4	4		14
Questioning or unsure of sexual	0	0	0		0
Queer	1	0	0		1
Another Sexual Orientation	1	2	4		7
Declined to State	41	55	44		140

Not Applicable: Minor exempt from	14	6	7		27
Not recorded/Field left Blank	7	10	0		17
Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness (Demographic Form Questions 5a)					
Yes, Disability Indicated	30	21	13		64
Communication Domain: Difficulty Seeing	4	5	0		9
Communication Domain: Difficulty hearing or having speech understood		0	1		1
Communication Domain: Other	1	1	0		2
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	4	3	2		9
Physical Mobility Domain: Physical or mobility issue	11	11	8		30
Chronic Health Condition: including but not limited to chronic pain	6	4	0		10
Other Disability:	6	0	2		8
No, Not disabled	197	172	195		564
Declined to State	0	9	1		10
Not recorded/Field left Blank	0	1	0		1
Clients Served By Sex Assigned at Birth (Demographic Form Question 7)					
Males	117	94	127		338
Females	109	108	82		299
Declined to State	1	0	0		1
Not recorded/Field left Blank	0	1	0		1
Clients Served By Gender Current Gender Identity (Demographic Form Question 8)					
Male	108	87	121		316
Female	103	99	82		284
Transgender	0	0	0		0
Genderqueer	0	0	0		0
Questioning or unsure of gender	0	0	0		0
Another Gender Identity	0	0	0		0
Not Applicable: Minor exempt from	15	14	6		35
Declined to State	1	3	0		4
Not recorded/Field left Blank	0	0	0		0
Clients Served by Veterans Status (Demographic Form Question 6)					
Yes, Veteran	2	1	2		5
No, Not Veteran	207	175	198		580
Declined to State	3	10	1		14
Not Applicable: Minor exempt from	15	17	8		40
Not recorded/Field left Blank	0	0	0		0
Other Data County/Program Considers Relevant					
Clients Served By City of Residence (Demographic form Question 10)					
Brooks	0	0	0		0
Clarksburg	1	0	1		2
Davis	15	14	22		51
Dunnigan	0	0	0		0
Esparto	1	0	0		1
Guinda	0	0	0		0
Knights Landing	1	0	1		2
Madison	0	0	0		0
Sacramento [board and care]	0	0	2		2
West Sacramento	128	117	111		356
Winters	0	1	0		1
Woodland	30	22	28		80
Yolo	1	0	0		1
Yolo County Unincorporated areas	0	0	0		0
Homeless*	39	31	24		94
Out of County	11	18	20		49
Declined to State	0	0	0		0
Not recorded/Field left Blank	0	0	0		0
<i>Homeless persons are counted as part of the homeless community and not to the locality where they are homeless.</i>					
MHSA Required Performance Measures : Demographics					
Clients Served By Relationship to Mental Health (Demographic form Question 9)					
Mental Health Client/Consumer	181	166	187		534

Family Member of Mental Health	1	0	0		1
Not Applicable	45	36	19		100
Prefer Not to Answer	0	1	3		4
MHSA Required Performance Measures: Outreach Tracking					
Outreach					
Number of outreach Events	14	8	0		22
Outreach Participant Demographics					
Total Outreach Participants	62	24	0		86
Outreach Setting					
Church					0
Clinic		1			1
Cultural Organization					0
Faith-Based Organization					0
Family Resource Center					0
Law Enforcement Departments					0
Library	14	7			21
Mental/Behavioral Health Care					0
Other					0
Primary Health Care					0
Public Transit Facility					0
Recreation Center					0
Residence					0
School					0
Senior Center					0
Shelter					0
Substance Use Treatment Location					0
Support Group					0
MHSA Required Performance Measures: MHSA Referral Tracking					
Number of Individuals Referred to Treatment					
Total Participants Referred	184	118	178		480
Total SMI Participants Referred	91	76	90		257
Kind of Treatment to which participants were referred (Screening and Referral Form Question 3)					
Behavioral/Mental Health	153	102	164		419
Substance Use Treatment	31	16	12		59
Both Behavioral/Mental Health and	0	0	2		2
Treatment/Program Client was Referred To (Provider Defined ~ Add rows as necessary) (Screening and Referral Form Question 3)					
Local Emergency Room	5	6	13		24
Yolo County HHSA	82	43	67		192
CommuniCare	49	31	32		112
Another County	3	2	7		12
NAMHS	11	15	9		35
Primary Care Provider	5	5	35		45
Private Insurer	6	2	0		8
Heritage Oaks Outpatient	0	1	0		1
Safe Harbor Crisis Residential Facility	1	1	1		3
Walter's House	2	2	2		6
CORR	4	1	2		7
CREO	1	0	0		1
Stanford Youth	0	0	1		1
Veterans' Affairs	0	0	1		1
Empower Yolo	1	0	0		1
Turning Point Community Programs	0	1	1		2
Sacramento Indian Health Clinic	0	0	1		1
Beacon	0	0	2		2
Elica Health	1	0	0		1
One Community	2	0	0		2
Progress House	5	2	1		8
Declined Referrals	3	1	1		5
Harbor Counseling	0	3	1		4
Twelve Step Groups	2	1	0		3
Treatment Follow Through (Screening and Referral Form Questions 4 & 5)					
Participants who followed through on	127	77	112		316
Participants who did not engage in	0	0	0		0
Participants for which referral	60	41	66		167
Average Interval between the referral and participation in treatment /referred service					
Less than 1 month	122	73	108		303
1-2 Months	5	4	4		13
2-3 Months	0	0	0		0

3-4 Months	0	0	0		0
4-5 Months	0	0	0		0
5-6 Months	0	0	0		0
6-7 Months	0	0	0		0
7-8 Months	0	0	0		0
8-9 Months	0	0	0		0
9-10 Months	0	0	0		0
10-11 Months	0	0	0		0
11-12 Months	0	0	0		0
More than 12 Months	0	0	0		0
Participation in Treatment not	0	0	0		0
Treatment not Completed: Referral	0	0	0		0

Data County Considers Relevant: MHSA Program Update/Projection Narratives

Need more space? Answers can be submitted in a Word Document, however please note see attachment in the fields below.

What were the program's key successes in the previous quarter?

Q1:Not provided

Q2:Continues provision of high quality crisis services, including medication evaluations, preliminary mental health and SUD assessments, and linkage to County and community based resources for self-referring community members. Ongoing engagement with various County Law Enforcement Agencies to promote use of the FR MHUC.

Q3-4:Continue provision of clinically-sound crisis intervention and behavioral health screening services to the community, leveraging medication support services provided onsite by Psychiatric Nurse Practitioners (NP).

What were some of the challenges or barriers this program encountered in the previous quarter?

Q1:Not provided

Q2:Low utilization overall, higher salary and overhead costs when compared to claimable service delivery.

Q3-4:No pattern of increased community usage of, and/or law enforcement officer drop off for, MHUC services, especially outside of traditional business hours. Onset of County shelter-in-place orders on March 19, 2020 resulted in notable reduction in walk-in client service requests ins for the remainder of the quarter. MHUC service scaled back to essential mental health services, including crisis services and NP services only, at that time. All behavioral health service screenings and referrals taken over by County's 24/7 Access Line.

Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?

Q1:Not provided

Q2:Sutter Nurse Practitioners.

Q3-4:Sutter Center for Psychiatry for Psychiatric Nurse Practitioner staff.

What are the key activities you expect this program to achieve in the following quarter?

Q1:Not provided

Q2:Increased use of MHUC Clinician to assist other County Community Crisis Response staff with local hospital ER crisis assessments.

Q3-4:None; see below comment.

Are the program's services and activities to change in the following quarter? If so, how?

Q1:Not provided

Q2:Notably low service usage on Sunday since clinic opening in Feb 2018, as well as loss of assigned Crisis clinician, resulting in County decision to close this MHUC clinic on Sundays as of Jan 12, 2020. The MHUC is still open 6 days a week 12 to 9 pm.

Q3-4:As of April 13, 2020, MHUC services were suspended due to continued Shelter-in-Place County orders. Instead, the County began to offer walk-in crisis services in the former MHUC location during traditional business hours. Law enforcement drop offs are still encouraged.

Appendix II



P.O. Box 447, Davis, CA 95617
(530) 756-8181
www.namiyolo.org
friends@namiyolo.org

Sent via electronic mail

June 27th, 2021

Jim Provenza
Chair, Yolo County Board of Supervisors

Nicki King
Chair, Local Mental Health Board

Karen Larsen
Director, Yolo County Health and Human Services Agency

Dear Chair Provenza, Chair King, and Director Larsen,

On behalf of the NAMI Yolo County Board of Directors, thank you for the opportunity to comment on the Yolo County Mental Health Services Act (MHSA) 2021-22 Annual Update and Expenditure Plan. We appreciate the release of the report for a 30-day comment period and look forward to partnering with the Yolo County Health and Human Services Agency (HHSA) to ensure the efficient and effective implementation of the plan for the benefit of Yolo County residents living with mental illness and their families. We also appreciate HHSA's support of NAMI Yolo County, both by funding our programs through an annual MHSA grant and including Board member Linda Wight in the Crisis Now Academy.

In addition to the substantive comments on the annual report included in this letter, NAMI Yolo County requests HHSA review public comments, update the annual report, and return to the Local Mental Health Board with a revised draft prior to seeking approval for 2021-22 expenditures from the Yolo County Board of Supervisors. The current schedule requires submittal of public comments due on 6/27, the statutorily required Local Mental Health Board meeting on 6/28, and some 2020-21 MHSA contracts proposed for approval at the 6/29 Board meeting. HHSA proposed a similar schedule last year and the Save Pine Tree Gardens Committee requested additional time then as well, resulting in comprehensive responses to public comments. NAMI Yolo County believes additional time will allow HHSA to thoughtfully consider public comments, make changes to the report, and provide the Local Mental Health Board with adequate time to react in a meaningful way to the issues raised by those who participated in the public process.

NAMI Yolo County understands COVID-19 prevented the implementation of many MHSA programs as expected in 2020-21 and would like to support HHSA's work in 2021-22. As you may

know, NAMI Yolo County recently adopted its 2021-22 advocacy priorities, which include the following:

- **MHSA performance outcome data and reports.** Advocate for the efficient, transparent, and accountable use of Mental Health Services Act funding as described in the Mental Health Services Act Three-Year Plan, including timely provision of required reports and associated performance outcome data, to best meet the needs of individuals living with mental illness and their families
- **Yolo County-School Partnership.** Support the expeditious, efficient, and effective implementation of the Yolo County-School Partnership, identified for funding in the Mental Health Services Act Three-Year Plan, to expand mental health care services in K-12 schools
- **Crisis intervention training.** Support the expeditious, efficient, and effective implementation of the new Health and Human Services Agency crisis intervention training for law enforcement officers
- **Co-responder model implementation.** Support the expeditious, efficient, and effective implementation of the Health and Human Services Agency contract with city police departments and the Sheriff to implement the co-responder model for mental health crises, which includes ensuring a clinician is present during any law enforcement response to a police call

NAMI Yolo County's comments on the 2021-22 Annual Update and Expenditure Plan cover other items in the plan, but NAMI Yolo County is requesting more detailed information on items pertaining to its 2021-22 priorities.

General Comments

G-1: Provide additional information about program implementation. NAMI Yolo County recommends including the following information in the annual report for each program: 1) implementing agency (HHS or a contractor), contract amount, duration of contract, amount of funding allocated in the previous fiscal year compared to the amount used, and a description and timing of key deliverables for the upcoming fiscal year. HHS is spending significant funds on each program in the plan, so providing additional information will allow NAMI Yolo County and the public to understand the specific work the County and its partners intend to accomplish in the next fiscal year, help NAMI Yolo County ensure people know about the services, and help NAMI Yolo County provide feedback as needed to maximize benefit for people most in need. The report currently shows how much is budgeted for 2021-22 but does not provide the other requested information.

G-2: Process for allocation \$5.7 million in new revenue. NAMI Yolo County would like to be involved in discussions about allocating unspent revenue or new revenue in the future, as we are familiar with the needs of our mental health community at a grassroots level and would appreciate the opportunity to provide input. HHS did not reach out to NAMI Yolo County when making decisions about allocating the \$5.7 million in new revenue proposed in the annual report

and we believe we could help HHSA make informed decisions about proposed expenditures that meet the greatest needs in our community, such as access to transportation, permanent supportive housing, free or reduced price counseling, art therapy, and an increased number of social workers at homes or apartments that support adults living with mental illness.

G-3: Implementation of new Full Service Partnership contract. NAMI Yolo County understands that funding for the new Full Service Partnership contracts is spread out throughout a number of adult and youth programs described in the 2021-22 annual report. It is our understanding HHSA is transitioning from managing Full Service Partnership services in-house to contracting with agencies with expertise in this area. Implementation of this new approach to providing services will affect many adults and youth living with mental illness in Yolo County. NAMI Yolo County would like to help HHSA ensure a smooth transition and therefore would appreciate the opportunity to help develop the performance measures for this program and provide feedback on the transition workplan. NAMI Yolo County also would appreciate receiving copies of the contracts with the new agencies to better understand the deliverables for the program.

G-4: Add information about the three-year North Valley Behavioral Health contract to operate the two Pine Tree Gardens homes. From NAMI Yolo County's perspective, one of the HHSA's biggest successes last year was working with the community to save the two Pine Tree Gardens homes, adult residential facilities for 28 adults living with mental illness. This work included entering a three-year, \$2.4 million contract to operate the homes. The annual report should describe this important achievement. NAMI Yolo County further recommends HHSA in the future ensure the following with regard to operation and management of these two homes: 1) the facility license for each of the Pine Tree Gardens homes is valid and active at all times, regardless of whether a contract between the county and an operator is in place; 2) only the organization contracted to operate the homes is in possession of the facility license; there should be no shared licenses; 3) the owner of the home should have a lease agreement with the tenant regardless of whether a contract between the county and an operator is in place; and 4) at the end of the current three-year contract, the County should conduct a formal Request for Proposal to operate the homes, if performance measures are unsatisfactory

Specific Comments

S-1: Peer and Family Led Support Services (p. 16). NAMI Yolo County implements this program through a \$100,000/year grant with HHSA, a grant which supports the majority of our program work, and which helps NAMI Yolo County serve people living with mental illness and their families at a level which would not otherwise be possible. NAMI Yolo County provided HHSA staff with a detailed scope of work with timing and deliverables for this grant in March 2021, which NAMI Yolo County suggests HHSA include in the report for the benefit of the public. NAMI Yolo County also worked with Yolo County staff to develop new performance measures, which NAMI Yolo County also recommends HHSA include in the report. Other minor comments on this section include: 1) the report refers to NAMI CA in one place, which should be changed to NAMI Yolo

County; 2) the dates the performance data covers are missing and should be added as a heading (it appears data is from 2019-20); 3) the source for the 2021-22 estimate on the number of people served is unclear and should be discussed with NAMI Yolo County.

S-2: Older Adult Outreach and Assessment Program (p. 18). Provide additional information about the performance data, including: 1) the year the data covers; 2) labels on the bar charts referring showing decreases in psychiatric hospital days, etc. The timeframe for the decrease is unclear as the result of a lack of labels.

S-3: Mental Health Crisis Services and Crisis Intervention Training (p. 28). NAMI Yolo County recommends providing additional information about the status of the program, the amount of money allocated in 2020-21 compared to estimated amount spent (a general estimate to determine whether HHSA expects to spend all allocated funds is fine since the fiscal year has not closed), as well as the timing of key deliverables in 2021-22. This information should include execution of the contracts with each city for clinicians who will respond to mental health crisis calls along with law enforcement officers (known as the co-responder model), which was a major accomplishment in 2020-21 and which NAMI Yolo County enthusiastically supports. We understand HHSA has not yet started its crisis intervention training, which HHSA is transferring from a contractor to in-house staff. Crisis intervention training can take many forms, so NAMI Yolo County would appreciate the opportunity to provide input on the work plan for development of the in-house crisis intervention training. NAMI Yolo County also would appreciate receiving copies of the city contracts to better understand the deliverables and would appreciate the opportunity to provide feedback on the performance measures HHSA will develop to measure the performance of both the crisis intervention training and the new co-responder model. Finally, NAMI Yolo County understands there are some cost savings from this program as a result of the delay in executing clinician contracts and implementing crisis intervention training. NAMI Yolo County would appreciate the opportunity to provide feedback on the reallocation of these funds.

S-4: Yolo County-School Partnership (p.48). NAMI Yolo County understands contracts with the schools to implement this program are delayed as a result of COVID-19. It would be helpful if the report includes a timeline for executing the contracts, as well as other expected key deliverables in 2021-22. The report should also include information about how this program is different than the existing program HHSA funds at the schools. NAMI Yolo County hears feedback from both students and family members that existing counseling resources at the schools are insufficient in that either counselors do not have the special expertise to address anxiety, grief, or other issues with which children are wrestling or there are too few counselors for the number of students in need. Parents of children living with mental illness also have requested the development of support groups so they can share information about available resources, development of which is a priority in the NAMI Yolo County Strategic Plan. NAMI Yolo County is willing to help with outreach associated with this program to ensure parents and students understand the new benefits and how to access them, as well as provide feedback on development of the program.

We would appreciate the opportunity to help HHSA develop the performance measures for this program as well.

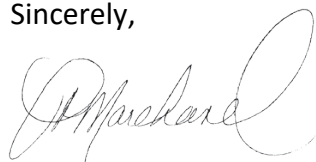
S-5: Evaluation (p. 68). NAMI Yolo County lauds HHSA's progress in this area, including signing a contract with a consulting firm that specializes in performance measurement in March 2021. This program includes developing metrics to implement the recommendations in the Yolo County Board & Care Study, which is a high priority for NAMI Yolo County. NAMI Yolo County would appreciate more information about the timing and key deliverables associated with developing this metric, especially considering the significant grant funding to provide permanent supportive housing for adults living with mental illness in the State of California's 2021-22 adopted budget. As indicated elsewhere in this comment letter, NAMI Yolo County also would like to be involved in development of the SMART goals for priority programs mentioned in the report.

S-6: Peer Run Housing (p.72). NAMI Yolo County recommends the report include more information about the home Turning Point purchased with the \$250,000 in MHSA funding, including whether the purchase is final and whether the six residents the home will support have moved into the home. If the purchase is not complete, the report should include information on the expected timeline for completing the purchase.

S-7: Financial analysis (p.77). The report should include information comparing the estimates in the 2021-22 annual report to what was originally proposed in the three-year plan. Are they the same? If not, what are the major changes? NAMI Yolo County also recommends including information about the cost savings that resulted from delayed implementation of programs as a result of COVID-19 and how those funds were re-allocated.

Thank you for the opportunity to comment on the annual report. NAMI Yolo County greatly appreciates the hard work of HHSA to support adults and youth living with mental illness in Yolo County and looks forward to partnering with you in the future.

Sincerely,



Petrea Marchand

President, NAMI Yolo County

CC: Supervisor Don Saylor
Supervisor Angel Barajas
Supervisor Gary Sandy
Supervisor Oscar Villegas
Interim County Administrator Daniel Kim

MHSA ANNUAL UPDATE PUBLIC COMMENT RESPONSE:

HHSA understands the request and acknowledges the valued relationship with NAMI Yolo County and appreciates the offer for additional support in review, feedback, and partnership. The comments and feedback submitted request some items that will be updated in the Annual Update as well as several components and details which fall outside of the scope of the Annual Report. HHSA has reviewed all the feedback provided by NAMI Yolo County and where relevant has incorporated additional details and edits in the Annual Update. For items that fall outside the Annual Report requirements, HHSA has provided a response to this feedback below and, where applicable, has agreed to return to the LMHB with additional information within 90 days for the September meeting. Below are the HHSA responses to the comments submitted.

HHSA understands NAMI Yolo County's desire to be more involved in the community conversations and planning related to MHSA programs and funding. HHSA currently has two well established avenues where we solicit feedback and provide regular updates to the community and stakeholders regarding MHSA activities. These are the Local Mental Health Board (LMHB) and the more recently formed MHSA Community Engagement Work Group (CEWG). We recommend that NAMI Yolo County continue to utilize these two established entities to assure that their feedback is heard regarding all aspects of the MHSA grant.

G-1: Provide additional information about program implementation.

Response: For every program within the Annual Update HHSA will include whether they are administered by County or Contractor or both. HHSA was intentional to provide more budget information within the Annual Update and included a program summary table indicating revised budgets (see pg.14). Additionally, HHSA has agreed to return to LMHB within 90 days to provide more specific fiscal information on individual programs beyond what is required in the Annual Update.

G-2: Process for allocation \$5.7 million in new revenue.

Response: As part of the Annual Update process, HHSA attended the April 26th, 2021 LMHB meeting to provide an update on the fiscal projections for the current MHSA 3-year cycle. During the presentation, HHSA recommended to the LMHB that the additional projected revenue (\$5.7mil at the time) be used to fill gaps in the priorities areas that were outlined in the 3-year plan. These gaps included programs that were initially not fully funded in the 3-year plan as well as programs whose original budget amounts were under projected. HHSA staff solicited feedback from the LMHB regarding this approach for the use of the additional projected revenue and they were supportive of this approach. The LMHB did not provide any additional feedback or recommendations regarding the use of this additional revenue.

G-3: Implementation of new Full Service Partnership contract.

Response: HHSA has provided regular updates to the LMHB regarding implementation of the new Full Service Partnership (FSP) contracts and will continue to do so during this transition.

FSP Transition – HHSA issued a Request for Proposals (RFP) on November 19th, 2020 requesting proposals to provide Full-Service Partnership (FSP) Services for Yolo County Mental Health consumers. The intent is to serve up to 200 Yolo County beneficiaries consisting of Transition Aged Youth (TAY), Adults, Older Adults, and Assisted Outpatient Treatment (AOT). After several weeks of review, Yolo

County issued an intent to award letter to Telecare Corporation and Hope Cooperative (also known as TLCS Inc) on March 1st. Both contracts have been finalized and approved by the Board of Supervisors during the June meetings. Understanding the importance of this transition and to provide continuity of care for all clients, HHSA has been working with Turning Point and both providers to plan for client transitions for several months. Letters explaining the transition process were issued to clients and support throughout the transition has been provided by all involved teams, including additional virtual Wellness Center peer-led groups focused specifically on the FSP transition. As of July 1st, providers are almost fully staffed, and have successfully transitioned approximately 70 previous Turning Point clients. A small Turning Point team is remaining in place for any remaining Turning Point client transitions occurring throughout July. Current FSP clients being served by HHSA teams will transition beginning in the next two weeks and continue through the month of August. As both vendors secure permanent office locations in Yolo County, each has set up temporarily as of June 1, 2021 in either the West Sacramento or Woodland HHSA clinics.

As the transition has occurred there have also been several meetings between both providers, HHSA, Yolo County Housing to ensure current housing arrangements are secured. Additionally, Telecare has been meeting with HHSA, Mercy Housing, and other partners tied to both the West Beamer Place and upcoming 1801 West Capital Mercy projects where Telecare will be providing the onsite support for FSP clients living in those PSH projects. Hope Cooperative will soon join HHSA, Friends of the Mission, Fourth and Hope, and the City of Woodland to plan for the East Beamer Way PSH project set to open late 2021/early 2022. Hope Cooperative and HHSA staff are working together and in accordance with HHSA re-opening plans, to finalize a date for the peer-run coffee cart in the Bauer building to resume business again after closing due to the pandemic. Lastly, both providers will be working with HHSA Wellness Center staff to offer some additional adult and older adult focused supports to build on current HHSA programming, and Telecare will be operating a TAY Clubhouse model wellness center. Wellness Center operation discussions are ongoing and we look forward to sharing timelines and updates as they develop.

In regard to NAMI's request to be more involved in the development of FSP performance measures, we welcome their feedback through the LMHB and CEWG. HHSA recently entered into a new contract with CARE Consulting to provide evaluation services for MHSAs programs, and staff is currently working with them to review existing performance measures and to develop recommendations for improving these measures. Once they are reviewed and recommendations are developed, we will bring these items to the LMHB and CEWG for community and stakeholder feedback.

G-4: Add information about the three-year North Valley Behavioral Health contract to operate the two Pine Tree Gardens homes.

Response: Thank you for highlighting this milestone outcome and funding to the North Valley Behavioral Health Contract from the approved 3 Year Plan and purchase of East House, both of which were achieved using \$2.4 million of MHSAs dollars. HHSA agrees that this is an achievement worth highlighting and has added language to the Annual Report regarding this accomplishment. Broader planning, development, and evaluation metrics related to the Board & Care study will begin in FY 21-22.

Regarding the recommended feedback to operations and management related to these contracted services, HHSA has reviewed these recommendations and will consider them in our contract management review process for this program.

S-1: Peer and Family Led Support Services (p. 16).

Response: HHSA has corrected NAMI CA to NAMI Yolo County in the Annual Update and has better indicated that the performance data covers Fiscal Year 19-20 in the Peer-and Family-Led Support data. Branch staff reviewed prior RBA data submissions to estimate future projections for each program. The additional level of data requested will be included in the update we provide to LMHB in the Fall.

S-2: Older Adult Outreach and Assessment Program (p. 18).

Response: HHSA will revise the representation of the data and re-iterate the date for the data as Fiscal Year 19-20.

S-3: Mental Health Crisis Services and Crisis Intervention Training (p. 28).

Response: The program supports the County's Co-Responder Project which pairs HHSA Crisis Clinicians with local law enforcement officers from four local agencies in responding to BH crises in the community. The Co-Responder Project is a partnership with the cities of West Sacramento, Davis, and Woodland, as well as the Sheriff and Probation department. West Sacramento has two co-responder positions and they started on November 13th, 2020 and March 29th, 2021. Davis and Woodland each have one, and the Sheriff and Probation department share a position. Those positions started on April 12, 2021, April 12, 2021, and July 5, 2021 respectively. The CIT training that has been developed in partnership with local law enforcement agencies and HHSA's Crisis Supervisor is based on the Memphis Model and is a 40-hour course. Partners have been working collaborative to get the curriculum certified by the Peace Officer Standards & Training (POST). It is anticipated that approval will come this month and countywide training will be available later in 2021. HHSA has also provided regular updates to the LMHB regarding this program.

S-4: Yolo County-School Partnership (p.48).

Response: HHSA issued four separate requests for proposal on May 26, 2021 for the K-12 School Partnerships Program. Each contract intends to provide school-based mental health services in each of the following geographical catchment areas: Davis, Esparto/Winters, West Sacramento, and Woodland. The deadline for proposals is July 9, 2021 and the County will issue intent to award letters at the end of July. HHSA anticipates that the contracts will start at the end of August/beginning of September. HHSA is working closely with Yolo County Office of Education and the collective School Districts to determine the most effective way to prioritize how resources will be allocated within each catchment area.

The K-12 School Partnerships program seeks to build upon the prior school-based programs that were limited to access and linkages and school-based mentoring by effectively integrating the behavioral health provider(s) into the milieu of the school environment. Additionally, the selected contractor(s) will provide evidence-based behavioral health interventions by professionals who possess expertise to address an array of behavioral health conditions include anxiety, depression, and grief utilizing a trauma-informed approach. At this time, it is not possible to project the total number of behavioral health professionals that will be available to provide services through these contracts, but it is

anticipated that the program is unlikely to be able to meet the full demand for needs for service at the outset of the project. The program seeks to provide access and linkage to other services and will leverage the existing behavioral health system of care to the extent possible to support the project.

A critical component of the project is the development of regional committees within each catchment area that will include representation from the Districts, the contracted provider, HHSa, and other relevant stakeholders. This may be an opportunity for parents to identify specific resources, such as support groups, to assist the committees with prioritizing decision-making regarding the best use of resources within each catchment area. Results Based Accountability measures will be developed to measure meaningful outcomes related to this project while also meeting state and grant funder requirements. These RBAs can be shared at the September LMHB meeting.

This program leverages funding from the MHSOAC MHSSA grant and EPSDT to increase access to a continuum of mental health services and increase capacity to support wellness on school campuses. HHSa has also provided regular updates to the LMHB regarding this program.

S-5: Evaluation (p. 68).

Response: MHSa is undergoing a concerted effort to streamline the Performance Outcome Measurements through an Evaluation Program utilizing the Results Based Accountability framework. HHSa has hired CARE Consulting to support MHSa evaluation activities. As the Evaluation Program develops, community partners and stakeholders will be engaged through the LMHB and CEWG to garner input and feedback to the MHSa program evaluation process. HHSa has agreed to return to the LMHB with additional information regarding performance measure development and reporting in the next 90 days.

S-6: Peer Run Housing (p.72).

Response: In light of Turning Point Community Programs losing the FSP bid, HHSa will not be proceeding with the purchase of this house. HHSa will be pursuing other peer run housing as time and budget allows and will provide updates at LMHB and in future annual updates as appropriate based on current planning.

S-7: Financial analysis (p.77).

Response: HHSa was intentional to provide the requested budget information in the Annual Update and included a program summary table indicating the revised budget numbers requested (see pg.14). Additionally, HHSa has agreed to return to LMHB within 90 days to provide additional fiscal information beyond what is required in the Annual Update.

Yolo County MHSA Documentation and Information Resources

Yolo County MHSa Website Posting 5/28/2021



ABOUT US

LIVING

BUSINESS

GOVERNMENT

- HEALTH & HUMAN SERVICES

+ Adults

+ Boards & Committees

+ Children & Youth

Employment Services

+ Families

- Mental Health

Adult Protective Services (APS)

Behavioral Health Quality Improvement Committee

Behavioral Health Quality Management

Local Mental Health Board (LMHB)

- Mental Health Services

Adult Wellness Center

Government » General Government Departments » Health & Human Services » Mental Health » Mental Health Services

MENTAL HEALTH SERVICES ACT

Font Size: + - |



Updated: 05/28/2021

New and Noteworthy

- **NEW** The [Draft MHSa Annual Update FY 2021-2022](#) has been posted as of May 28, 2021. This draft is available for public comment through June 27, 2021 at 5:00 PM. A Public Hearing will be held on Monday June 28 at 6:00 PM by the Local Mental Health Board. Printed copies of the MHSa Annual Update Draft for FY 2021-2022, are available. To obtain a hard copy please email mhsa@yolocounty.org or call (530) 661-2745.

Public Notice [English](#) | [Spanish](#) | [Russian](#).

Submit comments by completing a public comment form:

Online [English](#) | [Spanish](#) | [Russian](#) or by,

Mail (printable form): [English](#) | [Spanish](#) | [Russian](#).



COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA): NOTICE OF 30-DAY PUBLIC COMMENT PERIOD and NOTICE OF PUBLIC HEARING

MHSA Annual Update FY 2021-2022

To all interested stakeholders, Yolo County Health and Human Services Agency (HHS), in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled document.

- I. **THE PUBLIC REVIEW AND COMMENT PERIOD begins Friday May 28, 2021 and ends at 5:00 p.m. on Sunday June 27, 2021.** Interested persons may provide comments during this timeline either online (<https://www.research.net/r/AUPblcCmmnt2021>) or by mail. Written comments should be addressed to HHS, Attn: MHSA Coordinator, 25 N. Cottonwood Street, Courier #16CH, Woodland, CA 95695. Please use the Public comment form provided for the MHSA Annual Update FY 2021-2022.
- II. **A PUBLIC HEARING will be held by the Yolo County Local Mental Health Board on Monday, June 28, 2021, at 6:00 PM**, by teleconference. Call information will be published in advance of the meeting and listed on the Local Mental Health Board event listing found [here](#) for the purpose of receiving further public comment on the MHSA Annual Update for FY 2021-2022 pursuant to the Governor's Executive Order N-29-20 (March 17, 2020), available at the following [link](#).
- III. **To review the MHSA Draft Update for FY 2021-2022**, or other MHSA documents via Internet, follow this link to the Yolo County website: <http://www.yolocounty.org/mhsa>.
- IV. **Printed copies** of the MHSA Plan Draft for FY 2021-2022, are available. To obtain copies by mail, or to request an accommodation or translation of the document into other languages or formats, call HHS's MHSA Office at (530) 666-8536 or email mhsa@yolocounty.org by Friday June 18, 2021.



CONDADO DE YOLO

Agencia de Salud y Servicios Humanos

LEY DE SERVICIOS DE SALUD MENTAL (MHSA): AVISO DEL PERÍODO DE COMENTARIOS PÚBLICOS DE 30 DÍAS y AVISO DE AUDIENCIA PÚBLICA

Actualización anual de la MHSA para el año fiscal 2021-2022

Para todas las partes interesadas, la Agencia de Salud y Servicios Humanos del Condado de Yolo (Yolo County Health and Human Services Agency, HHSA), de acuerdo con la Ley de Servicios de Salud Mental (Mental Health Services Act, MHSA), publica este **Aviso del período de comentarios públicos de 30 días** y **Aviso de audiencia pública** con respecto al documento mencionado arriba.

- I. **EL PERÍODO DE REVISIÓN Y COMENTARIOS PÚBLICOS comienza el viernes 28 de mayo de 2021 y termina a las 5:00 PM al domingo, 27 de junio, 2021.** Las personas interesadas pueden proporcionar comentarios durante este plazo, ya sea en línea (<https://www.research.net/r/2021AnnualFdbck>) o por correo. Los comentarios por escrito deben dirigirse a HHSA, Attn: MHSA Coordinator, 25 N. Cottonwood Street, Courier #16CH, Woodland, CA 95695. Use el formulario de comentarios públicos provisto para la Actualización anual de la MHSA para el año fiscal 2021-2022.
- II. **La Junta de Salud Mental Local del Condado de Yolo (Yolo County Local Mental Health Board) llevará a cabo una AUDIENCIA PÚBLICA el lunes 28 de junio de 2021 a las 6:00 p. m.** por teleconferencia. La información de la llamada se publicará antes de la reunión y se incluirá en la lista de eventos de la Junta de Salud Mental Local, que está disponible [aquí](#), con el fin de recibir más comentarios del público sobre la Actualización anual de la MHSA para el año fiscal 2021-2022 de conformidad con la Orden Ejecutiva del Gobernador N-29-20 (17 de marzo de 2020), que está disponible [aquí](#).
- III. **Para revisar el borrador de la Actualización de la MHSA para el año fiscal 2021-2022** u otros documentos de la MHSA por internet, siga este enlace al sitio web del condado de Yolo: <http://www.yolocounty.org/mhsa>.
- IV. Se pueden obtener **copias impresas** del borrador del plan de la MHSA para el año fiscal 2021-2022. Para obtener copias por correo, o para solicitar una adaptación o la traducción del documento a otros idiomas o formatos, llame a la Oficina de la MHSA de la HHSA al (530) 666-8536 o envíe un correo electrónico a mhsa@yolocounty.org antes del viernes 18 de junio de 2021.



ОКРУГ ЙОЛО

Агентство здравоохранения и
социальных услуг

ЗАКОН О СЛУЖБАХ ПСИХИЧЕСКОГО ЗДОРОВЬЯ (MHSA): УВЕДОМЛЕНИЕ О 30-ДНЕВНОМ ПЕРИОДЕ ОТКРЫТОГО ОБЩЕСТВЕННОГО ОБСУЖДЕНИЯ и УВЕДОМЛЕНИЕ ОБ ОБЩЕСТВЕННЫХ СЛУШАНИЯХ

MHSA Annual Update FY 2021-2022

Ежегодная актуализация MHSA на 2021-2022 финансовый год

Всем заинтересованным лицам, Агентство по вопросам здравоохранения и социального обеспечения округа Йоло в соответствии с «Законом о службах психического здоровья» (MHSA) публикует настоящее **уведомление о 30-дневном периоде открытого общественного обсуждения и уведомление об общественных слушаниях** в отношении указанного выше документа.

- I. **ПЕРИОД ОТКРЫТОГО ОБЩЕСТВЕННОГО РАССМОТРЕНИЯ И ОБСУЖДЕНИЯ** начинается в пятницу 28 мая 2021 г. и заканчивается в 5:00 PM в воскресенье 27 июня 2021 г. Заинтересованные лица могут направлять комментарии в указанный срок по Интернету (<https://www.research.net/r/2021Fdbck>) или почтой. Письменные комментарии направляются в HNSA по адресу: Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695. Пожалуйста, используйте форму открытого общественного обсуждения для «Ежегодной актуализации MHSA на 2021-2022 финансовый год».
- II. **ОБЩЕСТВЕННЫЕ СЛУШАНИЯ** будут проводиться местным советом по психическому здоровью округа Йоло в понедельник 28 июня 2021 г. в 18:00 в форме телеконференции. Номера телефонов будут опубликованы до проведения конференции и размещены в списке мероприятий местного совета по психическому здоровью, который можно найти [здесь](#), с целью получения дополнительных комментариев общественности к «Ежегодной актуализации MHSA на 2021-2022 финансовый год» в соответствии с Указом губернатора N-29-20 (от 17.03.2020), с которым можно ознакомиться по следующей [ссылке](#).
- III. **Чтобы ознакомиться с проектом актуализации MHSA на 2021-2022 финансовый год** или другими документами MHSA в Интернете, перейдите по этой ссылке на сайт округа Йоло: <http://www.yolocounty.org/mhsa>.
- IV. Имеются **печатные экземпляры** проекта плана MHSA на 2021-2022 финансовый год. Чтобы получить экземпляр документа по почте или сделать запрос на предоставление аккомодации или перевода документа на другие языки или в другие форматы, позвоните в Офис MHSA HNSA по номеру (530) 666-8536 или напишите по адресу: mhsa@yolocounty.org до пятницы 18 июня 2021 г.

Woodland Daily Democrat

711 Main Street
Woodland, CA 95695
530-406-6223
legals@dailydemocrat.com

3827661

YOLO COUNTY HEALTH & HUMAN SERVICES
AGENCY (HHSA)
137 N COTTONWOOD ST.
WOODLAND, CA 95695

PROOF OF PUBLICATION (2015.5 C.C.P.)

STATE OF CALIFORNIA
COUNTY OF YOLO

FILE NO. MHSA review-comment period FY 2021-22

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above-entitled matter. I am the Legal Advertising Clerk of the printer and publisher of The Daily Democrat, a newspaper published in the English language in the City of Woodland, County of Yolo, State of California.

I declare that the Daily Democrat is a newspaper of general circulation as defined by the laws of the State of California as determined by this court's order dated June 30, 1952 in the action entitled In the Matter of the Ascertainment and Establishment of the Standing of The Daily Democrat as a Newspaper of General Circulation, Case Number 12659. Said order states "The Daily Democrat" has been established, printed and published in the City of Woodland, County of Yolo, State of California; That it is a newspaper published daily for the dissemination of local and telegraphic news and intelligence of general character and has a bona fide subscription list of paying subscribers; and...THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED:...That "The Daily Democrat" is a newspaper of general circulation for the City of Woodland, County of Yolo, California. Said order has not been revoked.

I declare that this notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

06/05/2021, 06/09/2021, 06/20/2021

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Woodland, California, this
20th day of June 2021



(Signature) Jill Teer

Legal No. **0006581831**

Notice is hereby given: the 30-Day Public Review and Comment Period pertaining to the draft Mental Health Services Act (MHSA) Annual Update FY 2021-2022 began Friday May 28, 2021; the draft plan and comment forms are posted on the MHSA page of the Yolo County Website at www.yolocounty.org/mhsa. The draft MHSA Annual Update is available for public comment and review until 5:00 PM on Sunday June 27, 2021; all interested stakeholders are encouraged to submit comments. A public hearing will be held by the Yolo County Local Mental Health Board on Monday, June 28, 2021, at 6:00 PM, by teleconference. Call information will be published in advance of the meeting and listed on the Local Mental Health Board event listing page. After final revisions the MHSA Annual Update will be presented to the Yolo County Board of Supervisors in July 2021. Questions? Email MHSA@yolocounty.org or call 530-666-8536.

THE DAVIS
enterprise

PROOF OF PUBLICATION
(2015.5 C.C.P.)

Proof of Publication
PUBLIC NOTICE
#1338

Yolo County Health & Human Services Community Health Branch
Attn: Fabian Valle
137 N. Cottonwood Street
Woodland, CA 95695

STATE OF CALIFORNIA
County of Yolo

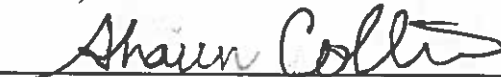
I am a citizen of the United States and a resident of the County aforesaid; I'm over the age of eighteen years, and not a party to or interested in the above-entitled matter. I am principal clerk of the printer at the Davis Enterprise, 315 G Street, a newspaper of general circulation, printed and published Monday, Wednesday, and Friday, in the City of Davis, County of Yolo, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court to the County of Yolo, State of California, under the date of July 14, 1952, Case Number 12680; that the notice, of which the annexed is a printed copy (set in type no smaller than non-pareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

June 4, 9, 20

All in the year **2021**.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Davis, California, this **21st** day of
June, 2021.



Shawn Collins
Legal Advertising Clerk

PUBLIC NOTICE

Notice is hereby given: the 30-Day Public Review and Comment Period pertaining to the draft Mental Health Services Act (MHSA) Annual Update FY 2021-2022 began Friday May 28, 2021; the draft plan and comment forms are posted on the MHSA page of the Yolo County Website at www.yolocounty.org/mhsa. The draft MHSA Annual Update is available for public comment and review until 5:00 PM on Sunday June 27, 2021; all interested stakeholders are encouraged to submit comments. A public hearing will be held by the Yolo County Local Mental Health Board on Monday, June 28, 2021, at 6:00 PM, by teleconference. Call information will be published in advance of the meeting and listed on the Local Mental Health Board event listing page. After final revisions the MHSA Annual Update will be presented to the Yolo County Board of Supervisors in July 2021. Questions? Email MHSA@yolocounty.org or call 530-666-8536.
6/4, 6/9, 6/20

1338

Yolo County HHSA MHSA Facebook Posting: June 18, 2021

facebook.com/YoloCountyHHSA/



Yolo County Health & Human Services Agency
@YoloCountyHHSA

- Home
- Events
- Live
- Reviews
- Videos
- Photos
- About
- Community
- Posts

Create a Page

Like Share ...

Learn More Send Message

Yolo County Health & Human Services Agency
June 18 at 8:00 AM · 🌐

The draft Yolo County Mental Health Services Act (MHSA) Annual Update FY 2021-2022 has been posted to the MHSA page of the Yolo County website, at www.yolocounty.org/mhsa

This draft MHSA document will remain posted for Public Review and Comment until 5:00 p.m. on Sunday, June 27, 2021.

YOLOCOUNTY.ORG

Mental Health Services Act | Yolo County

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). This funding provides a broad continuum of prevention, early intervention and services, and the necessary...

1 Share

Like Comment Share

Yolo County Health & Human Services Agency
June 18 at 8:00 AM · 🌐

¿Es miembro de MediCal y desea obtener más información sobre los increíbles beneficios dentales que incluye su programa MediCal? Si es así, utilice el vínculo a continuación para confirmar su asistencia a Smile CA, una presentación a través de Facebook sobre sus beneficios. El evento se llevará a cabo en Español el 29 de junio a la 1:00 pm. ¡Todos son bienvenidos!

RSVP en Facebook hoy: <https://fb.me/e/2oT7YYtP1>

Pages Liked by This Page

- Yolo County Children's Alliance
- California Department of Pub...
- cbhda CBHDA
- Public Health Institute
- Yolo County Public Defender's O...

See More

Places ▶ Woodland, California ▶ Community Organization ▶ Government Organization ▶ Yolo County Health & Human Services Agency

English (US) · Español · Português (Brasil) · Français (France) · Deutsch

Privacy · Terms · Advertising · Ad Choices ▶ Cookies · More

Yolo County HHSA MHSA Facebook Posting: June 22, 2021

facebook.com/YoloCountyHHSA/



Yolo County Health & Human Services Agency
@YoloCountyHHSA

- Home
- Events
- Live
- Reviews
- Videos
- Photos
- About
- Community
- Posts

Create a Page

Like Share ...

Yolo County Health & Human Services Agency
June 22 at 11:31 AM · 🌐

The draft Yolo County Mental Health Services Act (MHSA) Annual Update FY 2021-2022 has been posted to the MHSA page of the Yolo County website, at www.yolocounty.org/mhsa

This draft MHSA document will remain posted for Public Review and Comment until 5:00 p.m. on Sunday, June 27, 2021.

YOLOCOUNTY.ORG

Mental Health Services Act | Yolo County

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). This funding provides a broad continuum of prevention, early intervention and services, and the necessary...

Like Comment Share

Yolo County Health & Human Services Agency
June 22 at 9:24 AM · 🌐

Are you or a loved one in need of childcare, but cost is a barrier? Emergency childcare is available to eligible Yolo County families.

For full details and eligibility information, please visit <http://www.chs-ca.org> or call 1-530-645-6265.



Learn More Send Message

137 N. Cottonwood St (307.45 mi)
Woodland, CA, CA 95695
Get Directions

(833) 744-4472

www.yolocounty.org/health-human-services

Government Organization

Hours 8:00 AM - 5:00 PM
[Open Now](#)

Page Transparency See More

Facebook is showing information to help you better understand the purpose of a Page. See actions taken by the people who manage and post content.

Page created - April 25, 2018

People >

★ ★ ★ ★ ★
1,228 likes
7 visits

Related Pages

-  Yolo County HHSA Community H...
Social Service
-  STA Sacramento Transportation Auth...



COUNTY OF YOLO

Health and Human Services Agency

137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8940 • www.yolocounty.org

Local Mental Health Board

Regular Meeting: Monday, June 28th, 2021 6:00 PM–8:00 PM

Please join by ZOOM in link below:

<https://us02web.zoom.us/j/84755125425?pwd=N05vbVN6K1kvakJGR3puemNacGY5UT09>

Meeting ID: 847 5512 5425

Password: az6qnQ

Dial: + 1 669 900 6833

Passcode: 775322

All items on this agenda may be considered for action.

CALL TO ORDER ----- 6:00 PM – 6:30 PM

1. Public Comment
2. Approval of Agenda
3. Approval of minutes from [May 24, 2021](#)
4. Member Announcements
5. Chair Report-Nicki King
6. Nominating Committee
Report-Maria Simas
7. Vote to approve and
elect/re-elect Board
members
8. Correspondence: None

PUBLIC HEARING ----- 6:30 PM – 7:00 PM

[MHSA Draft Annual Update FY 2021-2022](#)

- a. Vote to approve MHSA Annual Update
- b. Public Comment

CONSENT AGENDA ----- 7:00 PM – 7:30 PM

9. [Mental Health Director's Report](#) – Karen Larsen
 - a. [COVID-19 update](#)
 - b. [State Budget](#)

Nicki King
Chair

Jonathan Raven
Vice-Chair

Xiaolong Li
Secretary

District 1
(Oscar Villegas)

Aleecia Gutierrez
Maria Simas
Rachel Warren

District 2
(Don Saylor)

Serena Durand
Nicki King
Antonia Tsobanoudis

District 3
(Gary Sandy)

Sue Jones
John Archuleta
Nick Birtcil

District 4
(Jim Provenza)

Carol Christensen
Robert Schelen
Jonathan Raven

District 5
(Angel Barajas)

Brad Anderson
Xiaolong Li
Robin Rainwater

**Board of
Supervisors
Liaison**

Angel Barajas

Alternate

Jim Provenza

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should contact the Local Mental Health Board Staff Support Liaison at the Yolo County Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, Woodland, CA 95695 or 530-666-8516. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids of services, in order to participate in a public meeting should contact the Staff Support Liaison as soon as possible and preferably at least twenty-four hours prior

CONTINUED ON REVERSE

- c. American Rescue Plan Requests
- d. K-12 Request for Proposal (RFP)
- e. [RFP Schedule](#)
- f. Pine Tree Gardens
- g. Crisis Now
- h. FSP Transition
- i. Project Roomkey/Homekey
- j. Audit Updates (EQRO, Triennial, MHSA)
- k. In Custody Services
- l. AB109 Budget
- m. Data Update

REGULAR AGENDA ----- 7:30 PM – 7:45 PM

- 10. Board of Supervisors Report – Angel Barajas
- 11. Criminal Justice Update: MHC- Jonathan Raven
 - i. New Mental Health Diversion Program (Time Permitting)
- 12. Public Comment- on tonight’s agenda Items

PLANNING AND ADJOURNMENT ----- 7:45 PM – 8:00 PM

- 13. Future Meeting Planning and Adjournment-

Next Meeting Date and Location

Next Meeting: August 30th (No July Meeting)

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, June 25th, 2021. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

