



National Alliance on Mental Illness

# NAMI | Yolo County

## **NAMI Yolo County Executive Committee Questions on Yolo County MHSA Evaluation Report October 20, 2021**

1. Why doesn't the Evaluation Report include the Results-Based Accountability metrics from each contract and for each Health and Human Services Agency program?
2. Why doesn't the Evaluation Report include information about the work or contract deliverables, as well as information about work contractors or the County did not accomplish in a given year (e.g. because of COVID-19 or other reasons)? This information helps with program evaluation.
3. On page 18 for Community-Based Drop-In Navigation Center, why were only 30% of clients successfully linked with psychiatry? Why only 70% to specialty mental health? What can be done to improve these percentages?
4. On the Community-Based Drop-In Navigation Center summary (p. 19), the accomplishments mention helping people experiencing homelessness to move to more permanent housing and access services but does not mention that these people are living with a mental illness per the MHSA requirements. Was this program focused on helping adults living with serious mental illness?
5. On page 28 for the Early Childhood Mental Health Access and Linkage Program, is it possible to provide improved descriptions of the work this program is doing related to prevention, defined as "reduce risk of developing a potential Serious Mental Illness and build protective factors (p. 22)" and "treatment and interventions, including relapse prevention, to address and promise recovery and related functional outcomes for a mental illness early its emergence...(p. 22)"<sup>1</sup>? The accomplishments section does not clearly link the purpose of the funding with the program work.
6. On page 30, what is PM BT and why did only 25% of the clients graduate?
7. On page 34 for the Rural School-Based Access and Linkage Program, why doesn't the report state the cost per person served like other programs? It appears from the HHSA expenditure report that this program cost \$135,400 and served 132 people for a cost of \$1,025/person.
8. On page 35 for the Rural School-Based Access and Linkage Program, one of the challenges is insufficient broadband internet access. Has HHSA considered requesting American Rescue Plan funding to address this issue, since broadband access in disadvantaged communities is an eligible expense of these funds?
9. On page 36 for the Urban School-Based Access and Linkage Program, why doesn't the report state the cost per person served like other programs? This program cost \$247,128 and served 31 people in 2020-21 for a total of \$7,971/person served. How

---

<sup>1</sup> On page 29, one of the program challenges is "Mental health has become a bigger need. Families with private insurance have a harder time navigating the system because Help Me Grow doesn't have a toll free number that we can give them like with Medi-Cal recipients, Mental health services for the whole family has become a big need." If the focus of this program is early intervention to address mental health issues, why is this listed as a challenge?

many people does the program expect to serve in 2021-22 and how is the program planning to improve their performance?

10. Same question as Question 9 for Rural School-Based Strengths and Mentoring Program and Urban School-Based Strengths and Mentoring Program.
11. On page 41 for the Latinx Outreach/Mental Health Promotores Program, why does it provide the estimated cost/person served for 2021-22 and not for 2020-21? The program served 84 clients in 2020-21 at a cost of \$263,458 or \$3,136/person served. The program is slated to receive \$438,512 in 2021-22. What is the justification for this increase in funding?
12. For the Tele-Mental Health non-FSP program, which reported no data for 2020-21, why is the amount budgeted increasing from \$73,390 to \$1.38 million? What did the program accomplish for the \$265,000 spent in 2020-21?