

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, October 25th, 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 AB 361-Brown Act
4. Approval of minutes from [September 27th, 2021](#)
5. Chair Report-Nicki King
6. Budget Subcommittee Report from October 19th, 2021
7. Member Announcements
8. Correspondence-NAMI Letters
 - a. NAMI Yolo County Executive Committee Question on MHSA Evaluation [LINK](#)
 - b. Executive Committee Process Recommendations [LINK](#)

TIME SET AGENDA ----- 6:30 PM – 7:00 PM

9. MHSA Updates
 - a. [FY20/21 MHSA Fiscal Data](#)
 - b. [FY20/21 MHSA Outcome Data](#)

CONSENT AGENDA ----- 7:00 PM – 7:30 PM

10. [Mental Health Director's Report](#) – Karen Larsen
 - a. [COVID-19 update](#)
 - b. DHCS funding opportunity
 - c. American Rescue Plan Workgroups
 - d. K-12 Services

Nicki King
Chair

Jonathan Raven
Vice-Chair

Xiaolong Li
Secretary

District 1
(Oscar Villegas)

Aleecia Gutierrez
Maria Simas
Vacant

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

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CONTINUED ON REVERSE

- e. [RFP Schedule](#)
- f. Pine Tree Gardens
- g. Public Guardian
- h. FSP Transition
- i. NPLH Developments
- j. CalMHSA Peer Support Specialist Certification Update
- k. Project Roomkey/Homekey
- l. FY/2021 MHSA Outcome Data
- m. Adult Hospitalization Data
- n. FY20/21 MHSA Fiscal Data

REGULAR AGENDA ----- 7:30 PM – 7:45 PM

- 11. Board of Supervisors Report – Angel Barajas
- 12. Criminal Justice Update: MHC- Jonathan Raven
- 13. Public Comment- on tonight’s agenda Items

PLANNING AND ADJOURNMENT ----- 7:45 PM – 8:00 PM

- 14. Future Meeting Planning and Adjournment

Next Meeting Date and Location

Next Meeting: November 29th

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, October 22nd, 2021. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

Item No. 3
AB 361-Brown Act

From: [Theresa Comstock](#)
To: [LMHB](#); [Christina Grandison](#); [Karen Larsen](#); njking@ucdavis.edu
Subject: Brown Act Public Emergency Allowances / Teleconferences - Requirements
Date: Thursday, September 30, 2021 12:54:03 PM

Brown Act Public Emergency Allowances / Teleconferences Requirements for local boards and commissions

Beginning tomorrow, October 1, 2021. [AB 361](#) allows for exemptions from Brown Act in-person requirements under the following conditions, and with the following requirements:

- The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.
- The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.
- The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees. [To continue the allowances, this vote must be agendized once every thirty days to make findings regarding the circumstances of the emergency and vote to continue using the law's exemptions for as long as it deems necessary.]

A local agency that holds a meeting under these circumstances will be required by AB 361 to do all of the following, in addition to giving notice of the meeting and posting agendas as required under the Brown Act. These additional requirements are intended to protect the public's right to participate in the meetings of local agency legislative bodies.

- Allow the public to access the meeting and require that the agenda provide an opportunity for the public to directly address the legislative body pursuant to the Brown Act's other teleconferencing provisions; In each instance when the local agency provides notice of the teleconferenced meeting or posts its agenda, give notice for how the public can access the meeting and provide public comment;
- Identify and include in the agenda an opportunity for all persons to attend via a call-in or an internet-based service option;
- The legislative body need not provide a physical location for the public to attend or provide comments;
- Conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the public;
- Stop the meeting until public access is restored in the event of a service disruption that either prevents the local agency from broadcasting the meeting to the public using the call-in or internet-based service option, or is within the local agency's control and prevents the public from submitting public comments (any actions taken during such a service disruption can be challenged under the Brown Act's existing challenge provisions);

- Not require comments be submitted in advance (though the legislative body may provide that as an option), and provide the opportunity to comment in real time;
- Provide adequate time for public comment, either by establishing a timed public comment period or by allowing a reasonable amount of time to comment;
- If the legislative body uses a third-party website or platform to host the teleconference, and the third-party service requires users to register to participate, the legislative body must provide adequate time during the comment period for users to register, and may not close the registration comment period until the comment period has elapsed.

AB 361 also provides that, if the state of emergency remains active for more than 30 days, a local agency must make the following findings by majority vote every 30 days to continue using the law's exemption to the Brown Act teleconferencing rules.

- The legislative body has reconsidered the circumstances of the emergency; and
- Either of the following circumstances exist: The state of emergency continues to directly impact the ability of members to meet safely in person, or State or local officials continue to impose or recommend social distancing measures.

This will mean that a local agency will have to put an item on the agenda of a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and vote to continue using the law's exemptions for as long as it deems necessary. AB 361 will sunset on January 1, 2024.

Theresa Comstock, Executive Director

CA Association of Local Behavioral Health Boards & Commissions

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Item No. 4
Meeting Minutes
September 27, 2021

Local Mental Health Board Meeting

Monday, September 27, 2021

Online/Call-in ZOOM

Members Present: Robert Schelen, Carol Christensen, Serena Durand, Antonia Tsobanoudis, Brad Anderson, John Archuleta, Jonathan Raven, Aleecia Gutierrez, Nicki King, Nicholas Birtcil, Robin Rainwater, Sue Jones

Members Absent: Rachel Warren (Resigned), Maria Simas, Xiaolong Li

CALL TO ORDER

1. **Welcome and Introductions:** meeting called to order at 6:02pm by Board Chair, Nicki King
2. **Public Comment:**
 - Debbie Bartley-shared story about daughter's murder, person only charged with a sentence for two years wants to see a change in laws for mental health. Preston Schaub-Deputy DA her daughters cause exemplifies how we have failed our clients (senate bill Tx to individuals in lieu of prison). Necessity to treat population better. What we are doing now isn't enough.
 - Petrea Marchand, President NAMI all information about for Mental Illness Awareness events are on website now namiyolo.org/MIAW
3. **Chair Report:**
 - Thank you for glorious flowers that you all sent on the loss of my brother. He was the mentally ill person in my life. He had 51 years of mental illness.
 - We were originally scheduled to have presentation on MHSA, Jonathan and I have asked to have that item pulled because we want the board to have time to review and ask serious questions. Was concerned that it would make it difficult to ask the important questions. I apologize to anyone who believed we would be covering that topic at this meeting. We will review next month. Karen has requested that any questions be sent to the board in advance so we can have time to prepare response.
4. **Approval of Agenda:** motion to approve by Carol Christensen, 2nd Jonathan Raven

Yea "I"	Nay	Abstention
10	0	1

Motion: Passed

Approval of Minutes: motion to approve by Antonia Tsobanoudis, 2nd by Jonathan Raven

Yea "I"	Nay	Abstention
10	0	1

Motion: Passed with suggested amendments

5. **Member Announcements:** none
6. **Correspondence:** covered in Debbie Bartley in Public Comment, Letter of Resignation Received from Rachel Warren

Time Set Agenda:

- a. No Time Set Agenda, the presentation originally planned will be rescheduled for future date.

Consent Agenda

7. **Mental Health Directors Report:** Presented by Karen Larsen

- Crisis Now-Davis City council voted unanimously to support assisting with funding. They will be bringing back the MOU. We still haven't heard from Department of Health care services about the Grant that will help us, but we are waiting. West Sacs ARP plan doesn't go to the Board yet.
- FSP Transition-Nicki King states letter went out to more than FSP people about the transition to different providers, Karen clarified it only went to FSP Clients and Laura's law clients. All existing clients have been transitioned to new providers now. Any new applicants are being accessed. Karen Larsen will bring the actual number to next meeting.
- PRK/Homekey-Roomkey was initially put into clients on street into hotels, project Homekey is when we purchase hotel and turn into transitional living. They have been equipped with kitchenettes.
- Data Update-Trend lines you should notice many of metrics have a big jump in response to affordable care act. You'll see the big jump and now it's stabilized. Sue Jones question about Peak in 17/18. Karen states there was a peak in Children and Adults, nothing changed but there's no explanation. It wasn't really an anomaly for HHSA. Will ask our QR team to evaluate.
- MHSA Outcome Data-Care consulting will be here next month to do a presentation. Hoping this data reflects everything you were asking for. Based off a full year of data. Now that we have extra time if there is anything that needs to be added we can include. Ethnically Diverse clients., Nicki King is asking to see some numbers, so we have a reference point. Karen Larsen will have some of that information for us next month. Listed in several areas of report, specifically CSS.
- MHSA Fiscal Data-will hold a Budget Subcommittee before next meeting with Carol Christensen, Nicki King, Nick Birtcil, Sue Jones.

Regular Agenda

1. **Board of Supervisors Report:** None
2. **Criminal Justice Update:** Jonathan Raven-hopeful to start Mental Health Diversion program in October. We have our team probation and public defender, CommuniCare. We have been able to sit on interview panel and there is one candidate that looks good for clinical supervisor. None of the Criminal Justice programs are supported by MHSA Fund. We have some grants from Community Corrections Partnership to help fund. Probation officer in Addiction intervention court and our staff who work in intervention court is partially funded with some MHSA Funds.
3. **Public Comment on Agenda Items:**
 - Petrea Marchand-Page 5 of 9 of eval report where spreadsheets are, from last year 3.3 million not spent and was available for reallocation. Karen states about 5 million cause it's broken down by component. Does that mean we have 10 million to reallocate to

programs? Karen Larsen will have to get clarification to respond accurately. If the program can get those services offered and play catch up, then we can allocate the funds. There is so much money available and per Karen Larsen it couldn't have come at a better time. Allocation s made in annual report that went to BOS so that money is committed to those programs, is there any money that hasn't been re-allocated that is still available. Karen state we need to create a plan for around 20 million. The plan is that by the time we are through this three-year plan that we will have caught up. We received money from august MHSA payment of 4 million dollars. We have some opportunities to for redirecting to Board and Care like what we are doing with North valley Behavioral health. Operating is our internal, Contracting is what we send out. Working on performance measures but a lot are not in the report, when will that be provided? Karen Larsen asks that you send the specific ones you are requesting that you feel are not represented and we can have those for next month. We didn't get this consultant until late in fiscal year and most of the data is from our providers. Karen Larsen's hope is that this fiscal year's data is more robust for the board and for us.

4. **Future Meeting Planning and Adjournment:** 7:23pm
Next Meeting: Special Budget Subcommittee (TBD)
Regular Board Meeting: October 25th

Meeting Adjourned: 7:28pm

Item No. 10
Mental Health Directors Report

Yolo County Health & Human Services Agency

Mental Health Director's Report

October 25th, 2021 (6-8pm)

- a) **COVID19 update** - For more information please visit our Dashboard on our County Webpage, here is the [LINK](#).
- b) **DHCS Funding Opportunity** – In September, HHSA responded to the Department of Health Care Services (DHCS), Crisis Care Mobile Unit (CCMU) Grant Request for Application (RFA) with an ask of \$5,000,000 to help fund the following:
- 1) Establishing a Community Crisis Team focused on Yolo County's youth,
 - 2) Establishing a Sobering/Receiving Center,
 - 3) Improve upon existing call center and dispatch technology and infrastructure; and
 - 4) Support the integration of existing our Co-responder Teams and the new Community Crisis Team into the Crisis Now Model.
- HHSA was notified on October 4th of a conditional award not to exceed \$5,000,000.00. Final approval and award is contingent upon budget revisions to comply with newly released specifications around direct and in-direct expenditures. While much of the proposal is no longer allowed due to the new specifications, HHSA is working to see if a smaller award focused on building a Youth Crisis Response Team and infrastructure improvements is allowable.
- c) **ARP Rescue Plan Workgroups**- The Board agreed to create workgroups for the Priority areas to be funded via ARP. HHSA will be staffing workgroups around food security, housing and homelessness, children/youth and families, and mental health. We appreciate the members of this Board who have agreed to participate in this important work.
- d) **K-12 Services**-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 that do 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 does seek 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 contract provider, HHSA, and 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. HHSA welcomes the input of NAMI with regards to input for developing performance measures for this project.

HHSA issued the 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 treatment in each of the following geographical catchment areas: Davis, West Sacramento, Woodland, and Rural Areas (Esparto/Winters). The County received 10 proposals from four vendors on or about July 9, 2021 and issued intent to award letters to the selected providers on August 19, 2021. The providers selected are as follows:

- Davis Catchment Area: CommuniCare Health Care Centers
- West Sacramento Catchment Area: Victor Community Support Services
- Woodland Catchment Area: CommuniCare Health Care Centers
- Rural Areas: Rural Innovations in Social Economic, Inc.

The County is currently in the process of negotiating and finalizing contracts with the selected providers and anticipates a start date of November 1, 2021 for these services to begin.

e) **Upcoming RFPs**-Please see linked page for information on upcoming RFPs. [LINK](#)

f) **Pine Tree Gardens-**

HHSA, North Valley Behavioral Health (NVBH), Yolo County Housing/New Hope, and the Save PTG group continues to meet. HHSA is preparing a presentation for the Board of Supervisors in November, so at the last meeting the group reviewed and discussed the presentation including progress made on updates to the houses, properties, ongoing responsibilities of each entity involved, some outcome measures from the first term of NVBH's contract, and looking ahead for sustainability of Pine Tree Gardens but also looking at the upcoming Governor's funding around Community Care Expansion to expand Board and Care type opportunities in Yolo County. Additionally, HHSA staff will be providing updated assessments for clients at Pine Tree Gardens to help determine what services may be needed for some clients who are not already receiving wraparound support through an FSP provider.

g) **Public Guardian-**

Health and Human Services Agency began overseeing the Public Guardian in 2017 and as you can see from the below data, caseloads fluctuate year over year.

Caseload:

FY16/17:	83 LPS; 69 probate = 152
FY17/18:	84 LPS; 63 probate = 147
FY18/19:	108 LPS; 88 probate = 196
FY19/20:	103 LPS; 71 probate = 174
Current:	133 LPS; 88 probate = 221

Referrals:

FY 17/18 = 42 referrals (23 probate; 19 LPS)
FY18/19 = 41 referrals (15 probate; 26 LPS)

FY19/20 = 36 referrals (13 probate; 23 LPS)

FY20/21 = 42 referrals (15 probate; 27 LPS)

FY21/22 = 10 referrals to date, on pace for 40 total

Given that there is a 15% increase in cases in FY19/20 compared to FY16/17 and a 45% increase in cases when comparing current caseloads to FY16/17 when HHSA brought Public Guardian in house again, efforts are in motion to find additional supports for staff to adequately meet conservatee needs. A possibility that is being considered is to utilize MHSA funds for one or two MH case manager positions to address LPS conservatee needs and support the work for the Conservatorship Officers assigned to LPS conservatees.

h) FSP Transition-

As of 10/18, there has been 139 total FSP clients transferred to Telecare and Hope Cooperative.

- 85 to Telecare with 69 being Adults and 16 being Transition Aged Youth
- 54 to Hope Cooperative with 39 being Adults and 15 being Older Adults

Additionally, as part of the FSP transition, HHSA was able to create a moderate level of care for clients who need more than just medication management but do not rise to the level of needing FSP support. On HHSA's access team there are now 4 case managers to support these clients; 1 for TAY, 1 for Adults, 1 for Older Adults, and a case manager of the day who can triage clients that present with pressing needs. Additionally, HHSA is looking to add peer support positions to ensure that each case manager on this moderate level of care has a peer to work with them and their clients.

i) NPLH Developments

For the Mercy Housing development in West Sacramento, as of 10/18 there have been 30 applications submitted for the NPLH units. There are 41 total HHSA/NPLH slots and staff continue to work with all providers to ensure all 41 units are occupied timely and meet the varying requirements of the units. Telecare will be providing the majority of the support to these 41 units.

For the East Beamer Way development in Woodland, partners including HHSA, City of Woodland, Friends of the Mission, Fourth and Hope, Woodland Opportunity Village, Yolo Housing Authority, and Legal Services of Northern California continue to meet about the 61 units project, of which 29 are HHSA/NPLH units. Due to construction and funding timelines, it is now anticipated that these units will be online mid-2022. Hope Cooperative will be providing the support for the 29 NPLH units.

j) CalMHSA Peer Support Specialist Certification Update-

As permitted under Senate Bill 803 (Chapter 150, Statutes of 2020), Yolo County selected the California Mental Health Services Authority (CalMHSA) to represent them in implementing the Medi-Cal Peer Support Specialist Certification Program. CalMHSA will submit a program implementation plan for DHCS' review by November 19, and DHCS must approve the plan before CalMHSA can implement a certification program. CalMHSA began holding community sessions on October 5 (through Oct 26) to

gather input on specific topics for program implementation. CalMHSA will have the certification program in place so peers can be certified starting in July 2022.

DHCS is in the process of submitting to CMS all federal Medi-Cal waivers and State Plan Amendments required to implement the new peer support specialist benefit. Upon CMS approval, peer support specialist services could begin by July 1, 2022.

k) Project Roomkey/Homekey-

Yolo County continues to operate versions of Project Roomkey in Davis, Woodland and West Sacramento.

In Woodland HHS and Empower Yolo staff have continued to work to serve COVID+ or COVID exposed individuals experiencing homelessness through relationships with local motels to ensure these individuals have a safe place to isolate/quarantine. Much of the past month in Woodland's PRK has been coordinating with 4th and Hope, public health, Empower Yolo, and motels to isolate individuals from the 4th and Hope outbreak.

In Davis' Project Roomkey has focused on keeping individuals housed at the main PRK motel and working with partners on COVID+ or COVID exposed placements at other motels throughout the city. 8 individuals successfully transitioned last month into HEART of Davis' rapid rehousing program funded through HHS and the City. Additionally, the City and County are looking at alternative housing locations for the remaining PRK clients and a solution is likely to come to fruition by November 29th, at which time PRK in Davis will shift solely to COVID+ and COVID exposed homeless individuals.

West Sacramento has partnered with HHS to continue Roomkey through at least November in their jurisdiction and continues operating Homekey.

l) FY20/21MHS Outcome Data-[LINK](#)

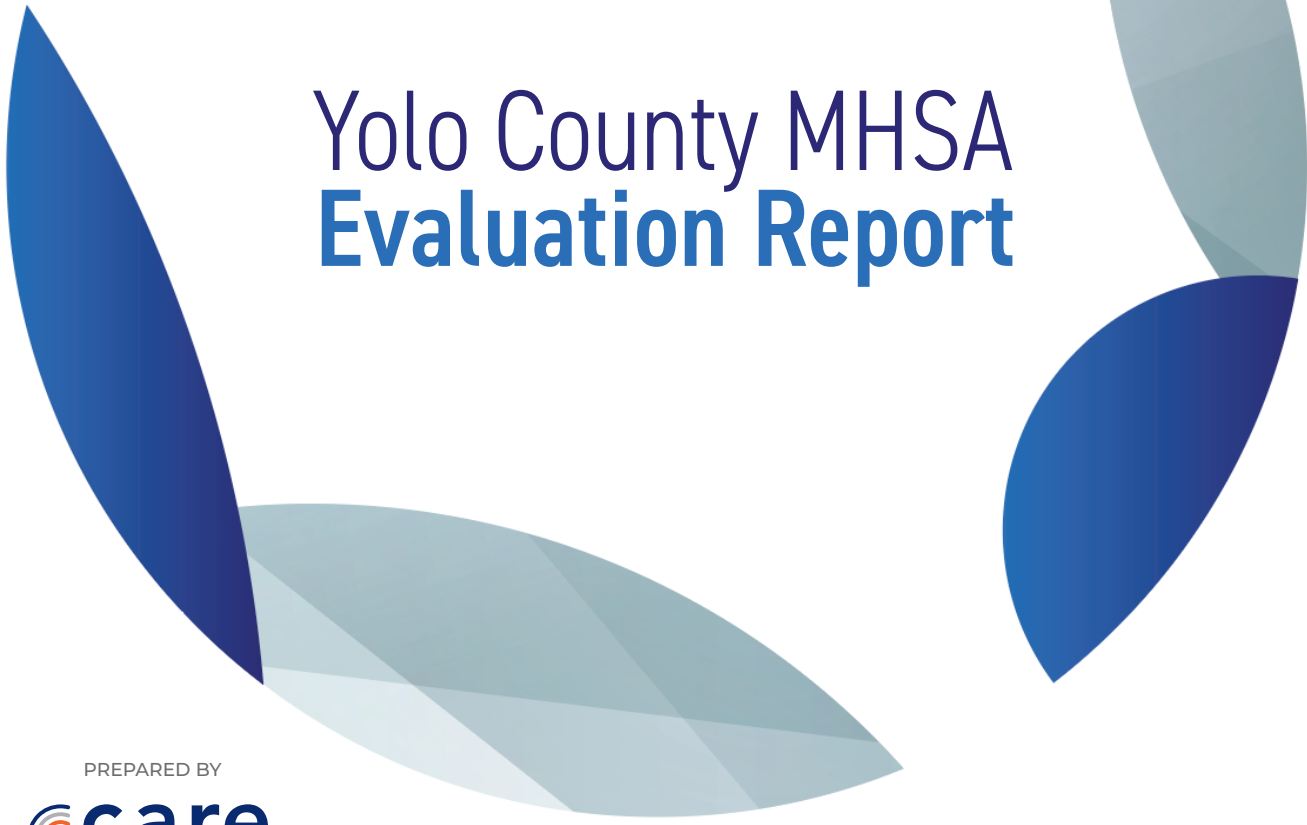
Adult Hospitalization data: The noted uptick in Adult Hospitalizations data evidenced in FY17/18 was predominantly due to the inclusion, for the first year, of client placement data for our Psychiatric Health Facility (North Valley Behavioral Health PHF). This data has been included in all subsequent years.

m) FY20/21 MHS Fiscal Data-[LINK](#)

Item No. 9.b.
MHSA Evaluation Report



Yolo County MHSA Evaluation Report



PREPARED BY



2021–2022

Mental Health Services Act, Evaluation Report

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Executive Summary

Evaluation Report 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—Evaluation Report 2021–2022. It provides updated program evaluation data for Year 2020–2021, as part of the larger Yolo County Mental Health Services Act 2020–2023 [Three-Year Program & Expenditure Plan](#). Data from 2019–2020 was included in the Yolo County Mental Health Services Act [Annual Update 2021–2022](#).

This report is organized into sections:

- ▶ Executive Summary
- ▶ Summary of Program Evaluation Data
- ▶ Individual Program Evaluation Reports for 2020–2021

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 measures for the Full-Service Partnership programs (funded under Community Services and Supports) and demographic information for the Prevention and Early Intervention Programs.

This report includes an analysis of Results-Based Accountability data, where available, as well as demographic information for the Prevention and Early Intervention Programs (FY 2020–2021). HHSA acknowledges the data is incomplete; ongoing progress is being made to strengthen the overall evaluation and reporting on MHSA programs impact. This report includes data for programs that continued from 2019–2020 that continued forward into 2020–2021 as well as those that began collecting data in the 2020–2021 fiscal year.

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.

The data included in this program demonstrate a number of successes and challenges in the MHSA work during the past year:

- ▶ The pandemic has clearly had an impact on both demand for services and capacity to provide services.
- ▶ The county and its contractors have adapted quickly to frequently changing conditions on the ground, including developing video-based approaches, working around internet connectivity issues, and engaging clients via the telephone, basically doing whatever needs to be done to keep services available.
- ▶ Many providers have found it challenging to create strong enough rapport with clients such that referral and service delivery can be provided effectively.
- ▶ Despite the broad context of the pandemic and its many demands, providers are committed to adapting and adjusting to ensure information about services continue. Of particular note: programs have partnered with farmworker vaccination efforts to conduct outreach for mental health services; urgent care services have remained open continuously and safely with no Covid outbreak providing much needed partnership for first responders.

How to Get Help in Yolo County

Evaluation Report 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 Evaluation Report

July 1, 2020–June 30, 2021

PROGRAM EVALUATION SUMMARY TABLE FY2020–2021

Program Name	Yolo HHSA Branch**	Target Number FY 21/22	Target age	Revised 3-year budget	Page
Community Services & Supports (CSS) Plan					
Children's Mental Health Services*	CYF	90	0–20	\$2,108,945	15
Pathways to Independence*	CYF	75	16–25	\$5,950,199	18
Adult Wellness Services Program*	AA	200	26–59	\$17,534,493	22
Older Adult Outreach Assessment Program*	AA	60	60+	\$4,810,961	25
Tele-Mental Health Services*	AA	200	16+	\$4,157,433	27
Mental Health Crisis Services & Crisis Intervention Team Training	AA	500	16+	\$5,226,235	28
Community Based Drop-In Navigation Center	AA	250	16+	\$3,266,142	30
Peer and Family Led Support Services	AA	500	26–59	\$300,000	32
Prevention & Early Intervention (PEI) Plan					
Cultural Competence	CHB	TBD	0+	\$2,516,942	36
Early Childhood Mental Health Access & Linkage Program	CYF	9000	0–6	\$1,200,000	39
Youth Early Intervention FEP Program	CYF	25	12–25	\$582,421	42
Maternal Mental Health Access Hub	CHB	TBD	0–59	\$300,000	48
K-12 School Partnerships	CYF	1000	6–26	\$3,640,678	56
College Partnerships	CYF	TBD	16–25	\$514,133	57
Latinx Outreach/Mental Health Promotores Program	AA	200	16–59	\$1,172,172	58
Early Signs Training and Assistance	CHB	450	16+	\$1,079,073	64
Senior Peer Counseling	AA	250	60+	\$146,800	65
Innovation (INN) Plan					
Crisis Now Learning Collaborative	AA	5000	16+	\$1,640,679	70
Workforce, Education, & Training (WET) Plan					
Mental Health Career Pathways	AA	NA	0+	\$146,667	73
Mental Health Professional Development	AA	NA	16+	\$167,422	74
Central Regional WET Partnership	AA	NA	16+	\$130,486	75
Peer Workforce Development Workgroup	AA	NA	26+	\$30,265	76

■ Shaded rows designate evaluation data in process

* Full Service Partnership

** CYF = Children, Youth and Families Branch

AA = Adult and Aging Branch

CHB = Community Health Branch

Community Services and Supports Data

Evaluation Data 2021–2022

FSP

Evaluation Data for: **Children’s Mental Health Services** for FY20/21

Target Population:

Children Aged 0–20

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

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

PROGRAM STAFF: FULL-TIME EMPLOYEES

7 CHILD FSP

We served **110 clients** in 2020–2021

FSP

Evaluation Data for: **Pathways to Independence** for FY20/21

Target Population:

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

Administered by:

- Contractor
- County

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.

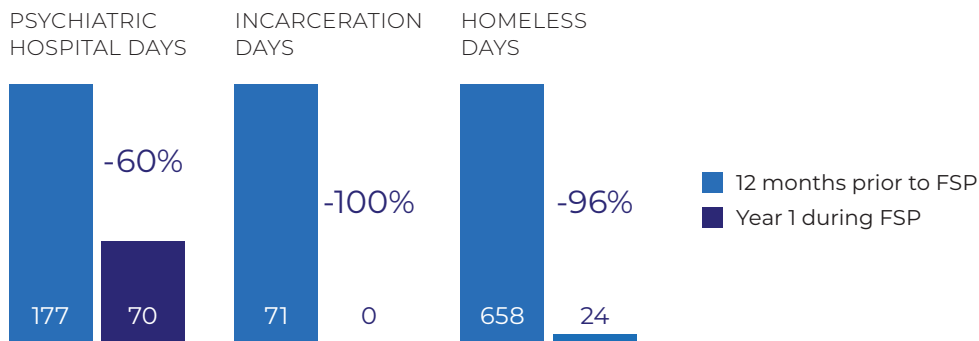
Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$2,092,947	75	\$27,905

PROGRAM STAFF: FULL-TIME EMPLOYEES

2 TAY FSP

We served **16 clients** in 2020-2021

TAY PATHWAYS TO INDEPENDENCE OUTCOMES



FSP

Evaluation Data for: **Adult Wellness Services** for FY20/21

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

Administered by: Contractor County

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 \$5,961,723	Estimated Number to be Served FY21/22 200	Estimated Cost/Person Served \$29,809
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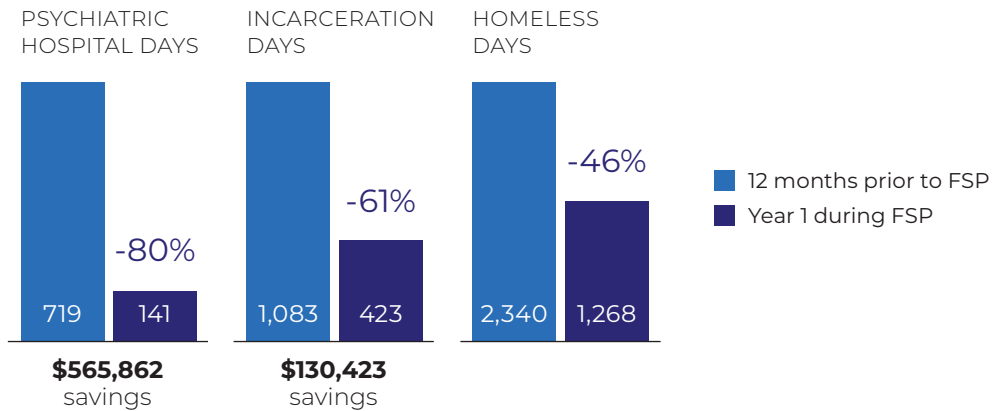
**PROGRAM STAFF:
FULL-TIME EMPLOYEES**

6 ADULT FSP

We served **58 clients** in 2020–2021

We served an additional **84 clients** through ACT/AOT FSP in 2020–2021

ADULT FSP OUTCOMES



FSP

Evaluation Data for: **Older Adult Outreach and Assessment Program** for FY20/21

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

Administered by: Contractor County

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.

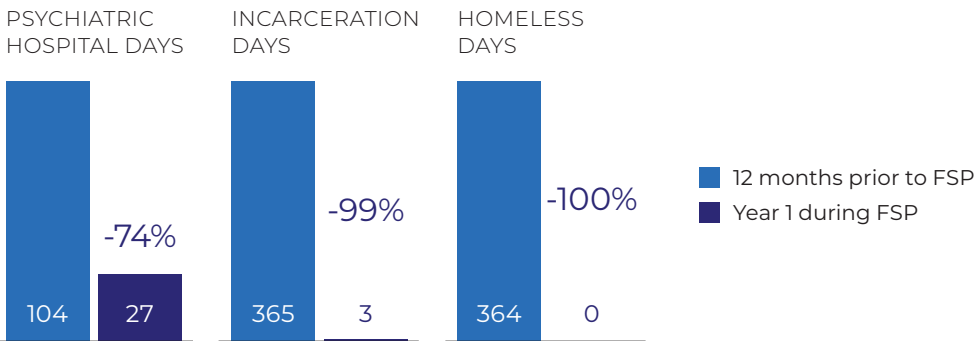
Estimated FY21/22 Costs \$1,668,669	Estimated Number to be Served FY21/22 60	Estimated Cost/Person Served \$27,811
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PROGRAM STAFF: FULL-TIME EMPLOYEES

1.2 OLDER ADULT FSP

We served **11 clients** in 2020-2021

HHSA OLDER ADULT OUTCOMES



FSP

Evaluation Data for: **Tele-Mental Health Services** for FY20/21

Data Status: In Process

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

Administered by: Contractor 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

Evaluation Data for: **Mental Health Crisis Services and Crisis Intervention Team Training** for FY20/21

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

Administered by: Contractor County

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

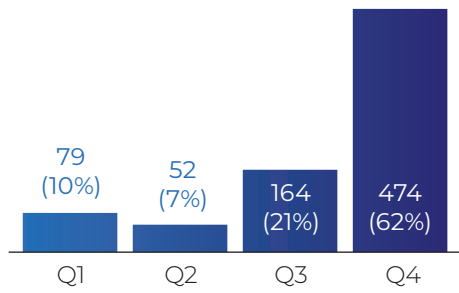
In FY 2020-2021, we spent **9,545 minutes (159 hours)** training, presenting, consulting, and reviewing holds written with Law Enforcement personnel.

We received **1,982 calls for 911** indicating a behavioral health issue

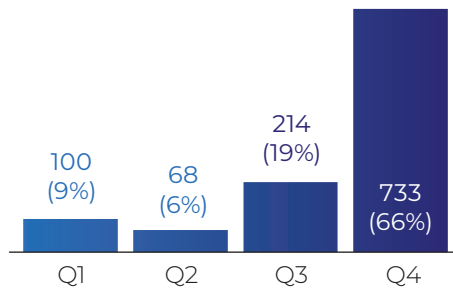
Average clinician response time: **24 minutes**

Average clinician time spent on scene: **67 minutes**

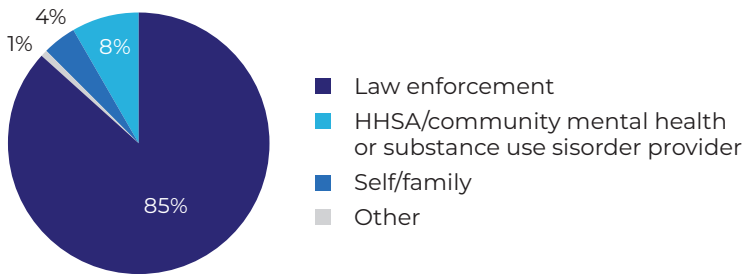
CLIENT SERVED (TOTAL = 769)



CO-RESPONDER CLINICIAN RESPONSES (TOTAL = 1,115)



SOURCES OF CLIENT REFERRALS



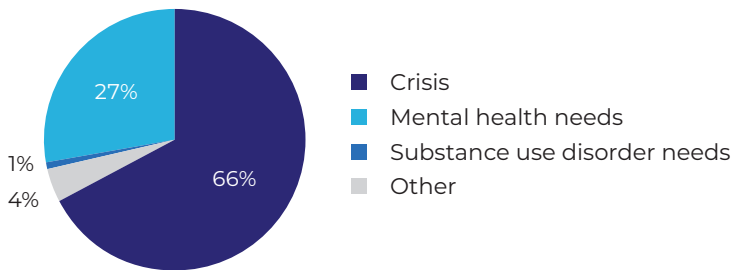
79% of clients were NOT placed on an involuntary hold

98% of clients were NOT arrested or taken to jail

46% of clients were linked to an HHSA or community provider mental health or substance use provider

2% of clients were referred to an HHSA or community provider for homeless services

REASONS FOR REFERRALS



Evaluation Data for: **Community-Based Drop-In Navigation Center** for FY20/21

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

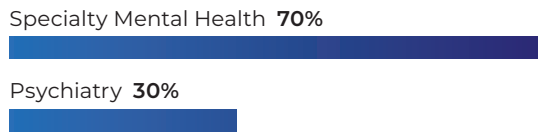
Administered by: Contractor County

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.

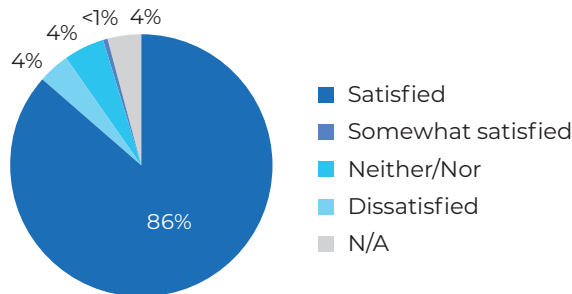
Estimated FY21/22 Costs \$1,167,877	Estimated Number to be Served FY21/22 250	Estimated Cost/Person Served \$4,672
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We served **466 clients** in 2020–2021

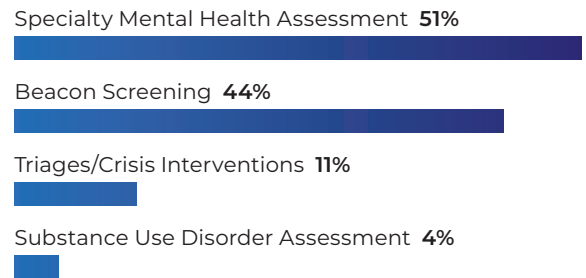
CLIENTS SUCCESSFULLY LINKED WITH PROVIDERS



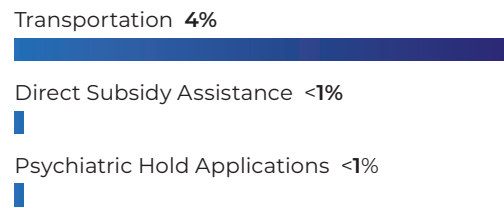
CLIENT SATISFACTION WITH SERVICES



TYPES OF ASSESSMENT GIVEN TO CLIENTS



TYPES OF SERVICES PROVIDED



PROGRAM ACCOMPLISHMENTS

- ▶ Adjusting to the changes due to the onset of the Pandemic in 2020 was challenging. While many agencies closed their doors to the public, Navigation Services stayed open and provided case management, assessment, and triage services either in person or via phone. Navigation staff also continued to assist law enforcement and HHSA with 5,150 assessments out in the community as well as on site at the Navigation Center. We saw a continued increase in the number of services provided. While utilizing PPE and safety measures amidst the Covid 19 Pandemic, we were able to continue meeting the needs of the community. The first part of 2021 saw a lift on restrictions and an increase in foot traffic.
- ▶ Navigation staff continued to remain a part of Project Room Key of Yolo County. One of the Navigation Case Managers, Juan Tinoco, spent a majority of his time connecting clients with community resources such as housing, Cal Fresh, medical care, transportation, and mental health care services, etc. Juan and other CommuniCare staff also collaborated with Healthy Davis Together to provide Covid testing and later, Covid vaccinations.
- ▶ Navigation Center staff became involved in the Davis Emergency Shelter Project or DESP. Two Navigation case managers were utilized, one full-time (Dan Walker) and one part-time (Juan Tinoco). They participated in transitioning Project Room Key clients to the DESP Apartments in Davis. They also expanded on the services that had been provided in Project Room Key by assisting clients with obtaining housing vouchers, solidifying physical and mental health care services, and linking to any other resources that the clients were in need of.
- ▶ During this time, the Respite Center continued to provide services 6-days per week without a single outbreak of Covid amongst its clientele. Respite staff remained strict around safety protocols, requiring clients to wear masks and shields as opposed to masks alone. These precautions have resulted in the Center being able to remain open and provide services to the unhoused clients that frequent it.
- ▶ A consequence of Covid was the termination of funding and as a result Navigation discontinued evening hours and had to eliminate one of the case manager positions.

Evaluation Data for: **Peer- and Family-Led Support Services** for FY20/21

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

Administered by: Contractor County

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 \$100,000	Estimated Number to be Served FY21/22 500	Estimated Cost/Person Served \$200
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56 staff and volunteers supported peer- and family-led services in 2020-2021

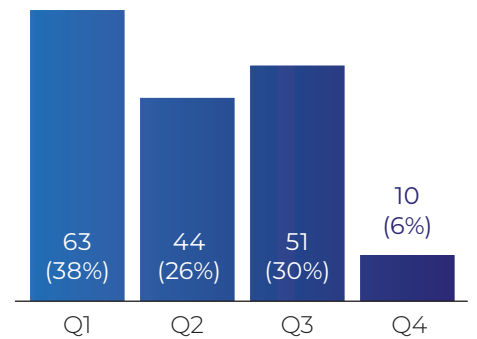
Volunteers dedicated **4,652 hours** this year!

We posted **421 times** to social media (FB and IG)

We held **3 Educational Presentations/ Outreach Events**

We held **6 Annual Events**

HELPLINE CALLS RECEIVED AND RESPONDED (TOTAL = 168)



SUPPORT GROUP PARTICIPANTS Total: 635

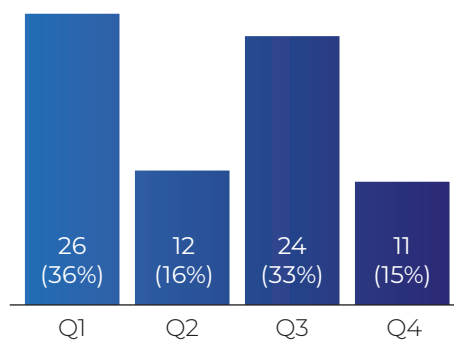
FAMILY SUPPORT GROUPS (N=324)



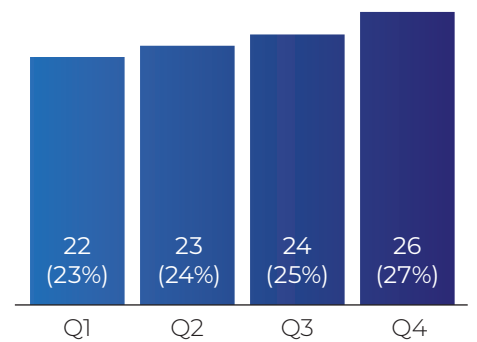
CONNECTIONS GROUPS (N=311)



FAMILY SUPPORT GROUPS (TOTAL = 73)



CONNECTIONS GROUPS HELD (TOTAL = 95)



STIGMA REDUCTION

100% of participants in **Peer to Peer education classes** agreed or strongly agreed that they are better able to manage stress symptoms after attending their session.

100% of participants of **Family Education classes** agreed or strongly agreed that their understanding of mental health symptoms had increased.

100% of **community members** agreed or strongly agreed that after they had an increased knowledge of mental health symptoms and how to recognize them after participating in an In Our Own Voice presentation.

INCREASED KNOWLEDGE OF MENTAL HEALTH SYMPTOMS

100% of participants in **Peer to Peer education classes** agreed or strongly agreed that their ability to recognize the signs and symptoms of mental illness had increased.

100% of participants of **Family Education classes** agreed or strongly agreed that their knowledge of mental health symptoms had increased.

100% of **community members** agreed or strongly agreed that their knowledge of mental health symptoms had increased after participating in an In Our Own Voice presentation.

PROGRAM ACCOMPLISHMENTS

- ▶ Created a brand new website with double the content. It has more extensive possibilities and a support team. Our "In Crisis" page has been updated and has improved layout. We added a program calendar, Spanish language pages, and updated our local resources pages. In addition to featuring the programs that are part of the grant, it also includes links to on-line classes and support for Teens, BIPOC community, Veterans and Active-Duty military, and frontline professionals.
- ▶ We hired a full time Program Director on Feb 9th. She has been working to re-build NAMI Yolo's programs and has conducted outreach in the community, organized trainings, and connected with past NAMI volunteers in an attempt to find teachers, facilitators, and presenters to re-engage with the programs. We also hired a full time Executive Director, who began her position on June 1st. She has been meeting with County Supervisors, learning about NAMI Yolo County programs, and planning the program calendar for the upcoming fiscal year.
- ▶ We have used a variety of platforms to recruit volunteers and participants for our programs; Facebook, our website, email blasts, and contact with other affiliates. We created interest forms available on our website allowing those looking for support an easier and more streamlined access to NAMI Yolo County.

- ▶ Due to Covid19, much like all other NAMI affiliates, we have seized the opportunity to use Zoom to train our volunteers out of the County. One of our volunteers was trained out of state (NAMI Massachusetts) via Zoom and another was trained out of county (NAMI Sonoma and NAMI Sacramento) via Zoom.
- ▶ Nearly 50 individuals participated in a special NAMI Yolo event entitled Chalk Walks, which took place in downtown Davis. Individuals were encouraged to draw images and messages of hope. Four elected officials attended (including Assembly member Aguilar-Curry) as well as the Yolo County Assistant District Attorney. We received 75 photos of messages people created at their homes or places of work in an effort to help bring awareness to the community about mental health conditions and reduce stigma. The chalk drawings remained visible for a week, so countless others also saw the messages of hope.

PROGRAM CHALLENGES

- ▶ Class leaders struggled with how to administer surveys while meeting virtually and did not have strong staff support during this period to resolve it. So there were limited to no surveys collected during trainings and groups.

Prevention and Early Intervention Program Data

Evaluation Data 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

Evaluation Data for: **Cultural Competence** for FY20/21

Data Status: In Process

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

Administered by: Contractor County

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

Evaluation Data for: **Early Childhood Mental Health Access and Linkage Program** for FY20/21

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

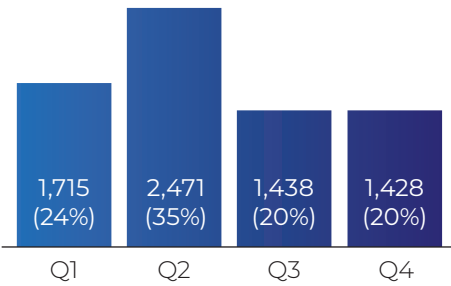
Administered by: Contractor County

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
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Evaluation Data for **Help Me Grow** for FY20/21

CLIENT CONTACTS (TOTAL = 7,052)



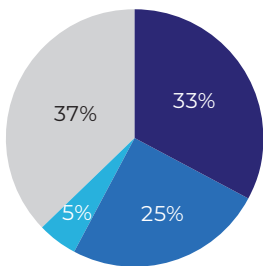
154,663 “Touches” — combination of direct interactions and potential touches through distributed marketing materials

We conducted **1,978 trainings** with **59,031 participants** this year

We completed an additional **174 screens** for returning clients

254 calls to the center

PERSON CONTACTING HELP ME GROW ON BEHALF OF CHILD (TOTAL = 1,229)



694 unique children were screened with at least one screening tool (ASQ-3, ASQ-SE, M-CHAT, SEEK, PHQ9)

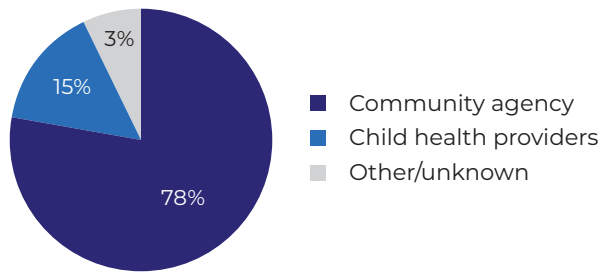
12 medical providers participated in Help Me Grow Yolo County

Average of **5 days** for family/provider to receive screening results

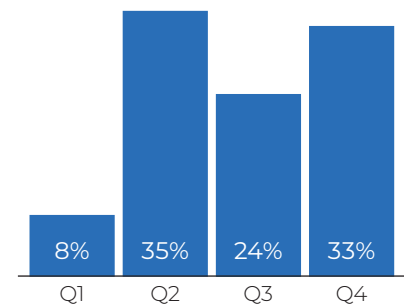
We held **253 developmental playgroups**

- Primary caregivers
- Community agency representatives
- Medical professionals
- Other

**HOW PARENTS/
GUARDIANS HEARD
ABOUT HELP ME GROW
(TOTAL = 694)**



OUTREACH EVENTS (TOTAL = 1,558)



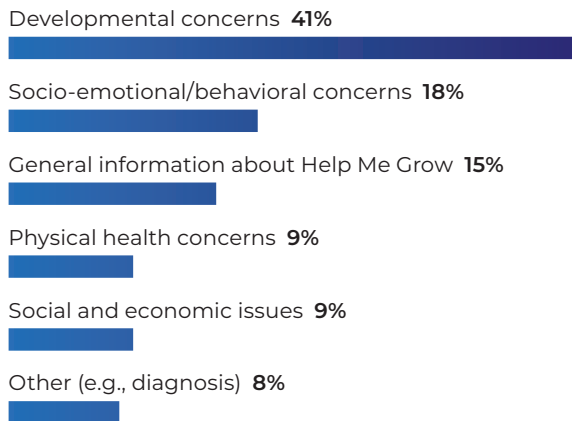
CLIENTS BY TYPE

	Q1	Q2	Q3	Q4	TOTAL
New Clients	28%	23%	22%	28%	1,246
Returning Clients	0%	12%	48%	40%	554
Individual Family Members Served	28%	23%	22%	27%	2,392
Clients Served: Prevention	21%	25%	25%	29%	931
Clients Served: Early Intervention	23%	24%	21%	32%	214

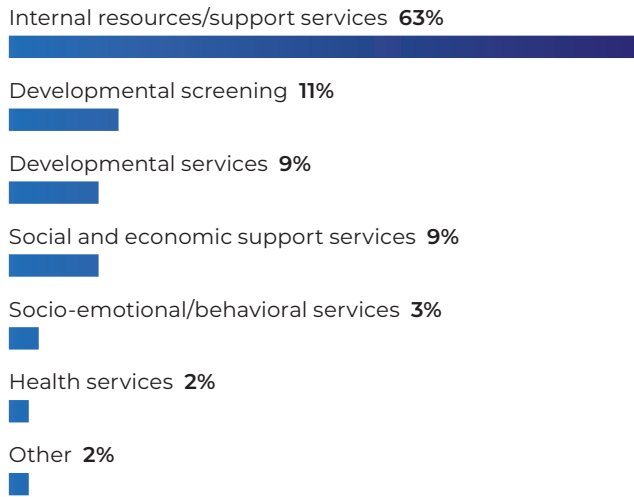
OUTREACH SETTINGS

School	25%
Family Resource Center	8%
Clinic	6%
Residence	2%
Library	2%
Mental/Behavioral Health Care	1%
Support Group	1%
Church	<1%
Substance Use Treatment Location	<1%
Primary Health Care	<1%
Other	56%

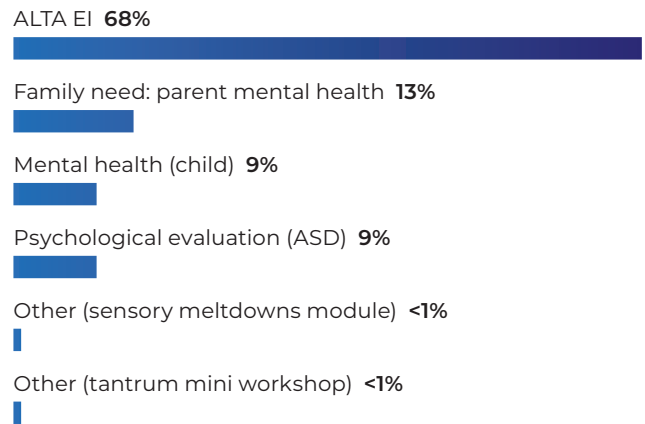
ISSUE AT TIME OF REFERRAL



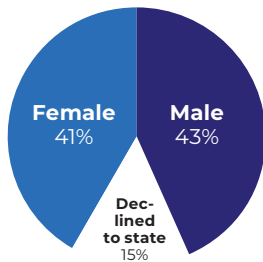
TYPES OF SERVICES CHILD/FAMILY REFERRED TO



TREATMENT/PROGRAM CLIENT WAS REFERRED TO (TOTAL = 215)



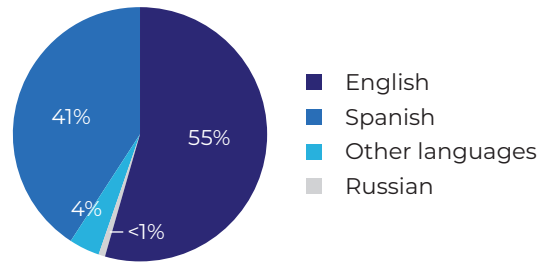
CLIENT SNAPSHOT



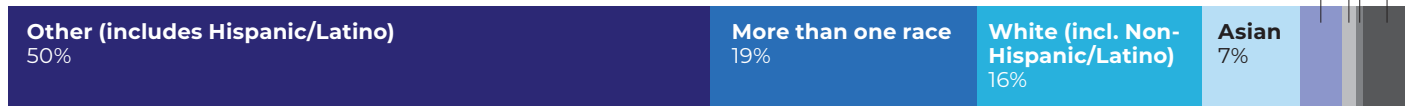
10% Have a disability
44% Hispanic or Latino

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

LANGUAGES CLIENTS SERVED IN



CLIENTS SERVED BY RACE (%)



CLIENTS' CITY OF RESIDENCE	%
Woodland	39%
West Sacramento	25%
Out of County	7%
Davis	7%
Winters	6%
Esparto	5%
Madison	4%
Sacramento [board and care]	4%
Knights Landing	1%
Brooks, Dunnigan, Yolo, Yolo County unincorporated areas, Clarksburg, Guinda, homeless	<1%

IS ANYONE BETTER OFF?

Children who were successfully connected to at least one service or pending a start date due to a "concern" referral



Parents/caregivers who reported increased knowledge of appropriate activities to facilitate their child's development



Children who had an improved score on screening after receiving internal resources/ referrals (e.g., developmental handouts)



PROGRAM ACCOMPLISHMENTS

- ▶ Help Me Grow Yolo County organized a drive-through event where families were provided community resource information, books, diapers, wipes, jackets, developmentally appropriate activities, dental care supplies, and PPE. We created web pages to support parents in their use of the activity kits and partnered with the Yolo County Libraries to provide Family Literacy info via video on these pages to reach families that are struggling with literacy on English or Spanish.
- ▶ Help Me Grow Yolo County started work on grants to collaborate in a county wide, multi-agency effort to integrate and utilize ACEs screenings administered by medical providers to identify any adverse experiences and provide support and intervention needed to mitigate their long-term effects. HMG's role will be to serve as the centralized referral point for all children with needs identified during screenings and to work with UniteUs to create a smooth referral pathway. This opened up communication between Help Me Grow Yolo, CommuniCare, Winters Healthcare, and Sutter Health.

- ▶ Help Me Grow Yolo began offering Ready4K, a texting program that provides age-specific developmental information and activities for parents.
- ▶ Our partnership with the Migrant Education Program and the E-Center Migrant Head Start Program has provided additional support for migrant families. The children attending their program and their younger siblings are referred for ongoing support.
- ▶ Increased collaboration with Child Welfare Services has provided additional opportunities for Help Me Grow Yolo County referrals when a child is reunited with their biological family to provide additional ongoing support.
- ▶ A Help Me Grow Yolo staff member was interviewed with La Ranchera radio Station where she discussed the importance of developmental screenings and all the services Help Me Grow Yolo offers. In addition, a radio ad about Help Me Grow Yolo was aired from 5/4/21 - 5/16/21 each time it was aired it reached approximately 40,000 listeners.

PROGRAM CHALLENGES

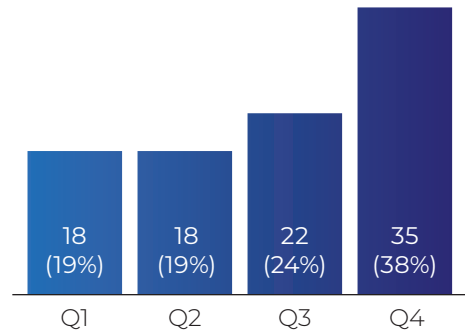
- ▶ Similar to previous quarters during the pandemic, Help Me Grow has continued outreach safely, connecting with providers and community based organizations virtually. However, this creates its own challenge in that forming a new connection via email is not ideal or possible, and may be unsuccessful.
- ▶ While Help Me Grow Yolo has been able to reach families in Yolo County in new ways (new outreach locations, events held virtually and in-person, etc.), families are needing and asking for basic needs to be met or not being able to prioritize developmental screenings at this time. Also, when they do complete a screening, their needs are more complex because the services they are looking for are not available due to the pandemic.
- ▶ The pandemic kept some school districts from maintaining their referral timelines. This has left a gap in services for school-age children identified by Help Me Grow Yolo as having delays. Not only is it unfortunate that these children are missing out on important services but also requires the Help Me Grow Yolo team to spend much more time on tracking these referrals and providing the families activities to help the children engaged while they wait for services to begin.
- ▶ Mental health has become a bigger need. Families with private insurance have a harder time navigating this system because Help Me Grow Yolo doesn't have a toll free number that we can give them like with the Medi-Cal recipients. Mental health services for the whole family has become a big need.

Evaluation Data for **Maternal Mental Health Services** for FY20/21

12 CLIENTS WHO RECEIVED IN-HOME COGNITIVE BEHAVIORAL THERAPY
72 SESSIONS PROVIDED

12 clients were referred in 2020–2021
50% received in-home assessments

CLIENT CONTACTS (TOTAL = 93)

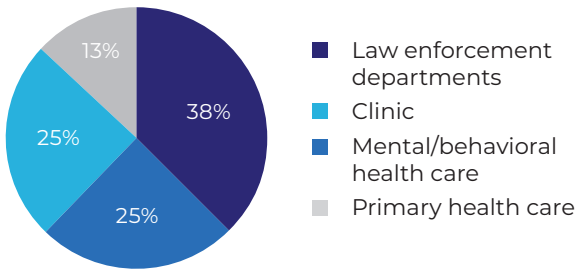


CLIENTS BY TYPE

	Q1	Q2	Q3	Q4	TOTAL
New Clients	33%	17%	33%	17%	6
Returning Clients	100%	0%	0%	0%	4
New Clients Served: Early Intervention	60%	10%	20%	10%	10

75% CLIENTS ELIGIBLE FOR IN-HOME CBT

OUTREACH SETTING



We held **8 outreach events** with **82 total participants** this year

CLIENT OUTCOMES

- Clients showing improvements in function, skill development, PM, and strengths **100%**
- Clients showing improvement on pre/post Patient Health Questionnaire, PHQ-9, and self-report of functioning **100%**
- Clients completing PM CBT or graduating **25%**

CLIENT SNAPSHOT

100% Female
10% Have a disability
80% Ages 26–59
10% Bisexual
20% Ages 16–25

CLIENTS SERVED BY RACE



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

70% of clients were Hispanic or Latino
30% of clients requested communications in Spanish

CLIENTS' CITY OF RESIDENCE	%
Woodland	70%
Clarksburg	10%
Davis	10%
West Sacramento	10%

PROGRAM ACCOMPLISHMENTS

- ▶ Clinician engaged in coordinating care with referring partners as needed including (CCHC IBH, CCHC Creo Program, HMG, HFYC and the County ACCESS team). The program manager met with the Help Me Grow team to review program eligibility and benefits.
- ▶ As soon as the expanded and broadened program criteria are approved by the county, we are planning to meet with all referring parties (HMG, HFYC, County ACCESS, CCHC IBH team, CCHC CREO, CCHC PN, YCN) again to give them the updates and generate more referrals.
- ▶ We are training the new Spanish speaking clinician who is already taking clients. We will be implementing the use of the Feedback Informed Treatment model to elicit client feedback and to track client progress.
- ▶ Clinicians will now be able to match the treatment modality to the client diagnosis and presenting problem, resulting in a better clinical fit for some clients.

PROGRAM CHALLENGES

The quality of the referrals were low and did not result in any ongoing engagement. We were planning for staff turnover, as our Spanish speaking clinician is going on maternity leave in July 2021.

Evaluation Data for: **Youth Early Intervention First Episode Psychosis (FEP) Program** for FY20/21

Data Status: In Process

Target Population: Children Aged 0-5 Transitional-Age Youth Aged 12-25 Adults Aged 26-59 Older Adults Aged 60+

Administered by: Contractor County

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

Evaluation Data for: **Maternal Mental Health Access Hub** for FY20/21

Data Status:

In Process

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

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 HHSA Maternal Mental Health Hub.
Objective 2	Develop a Yolo County HHSA 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

Evaluation Data for: **K-12 School Partnerships Program** for FY20/21

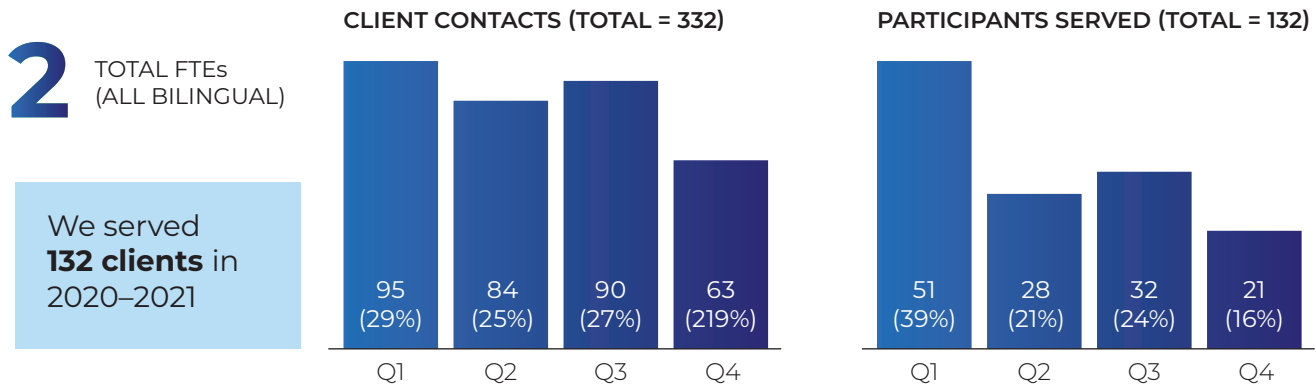
Target Population: Children and Transitional-Age Youth Aged 6-18 Adults Aged 26-59 Older Adults sAged 60+

Administered by: Contractor County

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

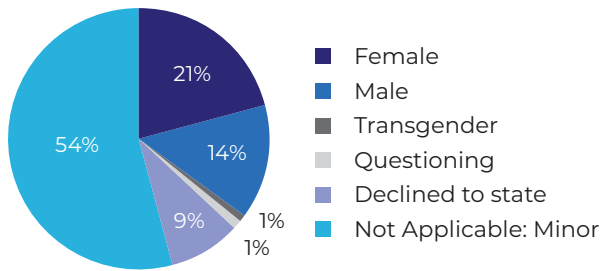
Evaluation Data for **Rural School-Based Access and Linkage Program** for FY20/21



CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients	39%	21%	24%	16%	132
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.

- 14%** Have a Disability
- 0%** Veterans
- 0%** Gay or Lesbian
- 0%** Bisexual
- 2%** Questioning
- 0%** Queer

CLIENTS' CITY OF RESIDENCE	%
Winters	42
Esparto	36
Madison	7
Yolo County Unincorporated Areas	7
Knights Landing	4
Woodland	3
Davis	2

OUTREACH EVENTS AND PARTICIPANTS

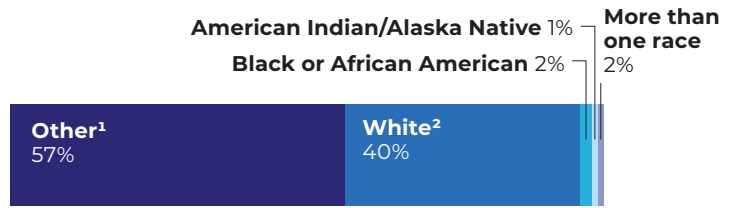
CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
Events	19%	31%	19%	31%	16
Participants	11%	48%	15%	26%	174

We held **16 events** in 2020–2021

PROGRAM ACCOMPLISHMENTS

- ▶ 100% of youth referred were connected and received at least one mental health service for Q4.
- ▶ 100% of those children and family were provided services in their preferred language.
- ▶ In Q4, 100% of family members reported improvement in child/youth family circumstance reported after 30 days.
- ▶ 91% reported improvement in overall mental health symptoms after 90 days of receiving mental health services.

CLIENTS SERVED BY RACE (%)

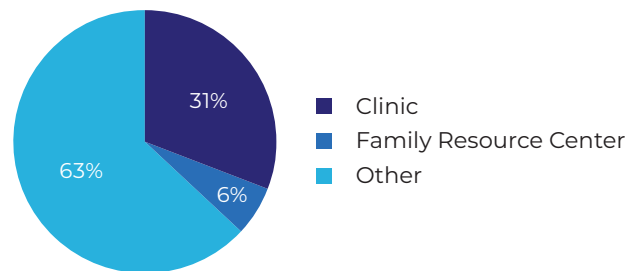


1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.
Note: Responses of "Not Recorded" were removed from the analysis.

- 78%** of clients were Hispanic or Latino
- 5%** of clients requested written communication in Spanish
- 5%** of clients requested spoken communication in Spanish

CLIENTS SERVED BY DISABILITY TYPE (18 CLIENTS TOTAL)	%
Communication Domain: Difficulty seeing	6
Communication Domain: Other	11
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	61
Chronic Health Conditions: Including but not limited to chronic pain	6
Other Disability	17
Total	100

OUTREACH SETTINGS

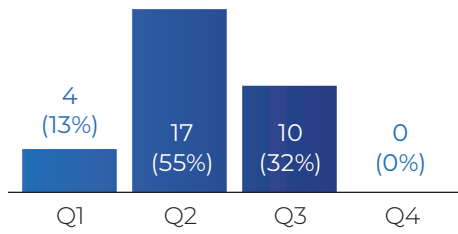


PROGRAM CHALLENGES

The primary challenge we encountered was related to **broadband internet access**. Many community members had no or low-quality internet service, which caused many clients to miss sessions. We began to implement sessions over the phone during these barriers, so clients could still have accessible mental health services. There has been a great deal of stress caused by the uncertainty of these times.

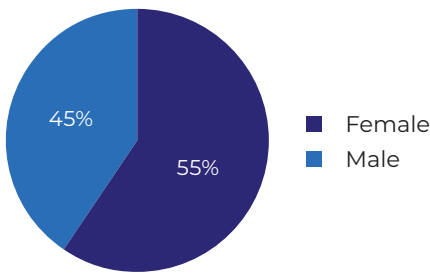
Evaluation Data for **Urban School-Based Access and Linkage Program** for FY20/21

CLIENT CONTACTS (TOTAL = 31)



We served **31 clients** in 2020–2021

CLIENT SNAPSHOT



OUTREACH SETTINGS

100% other

We attended **4 outreach events** in 2020–2021

PROGRAM ACCOMPLISHMENTS

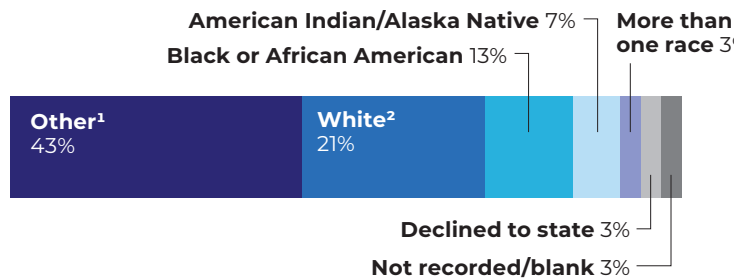
- ▶ 54% of children, youth, and family members were referred to a mental health provider.
- ▶ 100% of routine mental health triage services were provided within 7 calendar days of request for service.
- ▶ Staff continued to consult and assist school partners to ensure referrals were completed accurately and follow-up occurred in a timely manner.

CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients	13%	55%	32%	0%	31
Returning Clients	0%	0%	0%	0%	0

Schools are returning to in-person teaching. We expect to see an increase in the number of referrals we receive when school restarts in the fall.

CLIENTS' CITY OF RESIDENCE	%
Woodland	65
West Sacramento	26
Out of County	6
Declined to State	3

CLIENTS SERVED BY RACE (%)



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

- 48%** of clients were Hispanic or Latino
- 6%** of clients requested written communication in Spanish
- 6%** of clients requested spoken communication in Spanish

PROGRAM CHALLENGES

A major barrier for this program in this quarter was the COVID-19 pandemic's continued closure of the schools and early completion of the school-year, which resulted in a lack of referrals.

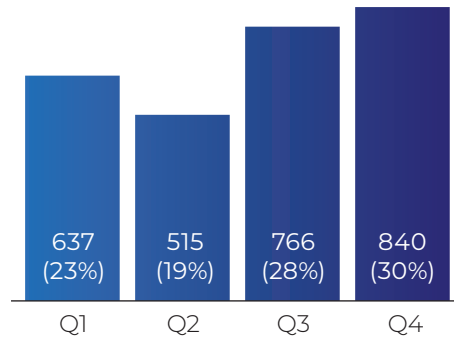
Evaluation Data for **Rural School-Based Strengths and Mentoring Program** for FY20/21

2.5 TOTAL FTEs (ALL BILINGUAL)

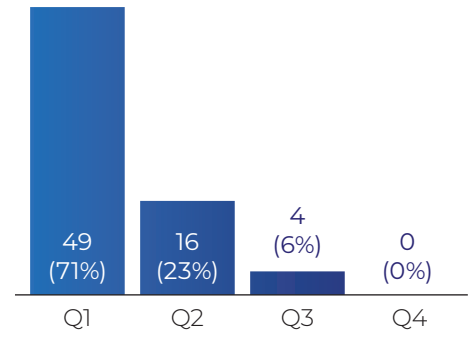
We served **69 clients** in 2020–2021

No volunteer hours of service data

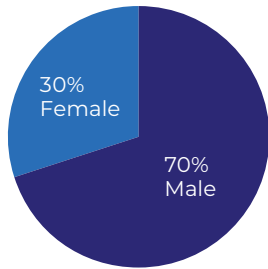
CLIENT CONTACTS (TOTAL = 2,758)



PARTICIPANTS SERVED (TOTAL = 150)



CLIENT SNAPSHOT



6% have a disability

87% of youth participants demonstrated an overall improvement in well-being on the Youth Asset Survey in Quarter 4.

CLIENTS SERVED BY RACE (%)



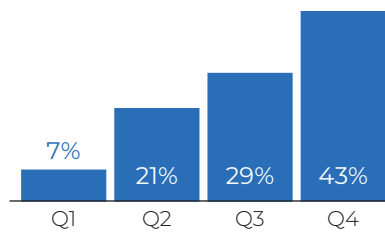
1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.

67% of clients were Hispanic or Latino

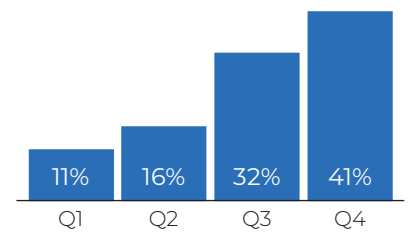
0% of clients requested communications in Spanish

CLIENTS' CITY OF RESIDENCE	%
Esparto	49
Winters	48
Woodland	3

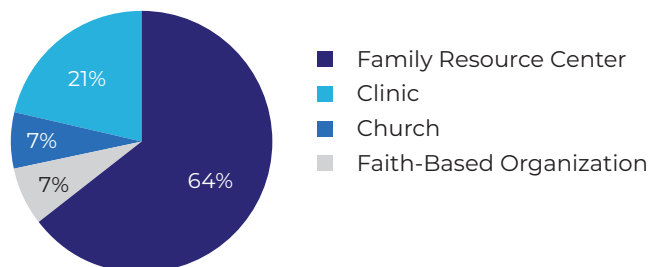
EVENTS (TOTAL = 14)



PARTICIPANTS (TOTAL = 513)



OUTREACH SETTINGS



We held **15 outreach events** in 2020–2021

PROGRAM ACCOMPLISHMENTS

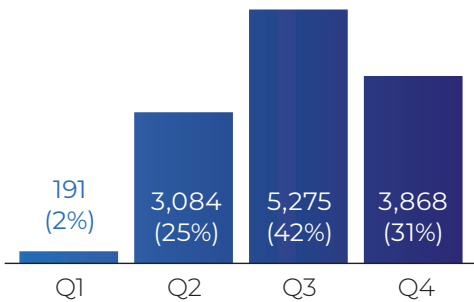
- ▶ 100% of staff received Why Try and Strengths Finder evidence-based training.
- ▶ 80% of youth participants demonstrated improvement on the Global Self-Worth Assessment.
- ▶ In Q1, 4 participants were referred to RISE Community Center to receive additional services and received services within 7 days of referral.

PROGRAM CHALLENGES

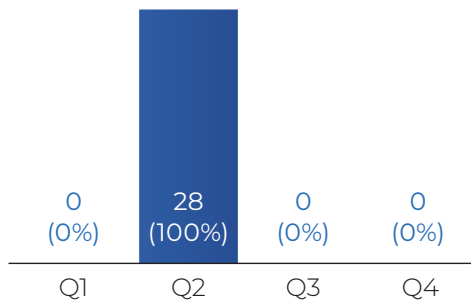
The overall fear of the COVID-19 virus and the new variants are still barriers for our communities. Families are fearful to returning back to consistent programming. Our team provided year-round in person services to youth in the rural communities. However, it was a challenge to provide consistent progressive services and programs as attendance was sporadic.

Evaluation Data for **Urban School-Based Mentorship and Strengths Building Program** for FY20/21

CLIENT CONTACTS (TOTAL = 12,418)



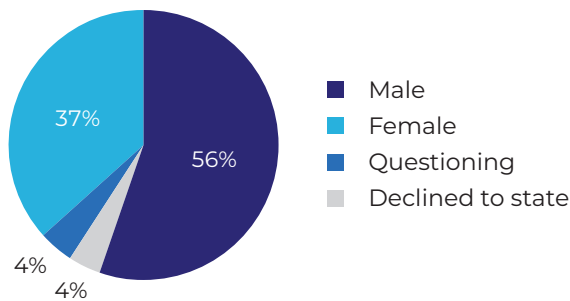
PARTICIPANTS SERVED (TOTAL = 28)



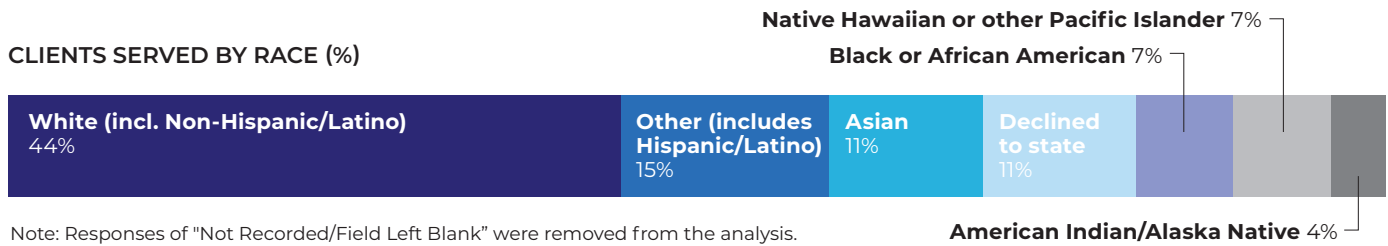
We served **28 clients** in 2020–2021

96% of respondents reported improved personal skills, improved school or family circumstances, or feeling better overall

CLIENT SNAPSHOT



We did **2 outreach events** in 2020–2021



18% of clients were Hispanic or Latino

12% of clients had a disability

CLIENTS' CITY OF RESIDENCE	%
West Sacramento	59
Davis	41

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

PROGRAM ACCOMPLISHMENTS

- ▶ 91% of children, youth and families engaged in this program said it was efficacious
- ▶ We provided full classroom strengths-building services during the virtual school day for multiple schools, as well as many large group presentations for secondary level students who were previously difficult to access due to low attendance.
- ▶ Virtual after school groups continued through the school year and were replaced by a full summer groups schedule advertised to the community before the school year closed.

PROGRAM CHALLENGES

- ▶ A major barrier for this program was the COVID-19 pandemic's closure of the schools, as well as some schools experiencing transitions toward a hybrid method, which resulted in our inability to provide our usual in-person groups and presentations.
- ▶ As we continue providing virtual services during and after school, a key challenge has been unusually low student attendance due to the virtual environment.
- ▶ Additionally, the school year completed mid-quarter, which further limited the ability to receive referrals.

Evaluation Data for: **College Partnerships** for FY20/21

Data Status: In Process

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

Administered by: Contractor County

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

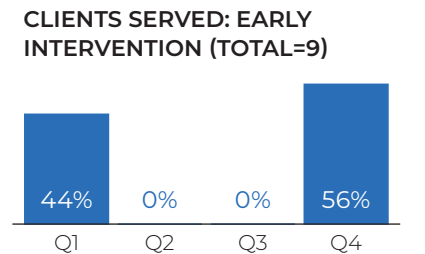
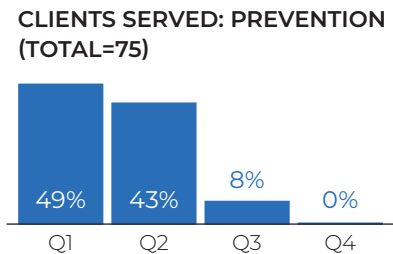
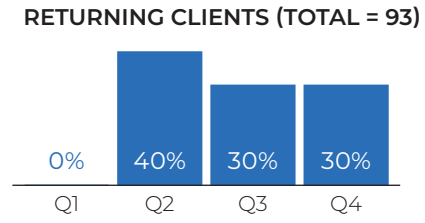
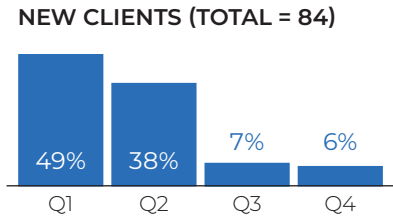
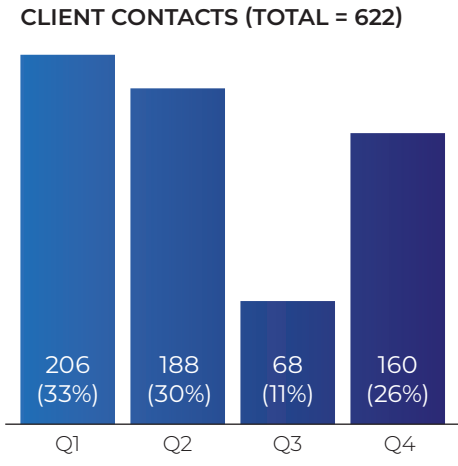
Evaluation Data for: **Latinx Outreach/Mental Health Promotores Program** for FY20/21

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

Administered by: Contractor County

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
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We served **84 clients** in 2020-2021

9 clients were referred for services
100% followed through on referral and engaged in treatment
7 days of participants were referred and received service within 7 days

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

CLIENT SNAPSHOT

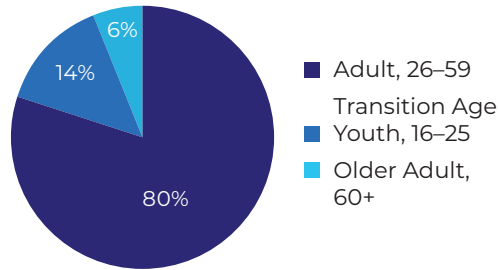
100%

Male

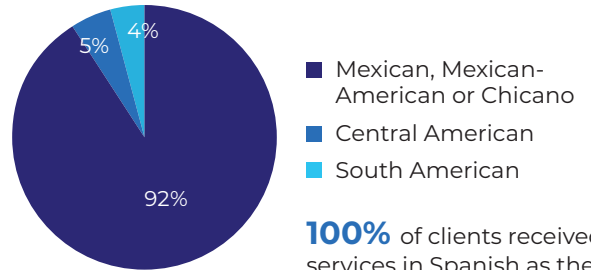
4%

Have a disability

CLIENTS SERVED BY AGE



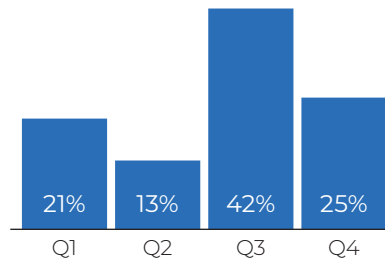
CLIENTS SERVED BY ETHNICITY



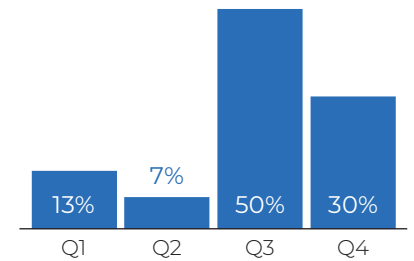
100% of clients received services in Spanish as their preferred language

CLIENTS' CITY OF RESIDENCE	%
Esparto	60
Winters	13
Madison	11
Dunnigan	8
Brooks	5
Guinda	4

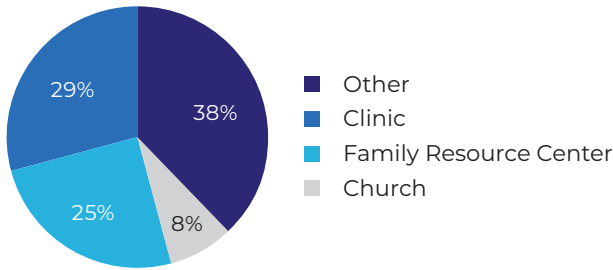
EVENTS (TOTAL = 24)



PARTICIPANTS (TOTAL = 904)



OUTREACH SETTINGS



PROGRAM ACCOMPLISHMENTS

- ▶ Our team continued to provide on-site farm outreach to Latino Male Head of Household. The key success for this program is that through our outreach efforts we were able to receive 5 mental health self referrals from local farm workers. It took time to establish a relationship and build trust with these individuals. As a result, they felt comfortable enough asking for help and we were able to connect them immediately to a Mental Health Clinician to provide services.
- ▶ Our team partnered with the UC Davis ORALE program that provides weekly COVID rapid testing. This program specifically targets the Latino farm workers throughout Yolo County. We also partnered the Yolo County vaccine clinics conducted at the farms. Our team provided information about our mental health services offered at RISE.

PROGRAM CHALLENGES

Although we are providing boots on the ground, in-person outreach to local farm workers, it is a challenge to navigate through the COVID pandemic. Local farms have been amazing at allowing our team access to their workers; however, the times that we are invited are limited and farm workers are extremely busy during the spring and summer months. Our team did not get a lot of quality in-person, one-to-one time with farm workers.

Evaluation Data for: **Early Signs Training and Assistance** for FY20/21

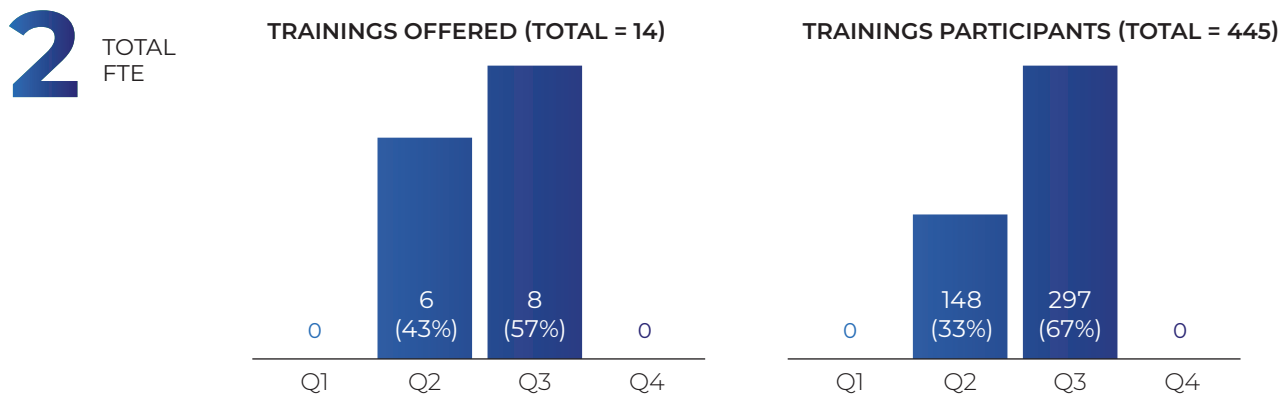
Target Population: Children Aged 0–5 Transitional-Age Youth Aged 16–25 Adults Aged 26–59 Older Adult Aged 60+

Administered by: Contractor County

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

During FY20/21, all trainings and presentations were presented using the Zoom platform. Due to the virtual format, demographic data and evaluation measures could not be collected. The data below reflects information available for Q2 and Q3 (data was not available for Q1 and Q4).



PRESENTATIONS	QUARTER	ATTENDEES
Mental Health and Self Care (2)	Q2	24
Supporting African American Families and Their Mental Health	Q2	45
The Nature of Trauma and Resilience	Q2	48
Preserving Your Mental Health During COVID	Q2	23
Group facilitation training in support of Black staff and student groups	Q2	8
Trauma and Resilience (7)	Q3	150
QPR Suicide Prevention	Q3	147
Total		445

Note: Presentation data were only available for Q2 and Q3

Evaluation Data for: **Senior Peer Counseling Program** for FY20/21

Target Population: Started Pending Canceled New 21/22 COVID Delayed

Administered by: Children Aged 0-5 Transitional-Age Youth Aged 16-25 Adults Aged 26-59 Olders Adult Aged 60+

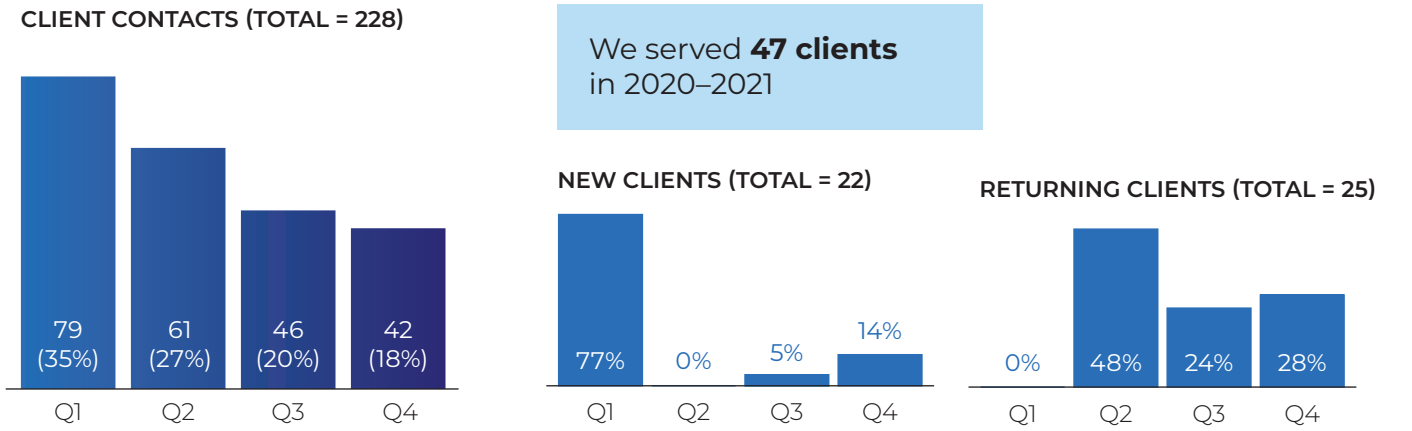
Contractor County

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.

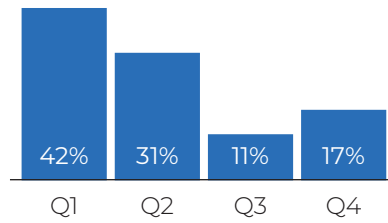
Estimated FY21/22 Costs \$48,400	Estimated Number to be Served FY21/22 250	Estimated Cost/Person Served \$194
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1 TOTAL FTE **14** SENIOR PEER COUNSELORS **2** SENIOR PEER COUNSELOR VOLUNTEERS RECRUITED

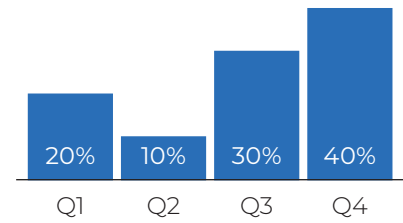
2 FAMILY MEMBERS RECEIVING SUPPORT FROM VOLUNTEERS **228/7** VOLUNTEER HOURS OF SERVICE PROVIDED



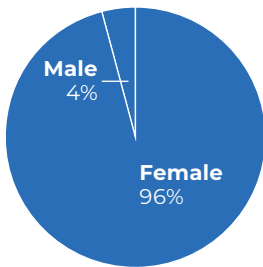
CLIENTS SERVED: PREVENTION (TOTAL = 36)



CLIENTS SERVED: EARLY INTERVENTION (TOTAL = 10)



CLIENT SNAPSHOT

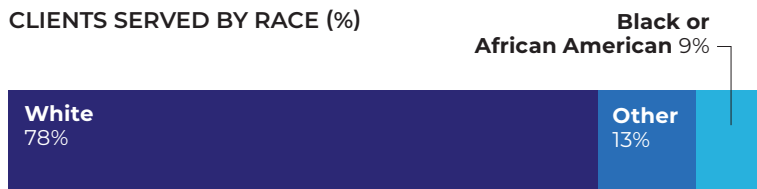


29% Have a Disability
4% Bisexual

CLIENTS SERVED BY DISABILITY TYPE

- 50%** Communication Domain: Difficulty hearing, seeing, or having speech understood
- 33%** Physical Mobility Domain
- 17%** Chronic Health Condition: including but not limited to chronic pain = 17%
- 17%** Other Disability=17%

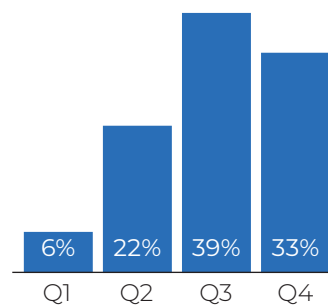
CLIENTS SERVED BY RACE (%)



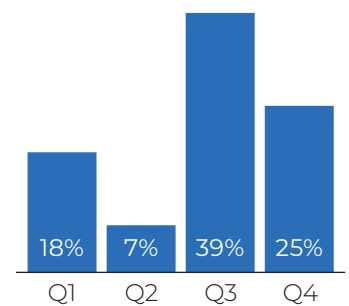
We held **18 events** in 2020–2021

CLIENTS' CITY OF RESIDENCE	%
Woodland	72%
Davis	20%
Yolo County Unincorporated Areas	6%
Knights Landing	2%

EVENTS (TOTAL = 18)



PARTICIPANTS (TOTAL = 28)



PROGRAM ACCOMPLISHMENTS

- ▶ The new program manager created a strong rapport with past clients and volunteers to understand the program inside and out. They were able to assess weaknesses in the program and set goals each quarter to address them.
- ▶ The program manager created a new brochure for the program to engage in outreach to increase census. During this year, the program manager made connections to multiple Yolo County communities and organizations with information about the program. The program manager also did presentations for communities to increase awareness of the program and draw more clients and volunteers
- ▶ The referral process was revamped, new guidelines were implemented, new partnerships were created, status updates for clients and volunteers, client and volunteer intake packet standards were upgraded to Yolo Hospice Standards, new procedures for documenting hours and visits.
- ▶ Clients started “graduating from the program” this year, and a survey was created to measure the success of the program.
- ▶ We added home visits to the intake process to help determine if an individual is a client or volunteer appropriate.

PROGRAM CHALLENGES

Senior Peer Counseling (SPC) has suffered throughout the pandemic from attrition of both clients and volunteers. Lack of ability to facilitate in-person meetups between clients and volunteers due to pandemic safety requirements has made it difficult to maintain volunteer and client engagement. Numbers have steadily dropped, prompting program leads to refocus on a dual strategy of increased program outreach and intensified internal support of current clients and volunteers. Though the challenges we’ve face have created short-term program attrition, we believe they have also allowed us an opportunity to refocus the program’s energy and structure in a more effective way going forward.

Innovation Data

Evaluation Data 2021–2022

Evaluation Data for: **Crisis Now Learning Collaborative** for FY20/21

Data Status:

In Process

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

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

Workforce, Education, and Training Data

Evaluation Data 2021–2022

Evaluation Data for: **Mental Health Career Pathways** for FY20/21

Data Status:

In Process

Target Population:

Children Aged 0–5

Transitional-Age Youth Aged 16–25

Adults Aged 26–59

Older Adults Aged 60+

Administered by:

Contractor

County

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

Evaluation Data for: **Mental Health Professional Development** for FY20/21

Data Status: In Process

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

Administered by: Contractor County

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

Evaluation Data for: **Central Regional WET Partnership** for FY20/21

Data Status: In Process

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

Administered by: Contractor County

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 \$52,188	Estimated Number to Be Served FY21/22 Not applicable	Estimated Cost/Person Served Not applicable
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Evaluation Data for: **Peer Workforce Development Workgroup** for FY20/21

Data Status: In Process

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

Administered by: Contractor County

Goal 1	Provide peers with the evidence-based skill building, professional development opportunities, training, and internal HHSA 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 \$3,614	Estimated Number to Be Served FY21/22 Not applicable	Estimated Cost/Person Served Not applicable
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Yolo County MHC

FY 20/21 Total Participant Outcomes

12 MONTHS PRIOR TO PROG.

OF ARRESTS: 48
JAIL BED DAYS: 2265
LOCAL HOSPITAL
BED DAYS: 43
OF DSH BED DAYS: 394

WHILE IN PROGRAM

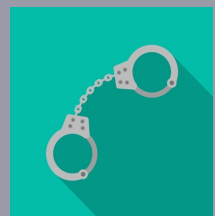
OF ARRESTS: 13
JAIL BED DAYS: 168
LOCAL HOSPITAL
BED DAYS: 28
OF DSH BED DAYS: 0

73% REDUCTION IN ARRESTS

92.5% REDUCTION IN JAIL BED DAYS

35% REDUCTION IN LOCAL HOSPITAL BED DAYS

100% REDUCTION IN DSH BED DAYS





Yolo County Mental Health Court

FY19/20 Exited Participants 12 Months Post-MHC Outcomes

12 MONTHS PRIOR TO MHC

12 MONTHS POST MHC

OF ARRESTS 11

JAIL BED DAYS 1028

LOCAL HOSPITAL BED DAYS 9

OF DSH BED DAYS 616

OF ARRESTS 5(0 for graduates)

JAIL BED DAYS 673 (0 for graduates)

LOCAL HOSPITAL BED DAYS 7

OF DSH BED DAYS 0

54.5% *REDUCTION IN ARRESTS*

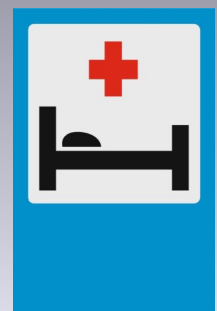
100% reduction in arrests for graduates

34.5% *REDUCTION IN JAIL BED DAYS*

100% reduction in jail bed days for graduates

23% *REDUCTION IN LOCAL HOSPITAL BED DAYS*

100% *REDUCTION IN DSH BED DAYS*





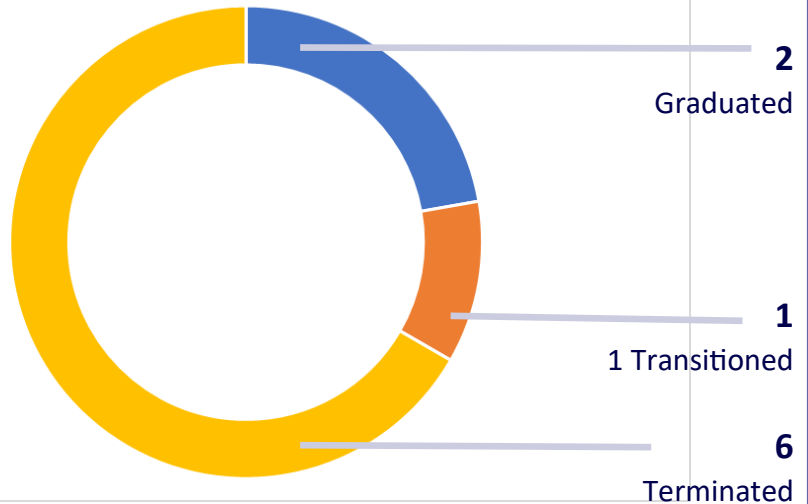
Yolo County Mental Health Court

2019-2020 Outcomes Report

EXITS

9

Exits During Fiscal Year
2019-2020



12 MONTH POST-MHC OUTCOME NUMBERS BY EXIT TYPE

Graduated 2		Transitioned 1		Opted Out 0		Terminated 6	
# OF ARRESTS	0	# OF ARRESTS	0	# OF ARRESTS	N/A	# OF ARRESTS	3
# JAIL BED DAYS	0	# JAIL BED DAYS	0	# JAIL BED DAYS	N/A	# JAIL BED DAYS	673
# LOCAL HOSPITAL BED DAYS	7	# LOCAL HOSPITAL BED DAYS	0	# LOCAL HOSPITAL BED DAYS	N/A	# LOCAL HOSPITAL BED DAYS	0
# OF DSH BED DAYS	0	# OF DSH BED DAYS	0	# OF DSH BED DAYS	N/A	# OF DSH BED DAYS	0
100% REDUCTION IN ARRESTS		100% REDUCTION IN ARRESTS		N/A REDUCTION IN ARRESTS		73% REDUCTION IN ARRESTS	
100% REDUCTION IN JAIL BED DAYS		100% REDUCTION IN JAIL BED DAYS		N/A REDUCTION JAIL BED DAYS		34.5% REDUCTION IN JAIL BED DAYS	
0% REDUCTION IN LOCAL HOSPITAL BED DAYS		100% REDUCTION IN LOCAL HOSPITAL BED DAYS		N/A REDUCTION IN LOCAL HOSPITAL BED DAYS		100% REDUCTION IN LOCAL HOSPITAL BED DAYS	
100% REDUCTION IN DSH BED DAYS		100% REDUCTION IN DSH BED DAYS		N/A REDUCTION IN DSH BED DAYS		100% REDUCTION IN DSH BED DAYS	



WHAT WE DO

Yolo Assertive Community Treatment (ACT) works with clients to reduce psychiatric hospitalizations, incarcerations and homelessness and to improve quality of life and satisfaction by providing opportunities to engage in meaningful activities. By offering a chance to take classes, volunteer, train for employment or return to work, the team ensures clients have better prospects for recovery on the path to mental health. The ACT model is an evidence-based practice that consistently shows positive outcomes for individuals with psychiatric disabilities.

CENSUS

Status	7/1/2020 – 6/30/2021
Individuals Served (Unduplicated)	84
Carry-Over Clients	48
First-Time Enrollments	36
Return Admissions	0
Total Discharges	51

DEMOGRAPHICS

Age Groups	#	%
18 – 25 years (TAY)	7	8.3%
26 – 59 years (Adult)	66	78.6%
60+ years (Older Adult)	11	13.1%
Race	#	%
American Indian/Alaska Native	1	1.2%
African American/ Black	10	11.9%
Asian/Pacific Islander	3	3.6%
Caucasian/White	60	71.4%
Multiracial	1	1.2%
Other	5	6.0%
Unknown	4	4.8%
Gender	#	%
Male	51	60.7%
Female	33	39.3%
Primary Diagnosis	#	%
Bipolar and Related Disorders	10	11.9%
Depressive Disorders	3	3.6%
Schizophrenia Spectrum and Other Psychotic Disorders	71	84.5%

Primary Language	#	%
English	78	92.9%
Russian	1	1.2%
Spanish	2	2.4%
Farsi	1	1.2%
Unknown	2	2.4%
City of Residence	#	%
Citrus Heights	2	2.4%
Davis	21	25.0%
Esparto	4	4.8%
Olivehurst	1	1.2%
Rancho Cordova	1	1.2%
Sacramento	20	23.8%
West Sacramento	16	19.0%
Woodland	18	21.4%
Data Not Available	1	1.2%

**Overall
Satisfaction Rate***

91.8%

*Outcome based on 3 completed surveys within fiscal year

RESULTS BASED ACCOUNTABILITY (EXHIBIT G)

PM1: How Much Did We Do?

1.1	Total FTEs	Program Director: 1 Clinical Director: 1 Case Managers: 8 Clinicians: 1 Staff Nurses: 1 (LPT) Psychiatrists: 0.2
1.2	# of Clients	84

PM2: How Well Did We Do It?

2.1	% of no-shows for prescribing staff (psychiatrists and nurse practitioners)	Please refer to Avatar.
2.2	% of non-prescribing staff (clinicians, case managers, and nurses)	Please refer to Avatar.

PM3: Is Anyone Better Off?

3.1	# of days clients experienced homeless (program total)	1313
	# of days of homelessness per client (average)	28.1 (N=18)
3.2	# of days clients experienced incarceration (program total)	453
	# of days of incarceration per client (average)	90.6 (N=5)
3.3	# of days clients experienced psychiatric hospitalization (program total)	504
	# of days of psychiatric hospitalization per client (average)	28.0 (N=18)
3.4	# of clients with a psychiatric inpatient admission	18
	% of clients with a psychiatric inpatient admission	21.4% (out of 84 served)
3.5	# of hospital discharges that result in readmission within 7 days	11
	% of hospital discharges that result in readmission within 7 days	52.4% (out of 21 readmission)
3.6	# of hospital discharges that result in hospital readmission within 30 days	15
	% of hospital discharges that result in hospital readmission within 30 days.	71.4% (out of 21 readmission)

"I am very happy with the services I receive from Turning Point. I believe my stability can be contributed to [the] ACT program."

-Yolo ACT Client

Item No. 9.a.
MHSA Fiscal Data

YOLO COUNTY HEALTH & HUMAN SERVICES
MWSA FINANCE UPDATE

Plan Years 2021 - 2023
As of September 22, 2021

MWSA Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	SUBTOTAL Components	Prudent Reserve	TOTAL MWSA
Beginning Fund Balance	9,970,676	3,415,042	537,665	(3,305)	140,856	14,060,934	964,069	15,025,003
FY2020-2021								
Annual Revenue	13,812,153	3,052,369	800,745	(118)	0	17,665,149	1,260,000	18,925,149
Less Total Expenditures	10,094,840	2,299,790	37,908	46,978	513,733	12,993,249	0	12,993,249
SURPLUS (DEFICIT)	3,717,313	752,579	762,837	(47,096)	(513,733)	4,671,900	1,260,000	5,931,900
FY2021-2022								
Annual Revenue	15,288,614	4,400,748	855,053	270,132	2,468,933	23,283,480	0	23,283,480
Less Total Expenditures	15,991,150	3,849,822	700,989	220,124	2,100,546	22,862,631	0	22,862,631
SURPLUS (DEFICIT)	(702,536)	550,926	154,064	50,008	368,387	420,849	0	420,849
FY2022-2023								
Annual Revenue	15,681,183	3,040,197	784,337	271,904	1,044,635	20,822,256	0	20,822,256
Less Total Expenditures	16,291,904	4,193,074	588,323	218,608	1,048,736	22,340,645	0	22,340,645
SURPLUS (DEFICIT)	(610,721)	(1,152,877)	196,014	53,296	(4,101)	(1,518,389)	0	(1,518,389)
TOTAL PLAN REVENUE	44,781,950	10,493,314	2,440,135	541,918	3,513,568	61,770,885	1,260,000	63,030,885
TOTAL PLAN EXPENDITURES	42,377,894	10,342,686	1,327,220	485,710	3,663,015	58,196,525	0	58,196,525
SURPLUS (DEFICIT)	2,404,056	150,628	1,112,915	56,208	(149,447)	3,574,360	1,260,000	4,834,360
Ending Fund Balance	12,374,732	3,565,670	1,650,580	52,903	(8,591)	17,635,294	2,224,069	19,859,363

YOLO COUNTY HEALTH & HUMAN SERVICES
MHSa FINANCE UPDATE

Plan Years 2021 - 2023

As of September 22, 2021

MHSA Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
Prior Year Carryover Fund Balance	9,970,676	3,415,042	537,665	(3,305)	140,856	964,069	15,025,003
FY20-21 Revenue							
Actual MHSA Allocation	12,066,207	3,013,378	797,969	73	0	N/A	15,877,627
Projected Medi-Cal/Other	2,900,945	3,502	0	0	0	N/A	2,904,447
Actual Misc Reimbursement	0	4,045	0	0	0	N/A	4,045
Actual Interest Earned	105,001	31,444	2,776	(191)	0	N/A	139,030
Subtotal FY20-21 Revenue	15,072,153	3,052,369	800,745	(118)	0	0	18,925,149
Required Revenue Transfers	(1,260,000)	0	0	0	0	1,260,000	0
TOTAL Projected Revenue	13,812,153	3,052,369	800,745	(118)	0	1,260,000	18,925,149
FY20-21 Expenditures							
Actual Salaries and Benefits	5,515,203	553,770	31,996	12,392	8,709	N/A	6,122,070
Actual Contracts	3,632,512	1,644,846	267	8,748	393,963	N/A	5,680,336
Actual Operating/Other	947,125	101,174	5,645	25,838	111,061	N/A	1,190,843
TOTAL Actual Expenditures	10,094,840	2,299,790	37,908	46,978	513,733	0	12,993,249
Annual Surplus (Deficit)	3,717,313	752,579	762,837	(47,096)	(513,733)	1,260,000	5,931,900
FY20-21 Fund Balance to Carryover	13,687,989	4,167,621	1,300,502	(50,401)	(372,877)	2,224,069	20,956,903

YOLO COUNTY HEALTH & HUMAN SERVICES
MHSa FINANCE UPDATE

Plan Years 2021 - 2023

As of September 22, 2021

MHSA Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
Prior Year Carryover Fund Balance	13,687,989	4,167,621	1,300,502	(50,401)	(372,877)	2,224,069	20,956,903
FY21-22 Revenue							
Projected MHSA Allocation	12,915,873	3,228,968	849,728	0	0	N/A	16,994,569
Projected Medi-Cal/Other	4,928,059	34,029	0	0	0	N/A	4,962,088
Projected Misc Reimbursement	0	1,098,872	0	0	0	N/A	1,098,872
Estimated Interest Earned	194,130	38,879	5,325	(756)	(9,627)	N/A	227,951
Subtotal FY21-22 Revenue	18,038,062	4,400,748	855,053	(756)	(9,627)	0	23,283,480
Required Revenue Transfers	(2,749,448)	0	0	270,888	2,478,560	0	0
TOTAL Projected Revenue	15,288,614	4,400,748	855,053	270,132	2,468,933	0	23,283,480
FY21-22 Expenditures							
Projected Salaries and Benefits	5,973,736	518,836	599,136	108,548	119,649	N/A	7,319,905
Projected Contracts	8,887,811	3,192,676	0	33,062	1,294,640	N/A	13,408,189
Projected Operating/Other	1,129,603	138,310	101,853	78,514	686,257	N/A	2,134,537
TOTAL Projected Expenditures	15,991,150	3,849,822	700,989	220,124	2,100,546	0	22,862,631
Annual Surplus (Deficit)	(702,536)	550,926	154,064	50,008	368,387	0	420,849
FY21-22 Fund Balance to Carryover	12,985,453	4,718,547	1,454,566	(393)	(4,490)	2,224,069	21,377,752

YOLO COUNTY HEALTH & HUMAN SERVICES
MHSa FINANCE UPDATE

Plan Years 2021 - 2023

As of September 22, 2021

MHSA Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
Prior Year Carryover Fund Balance	12,985,453	4,718,547	1,454,566	(393)	(4,490)	2,224,069	21,377,752
FY22-23 Revenue							
Projected MHSA Allocation	11,805,860	2,951,465	776,701	0	0	N/A	15,534,026
Projected Medi-Cal/Other	5,012,377	41,589	0	0	0	N/A	5,053,966
Projected Misc Reimbursement	0	0	0	0	0	N/A	0
Estimated Interest Earned	183,592	47,143	7,636	(6)	(4,101)	N/A	234,264
Subtotal FY22-23 Revenue	17,001,829	3,040,197	784,337	(6)	(4,101)	0	20,822,256
Required Revenue Transfers	(1,320,646)	0	0	271,910	1,048,736	0	0
TOTAL Projected Revenue	15,681,183	3,040,197	784,337	271,904	1,044,635	0	20,822,256
FY22-23 Expenditures							
Projected Salaries and Benefits	6,214,457	544,778	502,840	111,011	125,632	N/A	7,498,718
Projected Contracts	8,909,151	3,505,205	0	27,775	762,034	N/A	13,204,165
Projected Operating/Other	1,168,296	143,091	85,483	79,822	161,070	N/A	1,637,762
TOTAL Projected Expenditures	16,291,904	4,193,074	588,323	218,608	1,048,736	0	22,340,645
Annual Surplus (Deficit)	(610,721)	(1,152,877)	196,014	53,296	(4,101)	0	(1,518,389)
FY22-23 Fund Balance to Carryover	12,374,732	3,565,670	1,650,580	52,903	(8,591)	2,224,069	19,859,363

YOLO COUNTY HEALTH & HUMAN SERVICES
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CSS COMPONENT SUMMARY	
Program name (Expenditures)	
CSS Children's Mental Health FSP	
CSS Children's Mental Health Non-FSP	
CSS Pathways to Independence for TAY FSP	
CSS Pathways to Independence for TAY Non-FSP	
CSS Adult Wellness Alternatives FSP	
CSS Adult Wellness Alternatives Non-FSP	
CSS Older Adult Outreach and Assessment FSP	
CSS Older Adult Outreach and Assessment Non-FSP	
CSS Mobile Tele-Mental Health FSP	
CSS Mobile Tele-Mental Health Non-FSP	
CSS Community-Based Drop-in Navigation Centers	
CSS Peer and Family Member Led Support Services	
CSS MH Crisis & Crisis Intervention Team (CIT) FSP	
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP	
MHSA Comm Plan & Eval - CSS	
MHSA Administration - CSS	

FY 2020-2021							
S&B Budget	S&B Actual	Contracts Budget	Contracts Actual	Operating Budget	Operating Actual	Total Budget	Total Actual
0	0	500,000	192,979	0	0	500,000	192,979
159,240	599,336	0	0	27,071	105,167	186,311	704,503
602,901	221,165	340,332	60,668	109,434	40,319	1,052,667	322,152
517,547	236,231	34,728	8,914	116,657	39,890	668,931	285,035
1,463,163	1,521,239	2,299,200	2,209,813	262,101	268,096	4,024,464	3,999,148
879,268	350,054	397,111	20,007	162,043	17,858	1,438,423	387,919
439,710	392,083	457,886	193,107	75,876	69,032	973,472	654,222
214,987	139,117	256,575	19,269	36,548	20,482	508,110	178,868
45,026	24,001	250,000	2,076	7,654	4,212	302,680	30,289
187,742	131,281	250,000	107,734	35,648	26,624	473,390	265,640
67,760	8,819	844,400	598,726	11,519	1,750	923,679	609,294
0	0	100,000	67,296	0	0	100,000	67,296
53,146	32,192	0	0	0	5,649	53,146	37,841
1,037,156	1,088,770	100,000	61,221	176,317	197,736	1,313,473	1,347,728
302,815	148,723	113,821	90,701	58,146	26,520	474,782	265,943
348,341	622,193	23,085	0	68,453	123,791	439,878	745,984

FY 2021-2022			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
0	520,000	0	520,000
138,726	0	23,583	162,309
152,435	1,472,702	33,132	1,658,270
307,255	43,800	83,622	434,677
608,483	3,547,445	124,949	4,280,877
1,125,963	350,400	204,484	1,680,846
97,417	1,350,368	17,731	1,465,516
136,199	43,800	23,154	203,153
0	0	0	0
949,766	273,112	165,341	1,388,219
276,475	844,411	47,001	1,167,887
0	100,000	0	100,000
60,501	0	0	60,501
1,318,074	125,000	224,073	1,667,146
320,397	209,772	61,678	591,847
482,046	7,001	120,856	609,903

FY 2022-2023			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
0	540,000	0	540,000
171,218	0	29,107	200,325
157,491	1,452,978	34,281	1,644,750
320,889	45,552	86,684	453,124
629,166	3,559,123	129,325	4,317,614
1,164,640	378,269	211,582	1,754,490
100,827	1,329,252	18,358	1,448,436
142,498	45,552	24,225	212,275
0	5,735	0	5,735
975,554	286,768	169,880	1,432,202
282,192	844,411	47,973	1,174,576
0	100,000	0	100,000
63,212	0	0	63,212
1,364,205	125,000	231,915	1,721,120
336,417	189,510	58,458	584,384
506,149	7,001	126,510	639,659

CSS Total Expenditures

6,318,802	5,515,203	5,967,137	3,632,512	1,147,466	947,125	13,433,405	10,094,840
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5,973,736	8,887,811	1,129,603	15,991,150
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6,214,457	8,909,151	1,168,296	16,291,903
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Difference To Budget (803,598) (2,334,625) (200,342) (3,338,565)

YOLO COUNTY HEALTH & HUMAN SERVICES
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PEI COMPONENT SUMMARY	
Program name (Expenditures)	
PEI Early Childhood MH Access & Linkage	
NA - PEI School-Based Access and Linkage (Urban)	
NA - PEI School-Based Access and Linkage (Rural)	
NA - PEI School Based Mentorship/Strengths Building (Urban)	
NA - PEI School Based Mentorship/Strengths Building (Rural)	
PEI Senior Peer Counseling	
PEI Youth Early Intervention Program	
PEI Early Signs Training and Assistance	
PEI Latinx Outreach/MH Promotores	
PEI Maternal MH Access Hub (Home Visiting Expansion)	
PEI Cultural Competency	
PEI College Partnerships	
PEI K-12 School	
MHSA Comm Plan & Eval - PEI	
MHSA Administration - PEI	
PEI Total Expenditures	

FY 2020-2021							
S&B Budget	S&B Actual	Contracts Budget	Contracts Actual	Operating Budget	Operating Actual	Total Budget	Total Actual
0	0	400,000	378,360	0	0	400,000	378,360
0	0	0	247,128	0	0	0	247,128
0	0	0	135,400	0	0	0	135,400
0	0	0	247,128	0	0	0	247,128
0	0	0	151,058	0	0	0	151,058
0	0	50,000	48,400	0	0	50,000	48,400
104,633	113,232	0	0	17,788	19,869	122,421	133,101
239,555	152,919	111,725	111,725	74,616	26,833	425,895	291,477
0	0	295,148	263,458	0	0	295,148	263,458
0	0	100,000	0	0	0	100,000	0
311,511	136,214	300,000	12,143	64,457	27,089	675,967	175,446
0	0	150,000	27,895	0	0	150,000	27,895
0	5,001	1,100,000	0	0	878	1,100,000	5,879
27,546	36,324	10,354	22,153	5,289	6,477	43,190	64,954
31,688	110,080	2,100	0	6,227	20,028	40,015	130,108
714,933	553,770	2,519,327	1,644,846	168,376	101,174	3,402,636	2,299,790

FY 2021-2022			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
0	400,000	0	400,000
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	48,400	0	48,400
0	230,000	0	230,000
149,990	111,725	60,112	321,826
0	438,512	0	438,512
0	100,000	0	100,000
299,343	550,000	62,388	911,732
0	174,924	0	174,924
0	1,120,339	0	1,120,339
27,751	18,169	5,342	51,262
41,752	606	10,468	52,826
518,836	3,192,676	138,310	3,849,822

FY 2022-2023			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
0	400,000	0	400,000
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	48,400	0	48,400
0	230,000	0	230,000
157,489	111,725	62,137	331,352
0	438,512	0	438,512
0	100,000	0	100,000
314,311	550,000	64,933	929,243
0	189,208	0	189,208
0	1,420,339	0	1,420,339
29,138	16,414	5,063	50,616
43,840	606	10,958	55,404
544,778	3,505,205	143,091	4,193,074

Difference To Budget (161,162) (874,480) (67,203) (1,102,846)

YOLO COUNTY HEALTH & HUMAN SERVICES

MHSA FINANCE UPDATE

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INN COMPONENT SUMMARY	
Program name (Expenditures)	
INN Crisis Now Learning Collaborative	
MHSA Comm Plan & Eval - INN	
MHSA Administration - INN	

FY 2020-2021							
S&B Budget	S&B Actual	Contracts Budget	Contracts Actual	Operating Budget	Operating Actual	Total Budget	Total Actual
97,436	27,050	0	0	16,564	4,747	114,000	31,797
57,257	437	21,522	267	10,994	78	89,774	782
136,458	4,508	4,365	0	24,238	820	165,061	5,328

FY 2021-2022			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
599,136	0	101,853	700,989
0	0	0	0
0	0	0	0

FY 2022-2023			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
502,840	0	85,483	588,323
0	0	0	0
0	0	0	0

INN Total Expenditures

291,151	31,996	25,887	267	51,797	5,645	368,835	37,907
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599,136	0	101,853	700,989
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502,840	0	85,483	588,323
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Difference To Budget

(259,156)

(25,620)

(46,152)

(330,928)

YOLO COUNTY HEALTH & HUMAN SERVICES

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WET COMPONENT SUMMARY	
Program name (Expenditures)	
WET Coordinator	
WET Professional Development	
WET Peer Workforce Development Workgroup	
WET Central Regional Partnership Grants	
WET BBS Supervision	
MHSA Comm Plan & Eval - WET	
MHSA Administration - WET	

FY 2020-2021							
S&B Budget	S&B Actual	Contracts Budget	Contracts Actual	Operating Budget	Operating Actual	Total Budget	Total Actual
18,615	3,952	0	0	3,165	694	21,780	4,646
0	404	0	8,280	54,880	21,721	54,880	30,405
16,601	0	0	0	6,436	2,500	23,037	2,500
0	3,182	30,000	0	0	558	30,000	3,740
6,776	2,830	0	0	1,152	0	7,928	2,830
5,903	767	2,219	468	1,133	137	9,255	1,372
6,790	1,256	450	0	1,334	229	8,575	1,485

FY 2021-2022			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
18,961	0	3,223	22,184
0	0	55,795	55,795
0	0	3,614	3,614
18,964	30,000	3,224	52,188
59,290	0	10,079	69,369
4,525	2,963	871	8,359
6,808	99	1,707	8,614

FY 2022-2023			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
19,909	0	3,384	23,293
0	0	56,747	56,747
0	0	3,614	3,614
19,912	25,000	3,385	48,298
59,290	0	10,079	69,369
4,751	2,676	826	8,253
7,148	99	1,787	9,034

WET Total Expenditures

54,686	12,392	32,669	8,748	68,101	25,838	155,455	46,978
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108,548	33,062	78,514	220,123
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111,011	27,775	79,822	218,608
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Difference To Budget

(42,294)

(23,921)

(42,262)

(108,477)

YOLO COUNTY HEALTH & HUMAN SERVICES

MHSA FINANCE UPDATE

Plan Years 2021 - 2023

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CFTN COMPONENT SUMMARY	
Program name (Expenditures)	
CFTN Adult Residential - NA	
CFTN Information Technology	
CFTN Peer-Run Housing (AFI Match)	
MHSA Comm Plan & Eval - CFTN	
MHSA Administration - CFTN	

FY 2020-2021							
S&B Budget	S&B Actual	Contracts Budget	Contracts Actual	Operating Budget	Operating Actual	Total Budget	Total Actual
0	0	0	0	0	0	0	0
0	0	677,884	388,651	134,490	109,508	812,374	498,159
0	0	250,000	0	0	0	250,000	0
0	8,709	0	5,312	0	1,553	0	15,574
0	0	0	0	0	0	0	0

FY 2021-2022			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
0	0	0	0
0	1,012,317	659,040	1,671,357
0	250,000	0	250,000
47,773	31,278	9,197	88,248
71,876	1,044	18,020	90,940

FY 2022-2023			
S&B Budget	Contracts Budget	Operating Budget	Total Budget
0	0	0	0
0	732,734	133,490	866,224
0	0	0	0
50,162	28,257	8,716	87,135
75,470	1,043	18,863	95,376

CFTN Total Expenditures

0	8,709	927,884	393,963	134,490	111,061	1,062,374	513,733
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119,649	1,294,640	686,257	2,100,546
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125,632	762,034	161,070	1,048,736
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Difference To Budget

8,709

(533,921)

(23,429)

(548,641)