Yolo County Mental Health Services Act

Draft

ANNUAL UPDATE

2024 - 2025

WELLNESS • RECOVERY • RESILIENCE

Table of Contents

Acronyms

AA	Adult and Aging Branch
AB2265	California Assembly Bill authorizing the use of MHSA funds for substance use disorder treatment
ACT/AOT	Assertive Community Treatment/Assisted Outpatient Treatment
ADHC	Adult Day Health Centers
ASQ	Ages & Stages Questionnaires
ASQ-3	Ages & Stages Questionnaires Third Generation
ASQ-SE	Ages & Stages Questionnaires Social-Emotional
BBS	Board of Behavioral Sciences
BOS	Board of Supervisors
CalAIM	California Advancing and Innovating Medi-Cal
CARE Act	Community Assistance, Recovery, and Empowerment Act
CBT	Cognitive Behavioral Therapy
CC	Cultural Competency
CCHC	CommuniCare Health Centers
CCHC+OLE	CommuniCare+OLE
CEWG	Community Engagement Work Group
CFTN	Capital Facilities and Technological Needs
CIT	Crisis Intervention Team
CLAS	National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
COLA	Cost of Living Allowance
CREO	Creando Recursos y Enlaces Paran Oportunidades
CSS	Community Services and Supports
CYF	Child, Youth, and Family Branch
DEA	Drug Enforcement Agency
DEI	Diversity, Equity and Inclusion
DHCS	Department of Health Care Services
ECMH	Early Childhood Mental Health Access and Linkage Program
EDAPT	Early Diagnosis & Preventive Treatment of Psychosis Program
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FB	Facebook
FEP	First-Episode Psychosis
FFP	Federal Financial Participation
FSP	Full-Service Partnership
FTE	Full-Time Employee
FY	Fiscal Year
GPS	Group Peer Support
HFYC	Healthy Families Yolo County
HHSA	Health and Human Services Agency
HIPAA	Health Insurance Portability and Accountability Act
HMG	Help Me Grow
IBHS	Integrated Behavioral Health Services
IG	Instagram
INN	Innovations
IT	Information Technology
K-12	Kindergarten through 12th Grade
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning
LMHB	Local Mental Health Board
M/C	Medi-Cal
M-CHAT	Modified Checklist for Autism in Toddlers
MH	Mental Health
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSSA	Mental Health Student Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
MMH	Maternal Mental Health
MyAvatar	HHSA's electronic health record
N	Number
NAMI	National Alliance on Mental Illness
NVBH	North Valley Behavioral Health
OSHPD	Office of Statewide Health Planning and Development
PEI	Prevention and Early Intervention
PH	Public Health Branch
PHQ9	Patient Health Questionnaire-9
PIP	Pathways to Independence Program
PN	Perinatal
PSH	Permanent Supportive Housing
PTG	Pine Tree Garden
Q1	Quarter 1 (July–September)
Q2	Quarter 2 (October–December)
Q3	Quarter 3 (January–March)
Q4	Quarter 4 (April–June)
QC	Quality Control
QI	Quality Improvement
QPR	Question, Persuade, Refer
RBA	Results-Based Accountability
S&B	Salaries and Benefits
SEEK	Safe Environment for Every Kid
SID	Sensory Integration Disorder
TAY	Transition-Age Youth
ORALE	UC Davis Organizations to Reduce, and to Advance, and Lead for Equity Against COVID-19
VOIP	Voice Over Internet Protocol
WCC	Woodland Community College
WET	Workforce, Education and Training
YCN	Yolo Crisis Nursery
YCCD	Yuba Community College District

County Board of Supervisors Adoption Letter

Certifications

MHSA County Compliance Certification

County/City: Yolo

☐ Three-Year Program and Expenditure Plan
☑ Annual Update

Local Mental Health Director	**Program Lead**
Karleen Jakowski, Mental Health Director	Brian Vaughn, Public Health Director
(530) 661-2978	(530) 666-8771
Karleen.Jakowski@yolocounty.gov	Brian.Vaughn@yolocounty.gov
Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695	

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

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

This Three-Year Program and Expenditure Plan or Annual Update, attached hereto, was adopted by the County Board of Supervisors on xx, xx xxxx. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Three-Year Program and Expenditure Plan or Annual Update are true and correct.

Karleen Jakowski, LMFT

Mental Health Director/Designee (PRINT) Signature Date

MHSA County Fiscal Accountability Certification

County/City: Yolo

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

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Karleen Jakowski, Mental Health Director (530) 661-2978 Karleen.Jakowski@yolocounty.gov	Tom Haynes, Chief Financial Officer (530) 666-8162 Tom.Haynes@yolocounty.gov
Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N . Cottonwood St ., Suite 2500 Woodland, CA 95695	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813 .5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for countries in future years.

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

Karleen Jakowski, LMFT

Mental Health Director/Designee (PRINT) Signature Date

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

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is an Annual Revenue and Expenditure Report attached, is true and correct to the best of my knowledge.

Tom Haynes, CFO

County Auditor Controller/City Financial Officer (PRINT) Signature Date

MHSA Guiding Principles

The MHSA principles that guide Yolo County's planning and implementation activities are described briefly here.

1. Community Collaboration

The process by which clients and families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources to fulfill a shared vision and goals.

2. Cultural Competence

Incorporating and working into all aspects of policy-making, program design, administration, and service delivery to achieve equal access to services of equal quality; treatment interventions and effective outreach services; proper identification of strategies to reduce and eliminate disparities; an understanding of the diverse belief systems concerning mental illness, health, healing and wellness; the understanding of historical bias, racism, and other forms of discrimination on racial, ethnic, cultural, and linguistic communities, including their mental health; the adoption of contractual services to address the needs and values; and strategies promoting equal opportunities.

3. Client Driven

The client has the primary decision-making role in identifying their needs, preferences, and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him or her. Client-driven programs and services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes.

4. Family Driven

Families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their children, including the identification of needs, preferences, and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family-driven programs and services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes.

5. Wellness, Recovery, and Resilience Focused

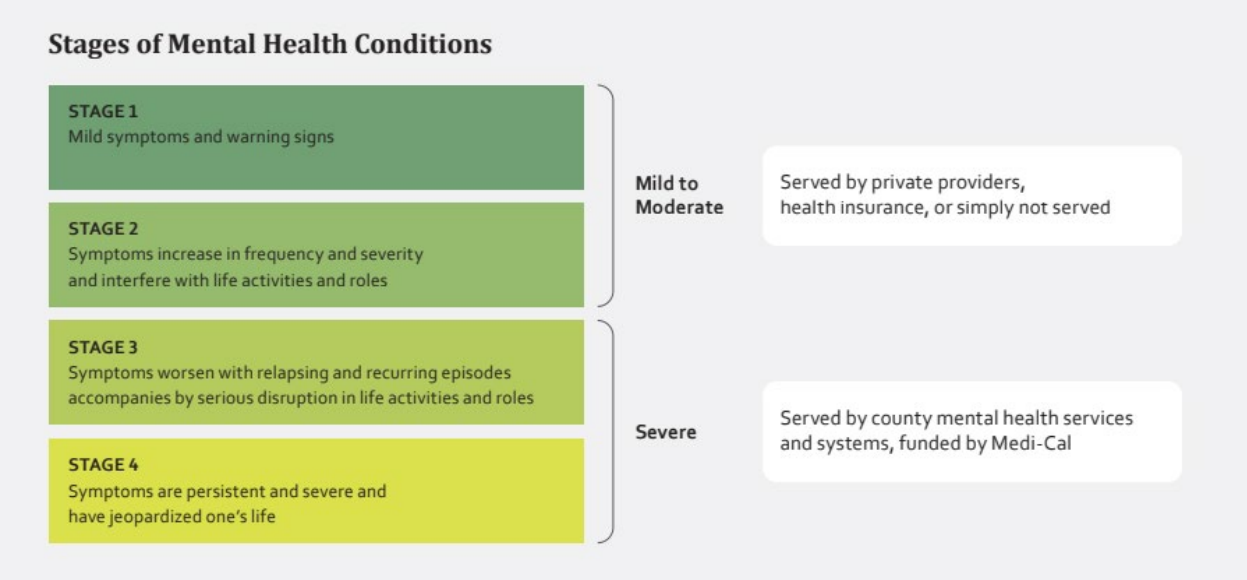
Planning for services shall be consistent with the philosophy, principles, and practices of the recovery vision for mental health consumers to promote concepts key to the recovery of individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination; to promote consumer-operated services as a way to support recovery; to reflect the cultural, ethnic, and racial diversity of mental health consumers; and to plan for each consumer's individual needs.

6. Integrated Service Experiences for Clients and Their Families

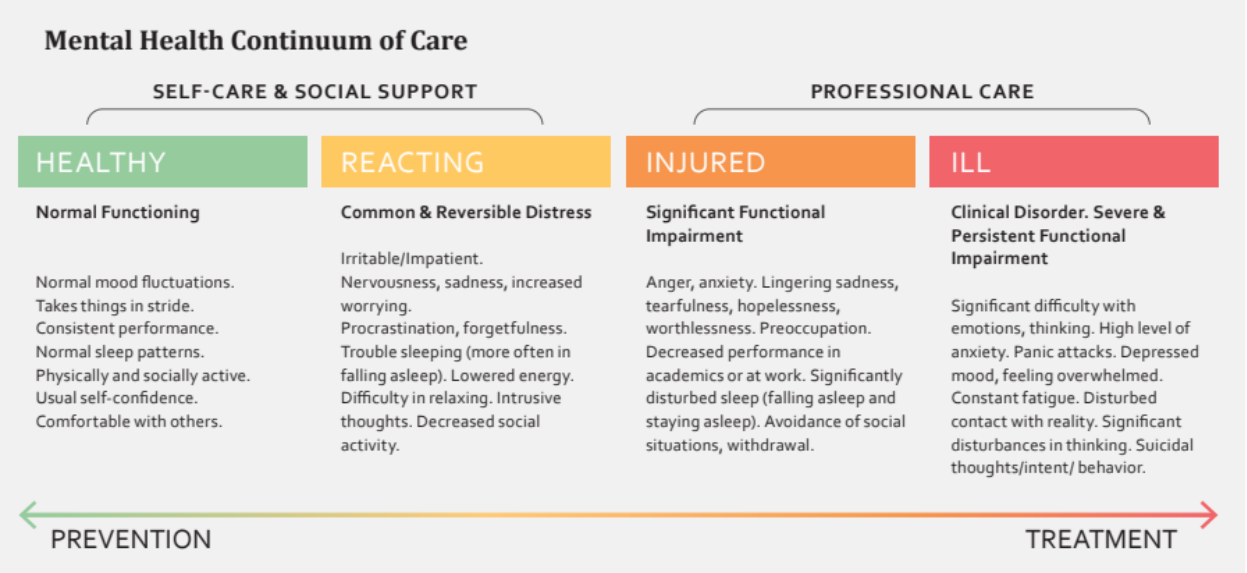
The client, and when appropriate, the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner.

Mental Health Definitions

Mental health exists on a spectrum, commonly called “mild to moderate” or “severe.”



Many people experience depression, but one’s ability to function is an important factor that can define the severity of illness.



Public Health Context for All Health Inequalities

To give context to mental health, it is important to understand that many factors over which individuals have little to no control can have a substantial impact on health. These are shown in the figure below. Yolo County is embracing this perspective and taking steps to address these social and institutional inequalities and living conditions.

How California's History Affects Mental Health

The challenges that Yolo County faces to address mental health are not unique within California and are intimately connected to our state's history of managing mental health.

The increasing visibility of mental health issues in the community, schools, hospitals, clinics, jails, and with homelessness is the result of larger policy applications by both the federal and state governments. Some of the ways we see these issues manifest across the state today:

- Jails become default psychiatric institutions. Inmates wait a long time for care.
- More people with mental illness are living on the street and represent one third of those experiencing homelessness.
- Emergency rooms feel the pinch.

These educational, judicial, and medical systems are poorly equipped to handle mental health issues yet are being asked to shoulder much of the burden of dealing with the current mental health crisis.

Today, mental health issues are more visible throughout our community and are especially acute in:

- *Schools & Colleges*
- *Clinics & Hospitals*
- *Jails & Prisons*
- *Interactions with law enforcement*

A detailed history can be seen here: https://calmatters.org/explainers/breakdown-californias-mental-health-system-explained/

Executive Summary

The Fiscal Year (FY) 2024-25 Annual Update for the Mental Health Services Act (MHSA) provides the Yolo County Health and Human Services Agency (HHSA) an opportunity to inform stakeholders, partners, consumers, and community members about MHSA-funded programs and funding priorities and highlight outcomes from FY 2022-23.

California's public behavioral health system is set for significant transformation following the passage of Proposition 1, the Behavioral Health Services Act (BHSA). This act refocuses the MHSA on those with serious mental illnesses and substance use disorders, emphasizing housing support for the unhoused, while also funding full-service partnerships and early intervention services. Key changes under the BHSA will take effect in July 2026, restructuring funding allocations to prioritize housing (30%), full-service partnerships (35%), and behavioral health services and supports (35%). Additionally, the BHSA eliminates funding for prevention and workforce training at the local level, removes the innovation component, and increases the state's funding share from 5% to 10%, redirecting approximately $140 million annually from counties to the state. Efforts are underway to assess the local impact of these changes and identify new opportunities.

As of January 2024, state projections indicated a 23.6% decline in MHSA revenue compared to March 2023, leading to reduced revenue projections for Yolo County during the current three-year plan. The volatility of MHSA revenue is evident, with actual revenue over the past three fiscal years being 20% lower than projected, resulting in a $12.4 million shortfall. This fluctuation, combined with rising costs and prior growth plans, has depleted Yolo County's unspent fund balances.

In collaboration with county leadership and local stakeholders, this Annual Update sustains much of the core programming within Yolo County's MHSA three-year plan and includes reductions in the Community Services and Supports (CSS) budget and adjustments in the Prevention and Early Intervention (PEI) budget. These changes reflect updated state projections, actual local revenue and expenditures and related impacts to fund balances, and anticipated impacts related to Proposition 1. Yolo County will continue to monitor state projections and make any necessary additional adjustments in the FY 2025-26 Annual Update.

The FY 2024-25 updates are informed by the community planning process, prioritize fiscal responsibility, and are guided by key principles, which include:

- Ensuring compliance with MHSA categorical spending requirements;
- Minimizing impacts on service delivery while prioritizing direct client services;
- Maximizing Medi-Cal revenue by leveraging MHSA funding for federal entitlements related to Medi-Cal Specialty Mental Health Services;
- Evaluating the eligibility of current MHSA programs for continued funding post-Proposition 1 implementation; and
- Utilizing data-driven decision-making to right-size Yolo County's plan and budget based on changing MHSA revenue projections.

These adjustments will result in minimal and targeted reductions to existing services, with a focus on maximizing Medi-Cal revenue and leveraging alternative funding sources wherever possible. The only new MHSA initiative for FY 2024-25 is one-time capital funding for the acquisition and rehabilitation of an MHSA-funded Adult Residential Facility serving seriously mentally ill adults.

Changes for the FY 2024-25 Annual Update:

1. Reductions in Community Services and Supports (CSS) Budget:
    - Return of contracted Adult, Transitional Aged Youth, and Older Adult Full-Service Partnership (FSP) to a core baseline of 200 slots, down from 240 slots.
    - Discontinuation of the Case Management program at Pine Tree Gardens Adult Residential Facility.
    - Discontinuation of the Behavioral Health Case Management (BHCM) program for the Public Guardian's Office and elimination of two (2) BHCM positions with HHSA.
    - Elimination of several administrative support positions, including an MHSA Program Coordinator and Administrative Services Analyst, within HHSA.
    - Elimination of the Supportive Housing and Social Services Coordination program.

- Discontinuation of the contract with CommuniCare+OLE to operate the Davis Navigation Center, with a concurrent proposal to add three (3) positions within HHSA to operate the center for cost savings.
- Transition of the NAMI Peer- and Family-Led Support Services program from the CSS to the PEI category.
- Reduction in Capital Facilities and Technology Needs (CFTN) transfers.

2. Reductions in Prevention and Early Intervention (PEI) Budget:
    - Discontinuation of the Latinx Outreach/Mental Health Promotores program, with some services continued through other funding sources.
    - Elimination of two (2) Administrative Services Analyst positions within HHSA.
    - Discontinuation of the Mobile Hair Professionals to Support Mental Wellness and Connections program, with some services continued through other funding sources.
3. Reductions in Capital Facilities/Technology Needs (CFTN) Budget:
    - Utilization of one-time incentive funds to offset annual subscription costs for the Avatar Electronic Health Record.

Community planning priorities have highlighted the need to adapt to changes stemming from Proposition 1, enhance FSP program needs, and expand supportive housing options. Feedback from the community planning process has consistently underscored the importance of strengthening existing services.

As we navigate these transitions and the evolving landscape of behavioral health in California, Yolo County HHSA remains committed to supporting our clients, partners, and the community. We will embrace new opportunities and uphold the core values of the MHSA: community collaboration, cultural competence, consumer and family-driven services, service integration, prioritization of the unserved and underserved, and a focus on mental wellness, recovery, and resilience.

We are so grateful for your participation in the community engagement process and for your constructive feedback that drives our system's growth and improvement. Thank you for your ongoing support, partnership, and commitment to our community's wellness. Together, we can achieve so much more—and that is, and always will be, the Yolo way.

In partnership,

Karleen Jakowski, LMFT

Mental Health Director

How to Get Help in Yolo County

Resources and services for those experiencing a crisis.

Help is available, speak with someone today.

Call or text 988 Suicide and Crisis Lifeline 24/7.In case of a life-threatening emergency, **call 911**.

Yolo County HHSA
Yolo County Health and Human Services Agency Phone Line
Toll Free: (833) 744-HHSA (4472)

Access & Crisis Lines
24/7 Behavioral Health Access and Crisis Line
Toll Free: (888) 965-6647
TDD: (800) 735-2929
https://www.yolocounty.org/government/general-government-departments/health-human-services/mental-health

Deaf callers will need to call the toll-free number for behavioral health.
California Relay Services: 711

ASK — Teen/Runaway Line
Davis: (530) 753-0797
Woodland: (530) 668-8445
West Sacramento: (916) 371-3779

National Alliance on Mental Illness (NAMI), Yolo Message Line
Contact: (530) 756-8181
Suicide Prevention 24/7
988 Suicide & Crisis Lifeline 24/7: Call or Text 988 https://988lifeline.org/talk-to-someone-now/
Veterans: Text/Call 988 Dial 1 or Text: 838255
Nacional de Prevención del Suicidio: (888) 628-9454

Protective Services
Yolo County Adult Protective Services
Toll Free Adult Abuse Reporting 24/7 Intake Line: (888) 675-1115
Adult Abuse Reporting (24/7 Intake Line): (530) 661-2727

25 N. Cottonwood Street Woodland, CA 95695
https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/adult-protective-services

Yolo County Child Welfare Services
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/
CWS Reporting: (530) 669-2345 or CWS Fax: (530) 661-6012

Emergency Child Respite Services
Yolo Crisis Nursery
Contact: (530) 758-6680
Email: info@yolocrisisnursery.org
https://yolocrisisnursery.org

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
https://empoweryolo.org/crisis-support/

Empower Yolo, Dowling Center
175 Walnut Street Woodland CA 95695
Contact: (530) 661-6336
https://empoweryolo.org

Empower Yolo, D-Street House
441 D Street
Davis, CA 95616
Contact: (530) 757-1261
https://empoweryolo.org

Empower Yolo, KL Resource Center
9586 Mill Street
Knights Landing, CA 95465 Contact: (530) 661-5519
https://empoweryolo.org

Empower Yolo, West Sacramento
1025 Triangle Court, Suite 600 West Sacramento, CA 95465 Contact: (916) 873-8824
https://empoweryolo.org

2-1-1 Yolo County
Website: https://www.211sacramento.org/211/2-1-1-yolo-county/

Teen Line
1-310-855-HOPE or
1-800-TLC-TEEN (nationwide toll free) from 6 pm–10 pm PST or Text "TEEN" to 839863 between 6:00–9:00 p.m. PST
https://www.teenline.org/

The Peer-Run Warm Line
1-855-845-7415
https://www.mentalhealthsf.org/peer-run-warmline/

Yolo County's Children Alliance
https://www.yolokids.org/

Yolo Family Strengthening Network
https://www.yolokids.org/yolo-family-strengthening-network

SAMHSA's Disaster Distress Line
1-800-985-5990 or text TalkWithUs to 66746
https://www.samhsa.gov/find-help/disaster-distress-helpline

Alcoholics Anonymous
https://alcoholicsanonymous.com/aa-meetings/california/

Narcotics Anonymous
https://www.norcalna.org/na_meetings.php

Yolo County Community Program Planning Process

Introduction

The Mental Health Services Act (aka Proposition 63) was approved by California voters in 2004 to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. The Mental Health Services Act (MHSA) is funded by a one percent income tax on personal income in excess of $1 million per year. To ensure transparency and efficacy in the use of these funds, the Mental Health Services Oversight and Accountability Commission (MHSOAC) requires counties receiving MHSA funds to create a comprehensive Three-Year Program and Expenditure Plan that outlines how MHSA funding will be used along with two subsequent Annual Updates.

This Annual Update plan for how Yolo County will use MHSA funds from the State of California was written with input from community members and stakeholders from across the county. The process included consumers, their family and friends, individuals providing direct service, emergency responders, adults, parents, youth, LGBTQ+ people, diverse racial and cultural communities, and many more.

This plan reflects the deep commitment of Yolo County Health and Human Services Agency (HHSA) leadership to provide various opportunities for meaningful and robust participation of community stakeholders in designing MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

Yolo County Health and Human Services Agency engaged Community Members and Stakeholders through a mixed-methods strategy that consisted of three data collection tools.

Data were collected from Community Members through:

- The Annual Community Health Survey
- Community Listening Sessions

Data were collected from Stakeholders through:

- Key Stakeholder Interviews

The goal of gathering these data, in which Community Members and Stakeholders shared their valuable insights, is to enhance the effectiveness of the behavioral health system in meeting the needs of all communities across Yolo County. To meet this goal, these data were used in the following assessment as part of the CPPP to inform resource allocation and prioritization of programs, strategies, and initiatives funded under the Mental Health Services Act.

Community Engagement Process

To learn more about mental health successes and needs in Yolo County, information was collected in three ways: (1) **Key Stakeholder Interviews**: Five Key Stakeholder interviews were conducted to learn about the strengths of the behavioral health services available, insights into the coordination and integration of care, top needs in the community, and future opportunities to enhance the behavioral health system in the county. (2) **Community Health Survey**: The survey was available for Community Members to complete from January 22, 2024, to March 6, 2024. It focused on Community Members' perception of the most important behavioral health and housing services, their availability, barriers to accessing services, and open-ended questions that provided opportunities for people to provide more information. (3) **Listening Sessions**: Five Listening Sessions were conducted in different Yolo County geographies (Davis, Esparto, West Sacramento, Winters, and Woodland) between February 23, 2024, and March 1, 2024. Anyone in the community could participate in-person or online. The Listening Sessions focused on understanding Community Members' perception of behavioral health issues, the most important behavioral health challenges and support needs, the accessibility of services in their community, and suggestions for improvement, prioritization, and funding.

Stakeholder Interviews Findings

The goal of the Key Stakeholder Interviews was to gather diverse perspectives on behavioral health needs and services in Yolo County, including MHSA programs. The interview questions focused on the strengths of the services available, insights into the coordination and integration of care, top needs in the community, and future opportunities to enhance the behavioral health system in the county. The common themes in stakeholders' responses related to the strengths and needs across behavioral health care and the coordination and integration of services are detailed below.

Behavioral Health Care

Strengths

Assessing the strengths of behavioral health care in Yolo County can help the Health and Human Services Agency (HHSA) identify components of the system that are working well and may provide models to address identified needs. Across interviews, there was general excitement about programs and initiatives that reduce barriers to accessing the system of care, and optimism about internal initiatives that support staff in delivering services. Stakeholders expressed excitement about the K-12 School Partnership Programs that includes the five county school districts, the County Office of Education, and Community Based Organizations (CBOs) to provide access to Mental Health professionals at schools in the county. As part of these partnerships, HHSA uses data from the California Healthy Kids Survey to help understand youths' challenges and needs, which in turn inform future services. Stakeholders were also enthusiastic about NAMI's public education programs that target stigma and discrimination around mental health and public education about the warning signs of mental health disorders.

Interviewees identified the dedication of county staff members and volunteers as a notable strength of the County's behavioral health system. They reported seeing progress in hiring and staffing to fill vacancies and in staff wellbeing initiatives to reduce stress and burnout for all employees.

Needs

Assessing the needs of current programs and initiatives helps identify those that can be enhanced and areas to direct future funding for the greatest impact. The interviews revealed concerns about program funding, funding loss, and the need to increase capacity to meet the behavioral health needs of the community, all in the context of challenges in hiring and retaining staff. Stakeholders expressed concern about how funding changes would impact the County's ability to maintain and expand capacity to meet the community's behavioral health needs. They were also concerned about the need for more Full-Service Partnerships – beyond the recently expanded 240 slots – and to provide services for people who are no longer in crisis but still need support. Stakeholders also recommended funding programs for prevention and early intervention at the earliest possible age when it is easier to have an impact on behavioral health outcomes.

For youth in particular, stakeholders identified the need to expand programs and initiatives to address the COVID-19 and post-COVID-19 spike in youth mental health issues. It will also be important for these programs to provide support that is culturally relevant and available to the more rural areas of the county.

The difficulty of finding locations for housing for people with behavioral health issues was also pointed out, and stakeholders noted the mediating challenge of "not-in-my-backyard" sentiments. More housing is needed to ensure that people with behavioral health issues and experiencing homelessness have access to housing. They also recommended more

funding for housing and supportive care for people with different levels of need, so that people are met where they are and are less likely to require crisis care.

Take-aways

Overall, the results reflect that stakeholders were clear about the successes in reducing barriers to accessing services and internal efforts to fill vacancies and increase staff wellbeing. They also recognized the need for increased capacity to meet the needs of the behavioral health and youth programs including housing, as well as increased staffing to lead and support those programs.

Coordination and Integration of Services

Strengths

There are successes in current coordination and integration efforts. In the interviews, stakeholders were enthusiastic about efforts to make navigating the behavioral health system of care easier for community members. Interviewees highlighted the Navigation Center in Davis, which helps people find the services they need.

Needs

It is a difficult and an ongoing task to coordinate and integrate behavioral health services. The stakeholders identified needs to make navigating the system easier and for increased efforts to support public mental health education. Interviewees recognized that navigating the behavioral health system can be difficult for both new and experienced individuals, creating a barrier to accessing needed services. One step toward overcoming this barrier might be further increasing educational efforts about the county's services so that people know where to turn if mental health issues arise for themselves or someone they know.

Another way to coordinate and integrate services might be dual-diagnosis processes. The interviewees felt that adopting dual-diagnosis processes, especially as a part of housing applications, could help to identify, and help people to access services for any other behavioral health needs they may have. Another avenue to understanding the overlap of people who are seeking more than one kind of behavioral health service is to use existing data and collect additional data to possibly find ways to coordinate multiple programs.

In youth programs, stakeholders observed a need for increased efforts to include families in youth intervention programs to extend supports beyond schools and into homes which can increase the impact of youth intervention. They also recommended using schools as a hub for coordinating and integrating different services, thereby making comprehensive care more accessible.

Finally, there is also a need for increased operations capacity and project management to increase project and meeting efficiency and support programs and their integration into the broader system of care.

Take-aways

Interviewees recognized the need to build upon the success of the Davis Navigation Center to make the behavioral health care system of services easier to navigate and to enhance coordination and integration between different programs and services. Doing so would make it easier for people to access the services they need and increase the availability of more holistic care.

Community Health Survey and Listening Session Key Themes and Findings

The findings below represent the community's perspectives on key behavioral health issues, barriers to accessing behavioral health services, and stable, affordable housing availability. These insights are derived from the analysis of data gathered through the Community Health Survey and Listening Sessions held in various locations across the county. Survey respondents and Listening Sessions participants were asked about their perception of salient behavioral health challenges, the perceived availability of mental health and substance use services, obstacles to accessing care, the availability of affordable housing, and recommendations for improving access to both behavioral health services and housing. These findings offer insights into Community Members' perception of the current state of behavioral health services in Yolo County and suggest areas for improvement.

A demographic overview of respondents and participants was collected through both the Community Health Survey and the Listening Session demographic survey. This comprehensive data will be presented at the end of this section, providing insights into the characteristics of the Community Members who participated in these data collection initiatives.

Behavioral Health Issues

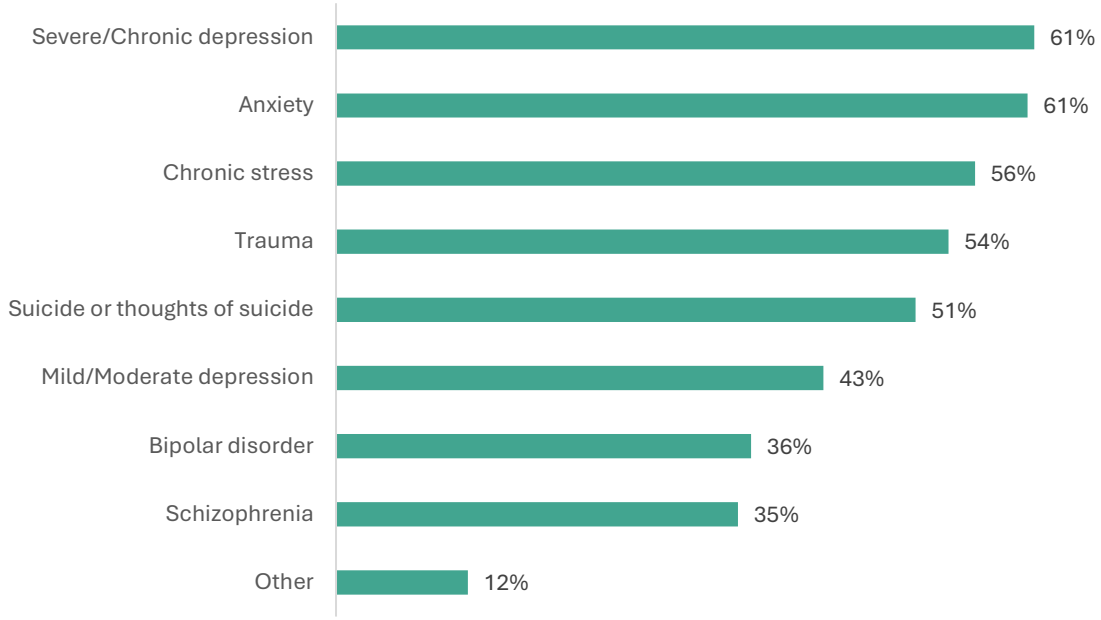
Issues Identified by the Community. Recognizing the community's most pressing behavioral health issues is crucial for developing effective interventions and allocating resources efficiently. Survey respondents were asked to identify their priority concerns, and the findings shed light on key areas requiring attention and support.

Figure 1a shows the most important Mental Health issues identified by survey respondents. More than 50% of respondents endorsed *severe and chronic depression*, *anxiety*, *trauma*, and *suicide or suicidal thoughts* as important mental health issues to address.

Figure 1b indicates the most important substance use issues, with 60% of survey respondents identifying alcohol use disorder as an important issue to address.

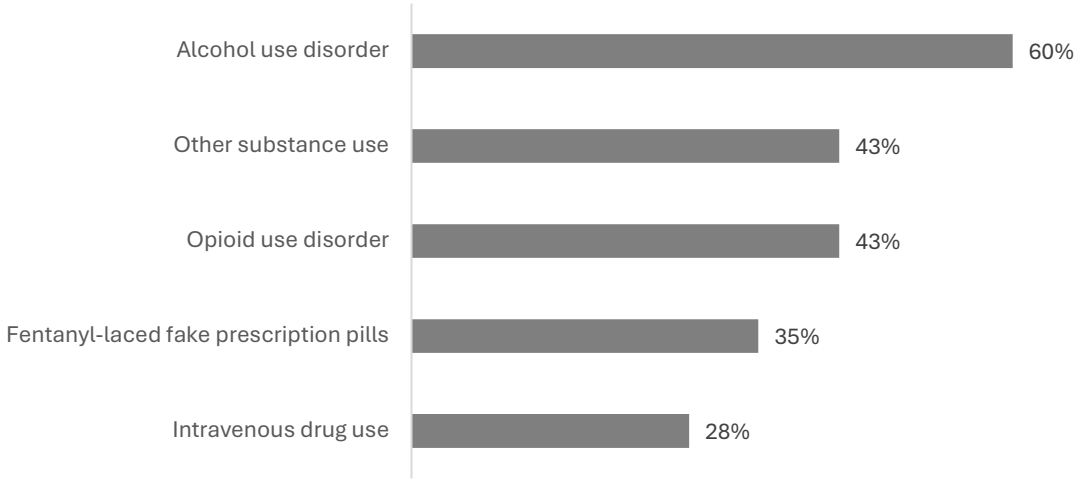
Figure 1c illustrates the rank order (from highest to lowest) of both mental health and substance use issues combined.

Figure 1a. Most Important Mental Health Issues Identified by Community Health Survey Respondents*



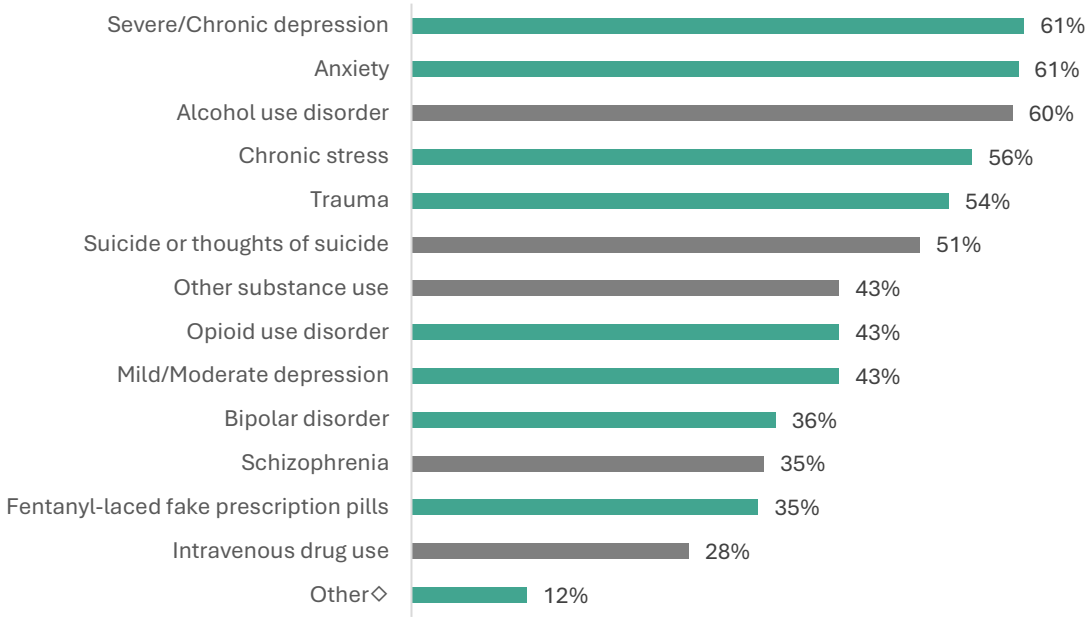
*N = 61-106. Respondents could select more than one issue. Percentages may exceed 100%.

Figure 1b. Most Important Substance Use Issues Identified by Community Health Survey Respondents*



*N = 48-104. Respondents could select more than one issue. Percentages may exceed 100%.

Figure 1c. Most Important Mental Health and Substance Use Issues Identified by Community Health Survey Respondents*



*N = 48-106. Respondents could select more than one issue. Percentages may exceed 100%. Issues related to mental health are shown in green and substance use are shown in grey.
◇ "Other" responses include isolation, substance use (marijuana use, methamphetamines), PTSD, youth needs, and homelessness.

Participants in the Listening Sessions were prompted to explore the mental and emotional well-being of individuals in their community and to reflect on existing perceptions or stereotypes about mental health and substance use issues. The findings from these discussions revealed three prominent themes. First, there was a prevailing sense of **emotional distress**, with participants frequently using words like "anxious," "desperate," and "stressed." This emotional strain was further compounded by **systemic frustrations**, highlighting the impact of structural issues—particularly on caregivers—leading

to exhaustion that may not be immediately apparent. Additionally, many participants described operating in a state of "**survival mode**," where prioritizing basic needs took precedence over seeking behavioral health support.

> *"Seeking [behavioral health] services isn't the first thing. [Families] need to fulfill basic needs first."*

Discussions around misconceptions and stereotypes surrounding mental health and substance use issues uncovered **cultural perceptions** that, in many cases, impede open dialogue within the community. Participants noted that in some cultures, discussing mental health is considered a sign of weakness or a lack of strength, which contributes to a cultural stigma that prevents acknowledgment of mental health issues. Additionally, **educational barriers and misinformation** were highlighted as exacerbating stigma; a lack of appropriate education and entrenched stereotypes, such as equating mental health issues with "craziness" or viewing homelessness as merely a problem rather than a symptom of larger issues, compound the stigma and hinder effective communication. Feelings of "fear" and "shame" surrounding behavioral health issues were commonly shared, illustrating how **stigma and fear of acknowledgment** prevent individuals from seeking assistance or engaging in meaningful discussions about potential solutions.

> *"There is a lot of fear and shame that keeps people from accepting help or following through with help."*

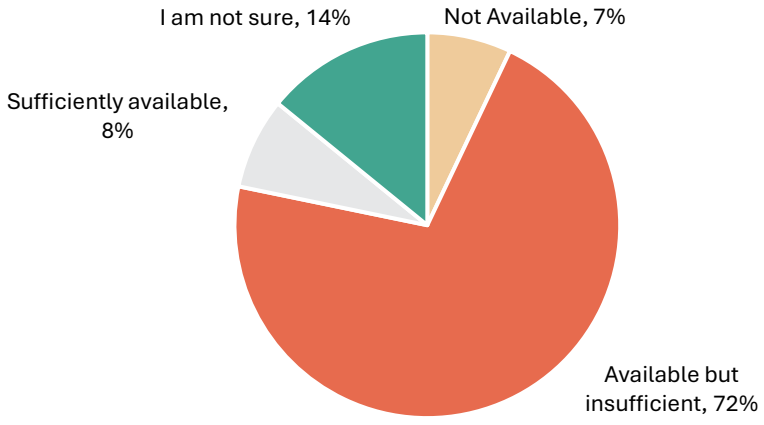
Needs and Gaps in Services

Community Members were prompted to share their perceptions of the adequacy of the current system of care in meeting community needs. Their responses and shared experiences highlighted gaps within the existing system of care.

Assessment of Service Availability

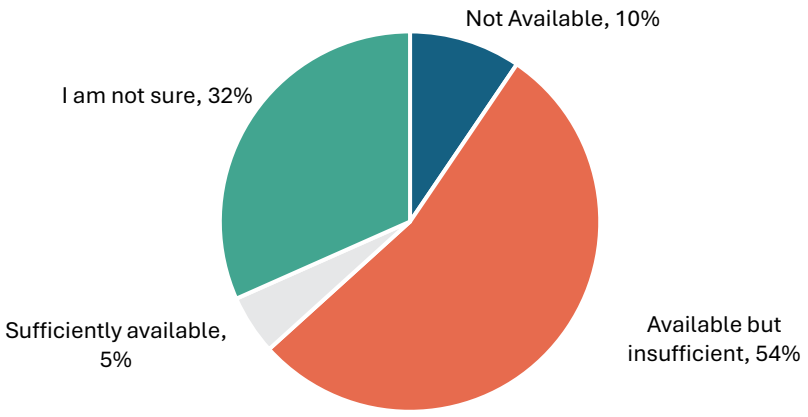
Survey respondents were asked to identify gaps in service faced by the community and assess whether existing services adequately addressed the prevalent mental health and substance use issues. **Figures 2** and **3** depict that while some services were perceived as available, over half of respondents felt they were insufficient to meet the community's needs.

Figure 2. Survey Respondents' Perception of the Availability of Mental Health Services in the County*



*N = 167 Community Survey respondents

Figure 3. Community Health Survey Respondents' Perception of Availability of Substance Use Services in the County*



*N = 156 Community Survey respondents

Participants in the Listening Sessions also identified gaps in mental health services in Yolo County, emphasizing the need for more treatment options and increased support for individuals dealing with mental health and substance use issues. **Challenges in engaging in mental health and substance use treatment** were described as complex, as individuals often exhibit resistance to acknowledging their problems and accepting help. This complexity is further compounded by societal stigma, a lack of trust in providers, and a general unwillingness to engage with services due to addiction, mental illness, or denial of their issues. Specific to mental health, concerns were expressed regarding the lack of a service bridging the gap between mental health court and conservatorship. Concerning substance use disorders, participants underscored the need for additional residential treatment facilities and a greater number of providers trained in treating substance use disorders.

A related discussion centered on the need to engage individuals in their own treatment and provide additional supports to enhance treatment success. Participants expressed concern about resource allocation for individuals who may not acknowledge their mental health or substance use issues or decline offered services. They noted that the **impact of mental health and substance use issues extends beyond the individual to their families and communities**, highlighting the gap in family involvement in treatment and issues with parental rights. They suggested that reallocating these resources to those actively seeking assistance could lead to more effective service delivery.

> *"What I see every day is a lack of willingness to engage in services."*

> *"There is no parent component during treatment."*

There was widespread support for expanding the availability of Recovery Cafes, with suggestions to customize them to specific groups such as transition-aged foster youth, those dealing with mental health challenges, substance use issues, and more. Additionally, participants advocated for strategies to offer individuals with mental health and substance use issues structured activities throughout the day.

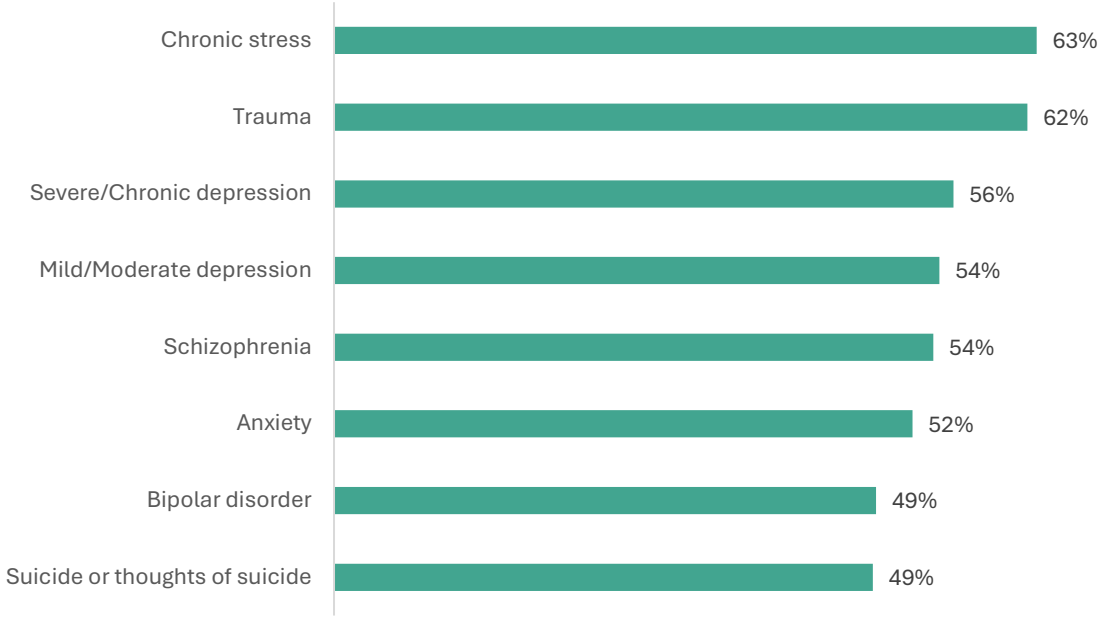
Groups Needing Extra Support. During the Listening Sessions, participants were asked to identify groups within the community requiring additional support for their behavioral health needs. **Non-English speakers** and culturally diverse populations emerged as a group encountering challenges due to language barriers and a gap in culturally reflective services. **Vulnerable populations with specific needs,** such as transgender individuals, low-income families, those experiencing housing instability, and seniors, were also identified as groups with distinct needs that necessitate targeted support services. Lastly, individuals recently released from incarceration were highlighted as a group needing extra support as they face systemic challenges in ensuring continuity of care.

Availability of Specific Mental Health and Substance Use Services

Community Health Survey respondents were asked about the availability of specific mental health and substance use services. Analysis revealed that respondents perceived several services to have low availability. For instance, services that

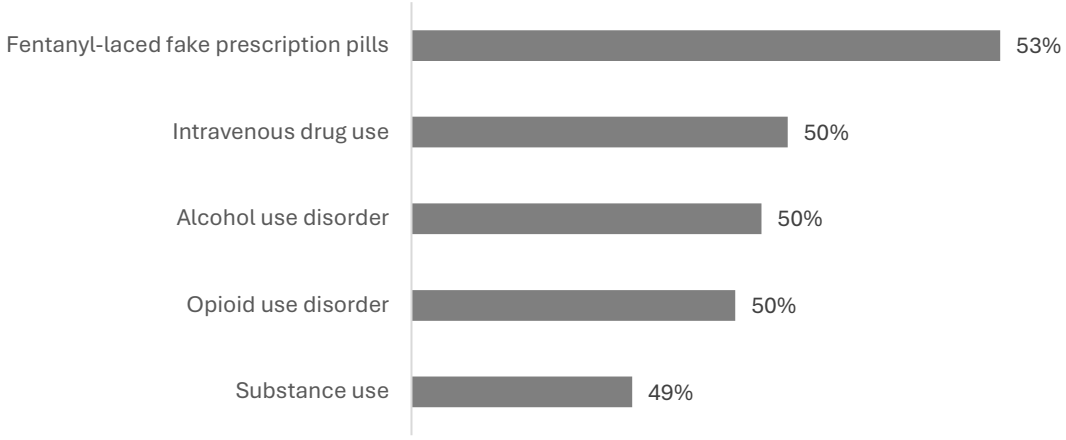
address chronic stress (63%), trauma (62%), and severe/chronic depression (56%) were among the top mental health services that were perceived as insufficiently available (**Figure 4a**). Similarly, specific substance use issues, including fentanyl-laced fake prescription pills (53%), intravenous drug use (50%) and alcohol use disorder (50%) services were perceived as lacking (**Figure 4b**). Survey respondents perceived mental health services to be less sufficient compared to substance use services, as illustrated in **Figure 4c,** which contrasts with the findings from Listening Session participants. This discrepancy underscores the necessity for a comprehensive understanding of the community's needs, highlighting the significance of integrating diverse perspectives into developing behavioral health policies and interventions. Furthermore, these findings indicate potential areas where enhanced public education initiatives could play a vital role in improving community awareness and access to essential services.

Figure 4a. Survey Respondents' Perception of Mental Health Services Insufficiently Available in the County*



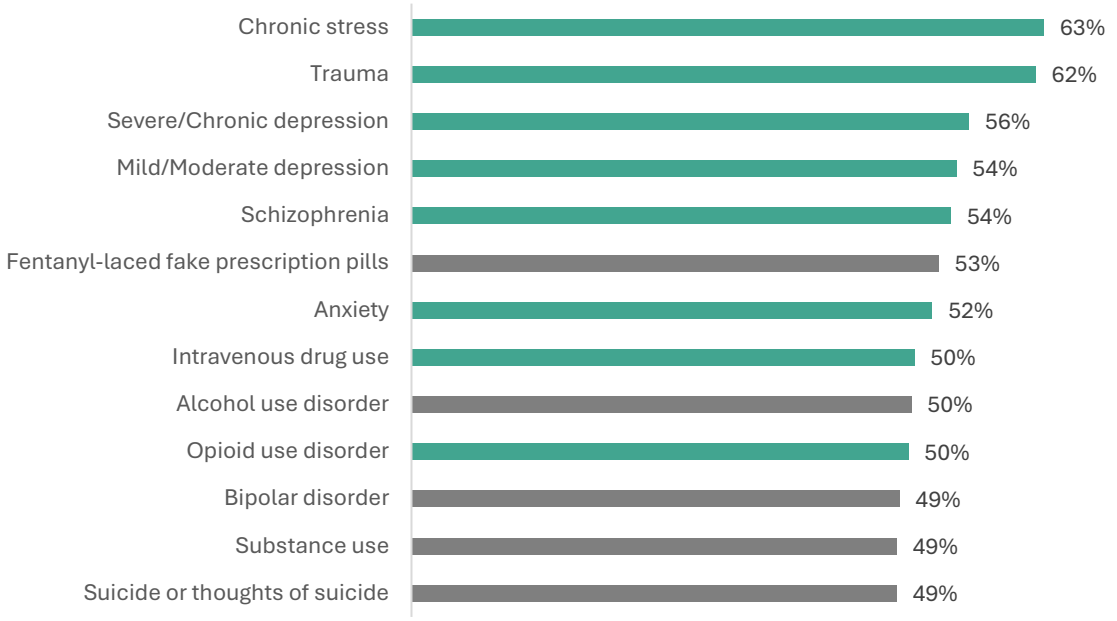
*N = 61-106 participants. Respondents could select more than type of service. Percentages total may exceed 100%.

Figure 4b. Survey Respondents' Perception of Substance Use Services Insufficiently Available in the County*



*N = 48-104 participants. Respondents could select more than type of service. Percentages total may exceed 100%.

Figure 4c. Survey Respondents' Perception of Mental Health and Substance Use Services Insufficiently Available in the County*



*N = 48-106 participants. Respondents could select more than type of service. Percentages total may exceed 100%. Issues related to mental health are shown in green and substance use are shown in grey.

Housing and Homelessness

On the survey, Community Members were asked about the availability of stable housing in their communities, with 84% indicating that finding stable housing was a struggle.

Survey respondents were invited to describe the barriers to finding stable housing in Yolo County. Nearly three-quarters of respondents (74%) provided written responses. The most common categories of responses included (1) lack of affordable housing, (2) lack of housing in general, and (3) low income. Additionally, respondents underscored racism, discrimination, and stigma as barriers to finding stable housing.

Survey respondents were encouraged to offer suggestions for assisting community members in securing stable housing in Yolo County. In total, 64% of survey respondents contributed suggestions. Predominant recommendations, following broad calls to increase affordable housing and overall housing availability, encompassed measures such as implementing rent control and capping application fees and deposits, repurposing vacant buildings and hotels/motels into affordable housing units, building tiny home communities, and fostering the creation of more living-wage employment opportunities.

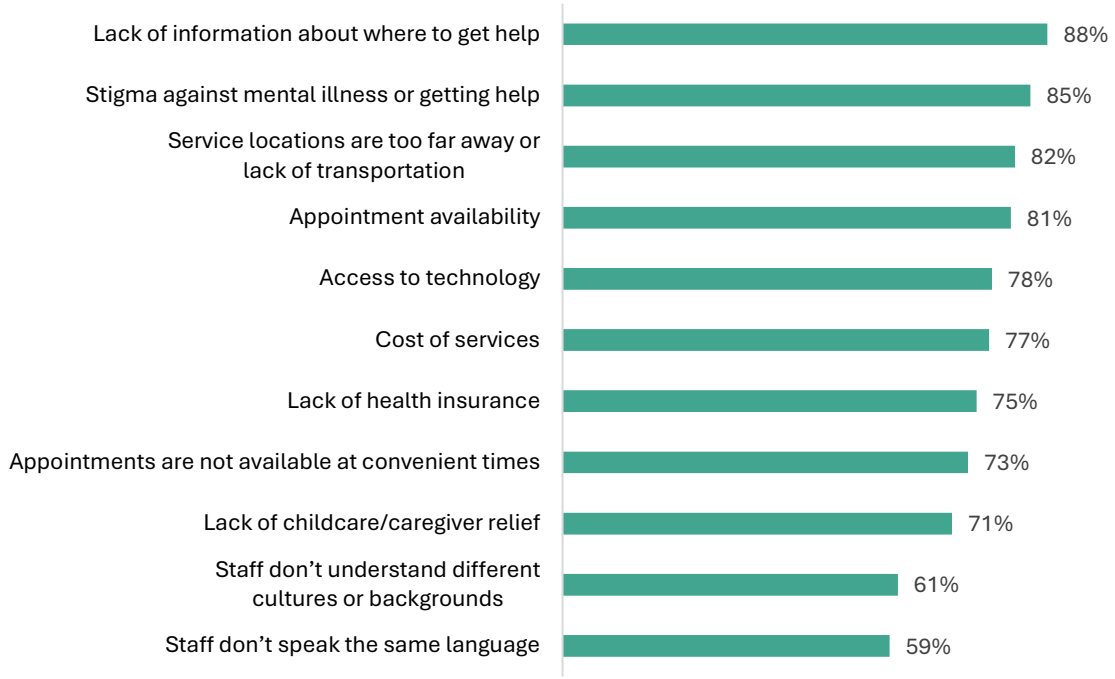
The Listening Session participants also identified homelessness as a pressing issue in Yolo County, noting its interconnectedness with behavioral health issues. As one participant described it, "homelessness is a 'symptom'" of deeper and wider issues. Discussions revolved around how the exorbitant housing costs in the area hinder individuals' ability to afford behavioral health services and questioned the prominent role of law enforcement in responding to behavioral health crises. Community members emphasized the detrimental effects of homelessness on mental health and substance use issues, advocating for stable housing as a vital component for recovery. Participants proposed a shift towards a more social work-oriented approach rather than relying primarily on law enforcement for addressing homeless-related issues, expressing doubts about the effectiveness of police involvement in mental health crises and 5150 situations.

Barriers to Services

Community Health Survey respondents and Listening Sessions participants were asked about the obstacles they face when attempting to access behavioral health services and resources. Findings reveal that the majority of respondents perceived each of the listed responses as a barrier (**Figure 5**) with over 80% endorsing *Lack of information about where to get help*

(88%), *Stigma against mental illness or getting help* (85%), *Service locations are too far away or lack of transportation* (82%), and *Appointment availability* (81%).

Figure 5. Community Health Survey Respondents' Perception of Barriers to Accessing Behavioral Health Services in the County*



*N = 162-168 participants. Respondents could select more than type of service. Percentages total may exceed 100%.

The findings from the Listening Sessions revealed several emerging themes related to barriers to accessing behavioral health services:

- **Systemic and Bureaucratic Challenges**: Participants highlighted structural hurdles within the systems of care, such as insurance complexities, limited service capacity, and long wait times for appointments, which hinder individuals from accessing care and can have a detrimental impact on their treatment and recovery processes. Navigating the healthcare system was described as a daunting task, particularly for those unfamiliar with bureaucratic procedures.
- **Cultural and Language Disparities**: Cultural stigmas and language barriers were identified as obstacles preventing certain populations from accessing services, as previously discussed. Participants mentioned feelings of shame in discussing mental health, the lack of multilingual services, and distrust of online resources among newcomers.
- **Socioeconomic Constraints**: Financial hardship and socioeconomic status were cited as significant barriers to accessing services. The costs associated with behavioral health care were deemed infeasible for individuals already facing financial strain, particularly those in lower socioeconomic brackets, undocumented populations, and individuals experiencing homelessness.
- **Insufficient Information Awareness**: Participants highlighted inadequate outreach and public education on mental health and substance use services. They emphasized the need for better communication and dissemination of information to raise awareness and understanding of available services, suggesting that enhanced public education and outreach efforts, such as attending community events, could bridge the gap between services and those in need.
- **Logistic Challenges**: Participants highlighted practical barriers such as transportation difficulties and limited-service availability. Some mentioned challenges related to physical access to services, while others expressed unfamiliarity with how to utilize telehealth options.

- **Lack of Specialized Services and Providers**: A shortage of specialized services and providers, especially for developmental issues and specific mental illnesses or substance use disorders, was reported. The scarcity of qualified clinicians and targeted programs exacerbated the difficulties faced by individuals in need of these services.

"People don't know how to fill out paperwork."

"There is a lack of transportation throughout the county."

"We need more public education on existing resources."

These findings underscore the multifaceted nature of barriers to accessing behavioral health services and highlight the importance of addressing systemic, cultural, socioeconomic, logistical, and educational factors to improve access for all individuals in the community.

Community Health Survey and Listening Session Participants' Demographics

Demographics of participating community members were collected to ensure that insights gathered through the Community Health Survey and Listening Sessions were inclusive and representative across a range of populations residing in the County. Demographic information was collected in the Survey and participants in the Listening Sessions were encouraged to complete a demographic survey -- 38% did so. Participating community members who provided demographic information ranged in age from under 16 to over 60 years of age and had diverse backgrounds including parents, veterans, and family members of individuals experiencing behavioral health issues, among other additional identities.

Age

Participating Community Members were asked their age (**Table 1)**. On the Community Health Survey, the median age was 52 years old, with a range of 14 – 95 years of age. On the Listening Sessions demographic survey, participants were not asked for their age and instead selected their age range, but the majority of participants were between 26 and 59 years of age.

Table 1. Age of Engaged Community Health Survey Respondents and Listening Session Participants*

Age	Survey (n = 134)	Listening Session (n = 34)
Under 15 years old	1%	3%
16 – 25 years old	5%	6%
26 – 59 years old	56%	56%
60+ years old	38%	35%

Ethnicity and Race

Participating Community Members were asked about their Ethnicity and Race. In the Community Health Survey, in response to the question about their Ethnicity, 21% of respondents (N = 137) identified as Hispanic/Latino and 79% as Non-Hispanic/Latino. In the Listening Sessions demographic survey, 27% of participants (N = 34) identified as Hispanic/Latino and 73% as Non-Hispanic/Latino. As shown in **Table 2**, over half of Community Health Survey respondents and Listening Sessions participants identified as White.

Table 2. Race of Engaged Community Health Survey Respondents and Listening Session Participants *

Race	Survey (n = 159)	Listening Session (n = 34)
White	61%	71%
Hispanic or Latino	18%	26%
Multiracial	8%	3%
American Indian or Alaska Native	4%	12%
Black or African American	4%	3%
Asian	4%	6%
Another race/ethnicity	1%	3%
Native Hawaiian or Pacific Islander	0%	0%

*Community Members could select more than one Race/Ethnicity. Percentages may exceed 100%.

Gender

Participating Community Members were asked about their gender. As detailed in **Table 3**, over 80% of Community Health Survey respondents and almost 70% of Listening Session demographic survey respondents identified as female.

Table 3. Gender of Engaged Community Health Survey Respondents and Listening Session Participants

Gender	Survey (n = 149)	Listening Session (n = 34)
Female	81%	68%
Male	17%	32%
Questioning/unsure of gender identity	1%	3%
A different identity	1%	0%
Genderqueer	0%	0%
Transgender	0%	--

Primary Language Spoken at Home

The Community Health Survey was offered in English, Spanish, Farsi, and Russian. No Farsi surveys were returned. Community Health Survey respondents were asked what language they speak at home to better understand each respondent's primary language. As detailed in **Table 4**, 77% of respondents reported speaking primarily English at home, 5% primarily speaking Spanish at home, and 6% speaking both English and Spanish. In the Listening Session demographic survey, all respondents' primary language was English with one person also speaking Spanish.

Table 4. Primary Language of Engaged Community Health Survey Respondents and Listening Session Participants *

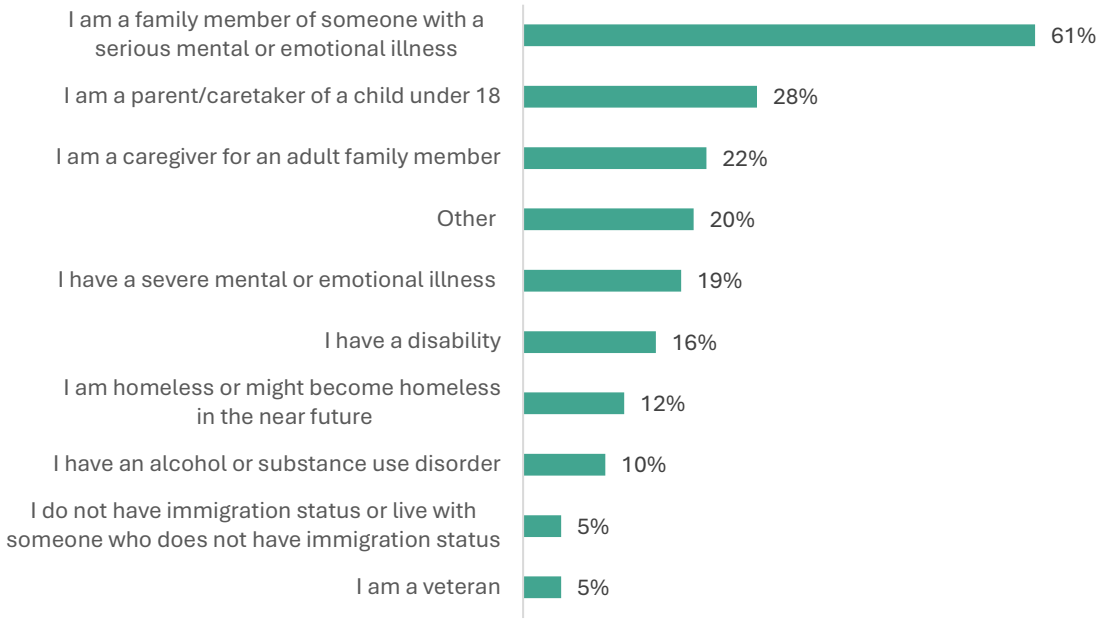
Primary Language Spoken at Home	Percentage (n = 141)	Listening Session (n = 34)
English	77%	97%
Spanish	5%	0%
Both English and Spanish	6%	3%
Another Language**	3%	0%

*No Community Members completed the survey in Farsi. Although three Russian surveys were returned, no one selected Russian as their primary language.
**Other languages that Community Members listed were Punjabi and Nepali.

Additional Personal Identities

Community Health Survey participants were asked about additional identities they hold. Understanding the various identities of respondents aids in ensuring that insights gained through the Community Health Survey are inclusive and effective. As shown in **Figure 6**, most respondents identified as having a *family member with a serious mental or emotional illness (61%)* and over 20% identified as a *parent of a child under 18-years-old* (28%) and/or being a *caregiver for an adult family member* (22%).

Figure 6. Additional Identities of Community Health Survey Respondents*



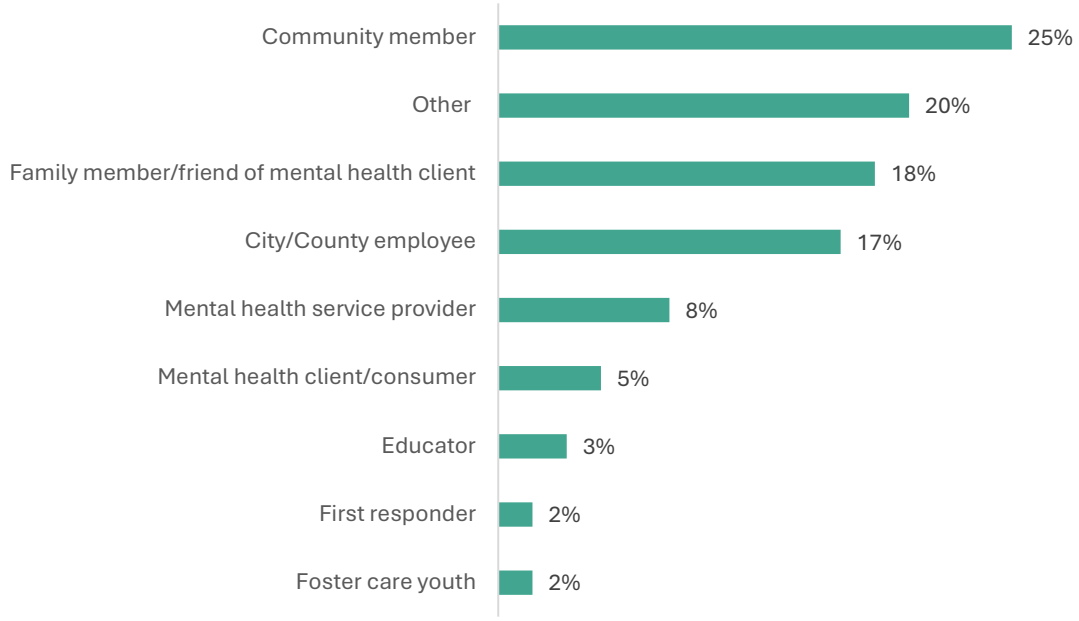
*Community Members could select more than one Additional Identity. Percentages may exceed 100%.

Over 20% of Community Health Survey respondents indicated that they have identities beyond those listed in Figure 6. "Other" identities included community services, individual or family members with special needs/substance use disorder/alcohol dependence, transition aged youth in foster care, mental health professional, and a senior citizen. Some responding Community Members (12.8%) identified as people with ADHD, autism spectrum disorder, depression, impaired hearing, learning difference, blindness, obesity, paraplegic, Parkinson's disease, PTSD, and schizophrenia.

Listening Session Participants' Affiliations

Listening Session demographic survey participants were asked about their participation affiliation. As shown in **Figure 7**, participant affiliations were *Community Members* (25%), *other* (20%), *family members with a serious mental or emotional illness* (18%), and City or County employee (17%).

Figure 7. Additional Identities of Listening Session Participants*



*Community Members could select more than one Additional Identity. Percentages may exceed 100%.

In the Listening Session demographic survey, 20% of participants had affiliations beyond those listed in Figure 7. "Other" affiliations (N=12) included nonprofit organizations (25%), community organization worker (17%), Local Mental Health Board member (17%), and 8% each for college student, foster care youth, home visiting program, housing and service provider, and resource navigator. Listening Session Attendees

Altogether, there were 90 Listening Session participants. See **Table 5** for the number of people who attended each session in-person and online.

Table 5. Number of Participants in Each Listening Session

Session Location	In-person	Online	Total
West Sacramento	15	7	22
Esparto	3	4	7
Davis	12	10	22
Winters	4	5	9
Woodland	11	19	30

Recommendations

Based on the findings of the Key Stakeholder Interviews, Community Health Survey, and Listening Sessions, there are several recommendations for improving behavioral health and housing services and for improving access to them in Yolo County. These recommendations are grouped into eight categories: Culturally relevant services, system navigation, continuity of care and connected care, public education about available services, reducing stigma about mental health issues and receiving treatment, youth mental health prevention and treatment services, affordable housing, and improvements to the internal system.

Culturally Relevant Services

Key stakeholders and Community Members recognized the need for providing culturally relevant and trauma informed services. To meet this need, the county could provide staff training in culturally relevant and trauma informed practices, hire staff and contract with providers who speak more than one language, with emphasis on Spanish, Russian, and Farsi. There was also discussion of the need to provide culturally relevant services to youth and their families, including those in rural areas.

System Navigation

The difficulty of navigating the system was one of the most frequently mentioned issues. The Navigation Center in Davis could be expanded or similar centers in other communities could be created to make it easier for people to find needed services. System navigation would be made easier by providing translations or sites in the primary languages of the County. Increasing the number providers available and maintaining a list of providers who are actively accepting new clients and the specific groups they treat would save people the effort of calling providers who can't or won't accept them as clients. Increasing the number of providers would also help to shorten the long wait times before appointments.

Community Members also discussed the lengthy applications that must be completed for each kind of service (e.g., housing, mental health, and substance use services). They suggested a standardized and centralized application that could be completed once and shared across service providers.

Continuity of Care and Connected Care

Continuity of care was identified as an important element of receiving treatment and seeing improvement over time. Hiring more staff and contracting with more providers while also working to retain those people in case manager, provider, and counselor and psychiatrist roles would be helpful in increasing continuity of care.

Another way to ensure that people receive the care and services they need is adopting dual diagnosis processes. People don't always know that they have mental health or substance use issues and including a screening for these issues in housing applications, for example, could help people access services sooner and before a crisis occurs.

Public Education About Available Services

There is a disconnect between information provided by Key Stakeholders about the services, insurance requirements, and cost of services and Community Members' perceptions of them. Specifically, Key Stakeholders mentioned services that are available, don't require insurance, and are provided for free. Community Members believed that some services were unavailable, were difficult to access with public (and private) insurance and were expensive. Public education about these services, availability with or without insurance, and cost would help to align public perception with the actual availability of services and requirements to access them.

Reducing Stigma About Mental Health Issues and Receiving Treatment

There is stigma about mental health conditions and receiving treatment for them across demographic groups and the stigma is stronger for some cultural groups than others. Expanding NAMI's public education to decrease stigmas and targeting education campaigns to cultural groups who have strong stigmas about mental health conditions and receiving treatment for them (e.g., Mexican, and other Latino cultures, Japanese) could help to overcome stigmas.

Youth Mental Health Prevention and Treatment Services

Supporting youth mental health is an early prevention and treatment model that can have far reaching outcomes for youth in and out of school and into adulthood. The K-12 School Partnership Programs could be expanded by increasing the number of partner schools and forming partnerships with other youth contexts. Extending services to include the family would help to improve family wellbeing which directly impacts youth wellbeing and extend the mental health work youth are doing at school to their home context, increasing the impact of those services.

Both Key Stakeholders and Community Members were concerned about transition aged foster youth who need services and resources as they move out of the foster system and into independent living. Providing guidance and resources to help foster youth find work and housing. Providing housing vouchers would ease some of the anxiety these youth have about the transition. Extending the transition age for foster youth who want to attend university or trade school would help to position these youth to enter the workforce.

Low-Income Housing

The lack of housing in general, lack of affordable housing, and the long waitlists for the limited affordable housing units were seen as significant problems. The availability of affordable housing could be increased by repurposing vacant buildings, hotels, and motels into affordable housing and building tiny housing communities. Increasing the number of affordable housing units would also shorten long waitlists. Rent controls that limit the percentage of annual rent increases, limits on fees and deposits, and efforts to enforce requirements for landlords to accept housing vouchers would make it easier for individuals and families to find and keep stable housing.

A difficulty that was identified in finding locations for affordable housing was not-in-my-backyard (NIMBY) attitudes. Legislation could begin to address NIMBYism as could public education about the impact of affordable housing on individuals, families, and communities.

Internal System

These recommendations require internal systems and staff to support and lead them. Further staffing-up is a requirement for meeting community needs. To achieve hiring goals, it may be necessary to adjust salaries to be competitive with neighboring counties. Reducing workload expectations would reduce burnout and turnover.

There was also concern among Key Stakeholders about anticipated funding gaps and redirection. Seeking other funding sources to support programs that are facing reduced MHSA funding (e.g., affordable housing) would make programs and initiatives less vulnerable to loss of funding from one source.

Community Characteristics

Yolo County spans 1,021 square miles[1] and is home to an estimated 217,141 people.[2] The county has four incorporated cities—Davis, West Sacramento, Winters, and Woodland—as well as several census-designated places and unincorporated communities, including Capay, Clarksburg, Dunnigan, Esparto, Guinda, Knights Landing, Madison, Monument Hills, Rumsey, Yolo, and Zamora.[3] The region is the traditional home of the Patwin people, including the federally recognized tribes of Cachil DeHe Band of Wintun Indians of the Colusa Indian Community, Kletsel Dehe Wintun Nation, and Yocha Dehe Wintun Nation.[4]

Yolo County has many agricultural areas. UC Davis, the largest employer in the county,[5] began as a research farm site for UC Berkeley. Currently, UC Davis is number one in the nation for agriculture and forestry, as well as veterinary medicine.[6] UC Davis has 38,347 enrolled students this year.[7]

Updated demographic data for Yolo County's population is mandated by the MHSA. This includes detailed information on race, ethnicity, gender, age, educational attainment, veteran status, language spoken at home, and median household income. Additionally, the report offers a concise overview titled "How Healthy is Yolo County, California?" which compares key health indicators of Yolo County with those of California and the United States. These indicators include life expectancy, racial disparity, the prevalence of mental distress among adults, social equity, and the percentage of youth identifying as LGBTQ. This comprehensive snapshot provides valuable insights into the county's demographic and health profiles.

American Community Survey Data (US Census)

This section provides an overview of required demographic information about Yolo County and its localities. The data for this section was provided by the American Community Survey 2022 5-Year Estimates. The American Community Survey is conducted by the US Census. The 2022 5-Year estimates are the most recent American Community Survey estimates for Yolo County localities.

As of 2022, Yolo County's total population stands at 217,141. Davis is the most populous locality with 78,528 residents, while Clarksburg has the smallest population, totaling just 1,462 inhabitants (Table 6).

Table 6. Total Population by Locality in Yolo County[8]

	Clarksburg	Davis	Esparto	Knights Landing	West Sacramento	Winters	Woodland	Yolo County	California
Total Population	1,462	78,528	5,657	4,179	54,163	8,817	64,246	217,141	39,356,104

The racial composition in the county varies, with White non-Hispanics and Hispanics/Latinos being the predominant demographic groups. Davis reports the lowest percentage of Hispanic or Latino residents, while Knights Landing has the highest (Tables 7 and 8). This diversity is detailed across all localities, highlighting both the richness and variety within the county.

[1] Yolo County, 2021—2029 Housing Element | https://www.hcd.ca.gov/housing-elements/docs/yolo-county-6th-draft061021.pdf
[2] US Census, American Community Survey 2022 5-Year Estimates
[3] Yolo County, 2021—2029 Housing Element | https://www.hcd.ca.gov/housing-elements/docs/yolo-county-6th-draft061021.pdf
[4] Yolo County Office of Education, Land Acknowledgement Statement | https://www.ycoe.org/Board/Land-Acknowledgement-Statement/index.html
[5] California State Comptroller, Government Compensation in California | https://publicpay.ca.gov/Reports/Counties/Entities.aspx?entityid=57&year=2022
[6] UC Davis, Rankings | https://www.ucdavis.edu/about/rankings
[7] UC Davis, About Us | https://www.ucdavis.edu/about
[8] US Census, American Community Survey 2022 5-Year Estimates

Table 7. Distribution of Racial Composition in Yolo County by Locality[9]

	Clarksburg	Davis	Esparto	Knights Landing	West Sacramento	Winters	Woodland	Yolo County	California
White—not Hispanic/Latino	62%	50%	50%	39%	42%	51%	38%	44%	35%
Hispanic or Latino of Any Race	28%	15%	38%	51%	34%	44%	49%	32%	40%
African American	0%	2%	5%	1%	5%	1%	2%	3%	6%
American Indian and Alaska Native	0%	1%	0%	2%	1%	0%	1%	1%	1%
Asian	6%	26%	3%	1%	12%	2%	7%	15%	15%
Native Hawaiian and Other Pacific Islander	0%	0%	0%	0%	1%	0%	0%	0%	0%
Some Other Race	1%	3%	6%	17%	11%	14%	11%	8%	16%
Two or More Races	4%	10%	11%	16%	16%	16%	19%	14%	14%

Table 8. Percentage of Hispanic and Latino Population by Locality in Yolo County[10]

	Clarksburg	Davis	Esparto	Knights Landing	West Sacramento	Winters	Woodland	Yolo County	California
Hispanic or Latino (of any race)	28%	15%	38%	51%	34%	44%	49%	32%	40%
Not Hispanic or Latino	72%	85%	62%	49%	66%	56%	51%	68%	60%

The population by sex assigned at birth is relatively even across the county and its localities, ensuring a balanced demographic spread that contributes to the social dynamics of the region (Table 9).

Table 9. Distribution of Sex Assigned at Birth by Locality in Yolo County[11]

	Male	Female
Clarksburg	49%	51%
Davis	47%	53%
Esparto	51%	49%
Knights Landing	53%	47%
West Sacramento	49%	51%
Winters	51%	49%
Woodland	50%	50%
Yolo County	49%	51%
California	50%	50%

The County displays a diverse age distribution. Notably, Davis has a significantly high proportion of 15–24-year-olds, likely due to the presence of UC Davis. The 25–59 age group, however, is the most prevalent countywide, indicating a predominantly working-age population (Table 10).

[9] US Census, American Community Survey 2022 5-Year Estimates
[10] US Census, American Community Survey 2022 5-Year Estimates
[11] US Census, American Community Survey 2022 5-Year Estimates

Table 10. Distribution of Age Categories by Locality in Yolo County[12]

	0-14	15-24	25-59	60 and Older
Clarksburg	19%	14%	32%	35%
Davis	10%	41%	33%	16%
Esparto	25%	9%	42%	25%
Knights Landing	21%	11%	40%	28%
West Sacramento	22%	14%	47%	17%
Winters	17%	16%	53%	14%
Woodland	20%	14%	46%	21%
Yolo County	17%	24%	41%	18%
California	18%	13%	47%	21%

Educational levels among those aged twenty-five and older also reflect a highly educated population, with 22% holding a bachelor's degree and 21% possessing a graduate or professional degree (Table 11).

Table 11. Distribution of Educational Attainment by Locality in Yolo County (Age 25 and Older)[13]

	Clarksburg	Davis	Esparto	Knights Landing	West Sacramento	Winters	Woodland	Yolo County	California
Less Than 9th Grade	9%	1%	8%	14%	8%	8%	11%	7%	9%
9th to 12th Grade, No Diploma	5%	2%	9%	11%	7%	3%	7%	5%	7%
High School Graduate (Includes Equivalency)	15%	7%	24%	23%	21%	22%	24%	18%	20%
Some College, No Degree	24%	11%	31%	22%	23%	24%	21%	19%	20%
Associate's Degree	10%	4%	7%	7%	9%	13%	9%	8%	8%
Bachelor's Degree	24%	32%	12%	18%	21%	17%	18%	22%	22%
Graduate or Professional Degree	14%	43%	9%	6%	12%	14%	11%	21%	14%

The distribution of veterans shows that Woodland, West Sacramento, and Davis host the largest percentages of veterans, pointing to significant communities of former military service members who contribute diverse experiences and skills to the local population (Table 12).

[12] Calculations using US Census, American Community Survey 2022 5-Year Estimates
[13] US Census, American Community Survey 2022 5-Year Estimates

Table 12. Distribution of Veterans in Yolo County[14]

	Distribution of Veterans in Yolo County
Clarksburg	2%
Davis	28%
Esparto	3%
Knights Landing	2%
West Sacramento	29%
Winter	4%
Woodland	32%

English remains the predominant language spoken at home by 64% of the residents. However, a considerable 21% of the population speaks Spanish, with Knights Landing featuring the highest proportion of Spanish speakers. Other Indo-European languages and Asian and Pacific Islander languages are notably prevalent in West Sacramento and Davis, respectively, underscoring the linguistic diversity in the county (Table 13).

Table 13. Distribution of Language Spoken at Home by Locality in Yolo County[15]

	Clarksburg	Davis	Esparto	Knights Landing	West Sacramento	Winters	Woodland	Yolo County	California
English Only	76%	69%	67%	60%	61%	62%	60%	64%	56%
Spanish	23%	8%	30%	39%	21%	34%	33%	21%	28%
Other Indo-European Languages	0%	6%	1%	0%	12%	1%	4%	6%	5%
Asian and Pacific Islander Languages	1%	16%	2%	1%	5%	1%	3%	8%	10%
Other Languages	0%	1%	0%	0%	1%	2%	0%	1%	1%

Regarding economic conditions, the median household income across Yolo County was $85,097 over the past year. Clarksburg stands out with the highest median income of $130,104, reflecting its unique economic status within the county (Table 14).

Table 14. Median Household Income in the Past 12 Months by Locality in Yolo County (in 2022 Inflation-Adjusted Dollars)[16]

	Median Household Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars)
Clarksburg	$130,104
Davis	$80,134
Esparto	$92,604
Knights Landing	$62,006
West Sacramento	$87,044
Winters	$119,583
Woodland	$85,805
Yolo County	$85,097
California	$91,905

[14] Calculations using US Census, American Community Survey 2022 5-Year Estimates
[15] US Census, American Community Survey 2022 5-Year Estimates
[16] US Census, American Community Survey 2022 5-Year Estimates

How Healthy is Yolo County, California?

This section, informed by data from US News and World Report, explores public health and equity issues, comparing life expectancy and social equity measures such as the segregation index and racial disparity in poverty between Yolo County, California, and the United States. Yolo County fares well with a life expectancy equal to the state average and higher than the national average, alongside more favorable equity outcomes as indicated by its lower segregation index score (Tables 15, 16, and 18).

Table 15. Life Expectancy in Years[17]

	Life Expectancy (Years)
Yolo County	81.7
California	81.7
USA	77.5

Table 16. Racial Disparity in Poverty[18]*

	Racial Disparity in Poverty
Yolo County	0.12
California	0.1
USA	0.13

* The lower the score on a scale of zero to 1, the smaller the gap in poverty rates across racial/ethnic groups.

The data on adults experiencing frequent mental distress shows that 13% of adults in Yolo County report such conditions, which is slightly higher than in California where the figure stands at 12%, but lower than the national average of 16%.

Table 17. Adults with Frequent Mental Distress[19]

	Adults with Frequent Mental Distress
Yolo County	13%
California	12%
USA	16%

Table 18. Social Equity (Segregation Index Score)[20]*

	Social Equity
Yolo County	0.19
California	0.32
USA	0.39

* The lower the score on a scale of zero to 1, the more a community is more racially/ethnically integrated.

[17] US News and World Report. How Healthy is Yolo County, California? | https://www.usnews.com/news/healthiest-communities/california/yolo-county
[18] US News and World Report. How Healthy is Yolo County, California? | https://www.usnews.com/news/healthiest-communities/california/yolo-county
[19] US News and World Report. How Healthy is Yolo County, California? | https://www.usnews.com/news/healthiest-communities/california/yolo-county
[20] US News and World Report. How Healthy is Yolo County, California? | https://www.usnews.com/news/healthiest-communities/california/yolo-county

Finally, the identification of LGBTQ youth in Yolo County has increased from 10% in 2019 to 13% in 2021, highlighting changing social dynamics and increasing awareness and acceptance of diverse sexual orientations and gender identities within the community (Table 19).

Table 19. Youth Who Identify as LGBTQ, 2019-2021[21]*

	2019	2021
Yolo County	10%	13%
California	9%	NA

*Data for California for 2021 had not been released at the time of this report. Data for the US was not collected.

[21]Annie E. Casey Foundation, Youth Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer+ in California |

https://datacenter.aecf.org/data/tables/8971-youth-who-identify-as-lesbian-gay-bisexual-transgender-queer?loc=6&loct=2#detailed/2/any/false/2048,1729/any/21344

System Capacity Assessment

Yolo County HHSA's capacity to implement mental health programs and services is described here. The county services providers have strengths and limitations that impact their ability to meet the needs of racially and ethnically diverse populations. Most Yolo County residents (63%) only speak English; 22% speaks Spanish, 8% speaks Indo-European, and 7% speaks an Asian or Pacific Islander language.

Bilingual Proficiency

The county's bilingual proficiency (HHSA & network providers) is reflected in its bilingual mental health staff count, as follows:

- Cambodian: 6 staff members
- Cantonese: 1 staff member
- Farsi: 1 staff member
- Hmong: 2 staff members
- Korean: 6 staff members
- Russian: 2 staff members
- Spanish: 20 staff members
- Tagalog: 1 staff member
- Vietnamese: 1 staff member
- Punjabi: 1 staff member
- ASL: 1 staff member

Data Source: Yolo FY 2023-2024 MHP NACT submission

Diverse Cultural, Racial, Ethnic, and Linguistic Groups Served by Yolo County

Regarding Medi-Cal population service needs, Yolo County HHSA has a demonstrated need to improve efforts to address disparities across all identified groups. Yolo County has a lower penetration rate (PR) compared to other medium-size counties for Hispanic/Latino and Asian/Pacific Islander for Calendar Year 2022(The PR is a measure of the total members served based upon the total Medi-Cal eligible). A slightly higher rate of service provision for those eligible among the African American population is observed when compared to other medium-size counties, an average of 7.08% to Yolo County's rate of 7.15% (see table below).

Table 20: Yolo MHP PR of Members Served by Race/Ethnicity, CY 2022

Race/Ethnicity	Total Members Eligible	# of Members Served	MHP PR	Statewide PR
African American	2,532	181	7.15%	7.08%
Asian/Pacific Islander	4,529	61	1.35%	1.91%
Hispanic/Latino	27,458	630	2.29%	3.51%
Native American	338	29	8.58%	5.94%
Other	15,360	461	3.00%	3.57%
White	13,544	690	5.09%	5.45%

Data Source: Yolo MHP FY 2023-2024 EQRO Final Report

Table 21: Yolo County Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	6,212	102	1.64%	1.15%	1.82%
Ages 6-17	14,707	644	4.38%	4.80%	5.65%
Ages 18-20	3,351	110	3.28%	3.47%	3.97%
Ages 21-64	33,454	1,123	3.36%	3.60%	4.03%
Ages 65+	6,037	73	1.21%	1.98%	1.86%
Total	**63,759**	**2,052**	**3.22%**	**3.49%**	**3.96%**

Data Source: Yolo MHP FY 2023-2024 EQRO Final Report

Strengths and Limitations

HHSA has made progress to increase the recognition and value of racial, ethnic, and cultural diversity through several efforts beginning in 2020 and ongoing. The county strives to demonstrate equitable practices, policies, and programs across internal departments, among service providers, and throughout the community.

Strengths

During 2023, the HHSA Cultural Competence program trained 800 of its staff and leadership in foundational principles and practices of diversity, equity, inclusion, and belonging, and trauma-informed agency development to increase understanding, cultural humility, and responsiveness among staff and the community it serves. Leadership received a nine-month DEIB training series, and staff received three DEIB training sessions. A "Cultural Considerations when Engaging Special Populations" training series has been developed and made available to providers, community stakeholders, and all HHSA staff. Topics include the Russian/Ukrainian, Sikh, and First Nation/Indigenous Peoples, a 2SLGBTQIA, and CLAS. The CC program increased its partnerships and community engagement, most notably with Washington Unified School District, presenting a workshop to 145 middle school girls on self-care and self-love, introducing the community to the District Attorney Office Commons data transparency portal and the importance of data storytelling, supporting events and observances in partnership with our diverse community partners. The CC program also arranged for Group Peer Support facilitator training En Espanol for three Promotores and one agency staff to provide mental health support for our mono-lingual Spanish-speaking community members.

Limitations

The Cultural Competence Program is operated by one (1) FTE, which limits the capacity to expand this programming. One limitation is the number of Russian-speaking staff members. HHSA has bilingual staff members, but some of them (including Russian speaking) do not provide direct services. Service needs among Russian community members and clients are being addressed by HHSA's bilingual outreach and engagement specialist and contracted community providers. Additional workshops are being scheduled to educate the staff on the mental health needs, challenges, and strengths of the Asian and Pacific Islander community to address low penetration rates for this population.

Community Services and Supports Programs (CSS)

Adult Wellness Services

Status: Continued From Prior Year Plan

Target Populations: Adults Aged 26–59

Administered by: Contractor and County

Service Contractors: TLCS, Inc. dba Hope Cooperative; Yolo Community Care Continuum; North Valley Behavioral Health

Estimated FY24/25 Costs	**$9,367,848**
Number Served FY24/25	**305**
Estimated Cost/Person Served	**$30,714**

Program Description

The Adult Wellness Services Program includes the HHSA Wellness Center, the contracted Adult FSP program by Hope Cooperative, and the HHSA Forensics FSP Team that focus on meeting the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with the highest level of mental health needs. Overall, this program provides outreach and engagement, general systems development, and FSP services for adults with serious mental illness who meet medical necessity for county mental health services. This program serves Yolo County adults aged 26–59 who are unlikely to maintain health or recovery and maximal independence in the absence of ongoing intensive services. FSP programs provide comprehensive and intensive mental health services and employ a "whatever it takes" community-based approach using innovative interventions to help people reach their recovery goals. These services must be available to support clients 24 hours a day, 7 days a week, and target a length of stay of 18 to 24 months, on average, for all clients served. The program includes consumer access to crisis residential facility beds, acute inpatient hospital beds, short-term and supportive housing options, self-help programs, employment support, family involvement, substance abuse treatment, and assistance with criminal court proceedings, thereby offering individual consumers the prospect of wellness and recovery.

The adult FSP programs have been contracted to HOPE Cooperative. HOPE Cooperative operates two sites: (a) Yolo Inspire in Woodland, whose services include Adult FSP, the TAY FSP program including a TAY drop-in center, MHSA housing, and the Assisted Outpatient Treatment Program (AOT); and (b) Yolo ACT in West Sacramento, where services like Adult FSP, Older Adult FSP, ACT, and MHSA housing programs are provided.

Adult Wellness services also include an HHSA Forensics FSP Team that have clients across the age spectrum, including TAY, adults, and older adults who participate in the Mental Health Court program.

The FSP program uses an outreach and engagement strategy that is relevant to the situational and cultural needs of clients, with engagement "where they are" with respect to their community location, need for clinical and nonclinical services and supports, and stage in the recovery process. This plan includes the assumption of the costs associated with the previously grant funded Mental Health Court program expansion, effective October 2023.

Additional supportive services are delivered in the two adult Wellness Centers operated by Yolo County HHSA. The HHSA Wellness Centers, located in the Woodland Clinic and the West Sacramento Clinic, offer rehabilitative activities and services on a drop-in basis for approximately 200 behavioral health consumers each year. In addition to wellness and recovery activities, the Wellness Centers offer skill building groups, computers with internet access, recreational programming, and weekly food distribution to supplement groceries for residents experiencing food insecurity. Not only are these a valued place of respite, but the Wellness Centers also provide access to case management, psychiatry, and the continuum of services across the county.

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

- Conducting strengths-based integrated assessments that comprehensively examine mental health, social, and physical health needs, focusing on consumer and family member engagement.
- Providing intensive support services and case management to homeless and impoverished adults identified as FSP, including all specialty mental health services as needed.
- Providing AOT to court-mandated consumers unable to accept voluntary treatment or who accept voluntary treatment but need an AOT level of care and who are at continued risk of harm.
- Providing medication management services and nursing support.
- Providing adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare applications, and referrals to advocacy services.
- Conducting outreach services to persons who are homeless or at risk of homelessness with persistent and nonthreatening outreach and engagement services.
- Assisting homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- Providing referrals and navigation support for substance abuse treatment services, when needed.
- Providing opportunities for consumers to socialize and create community.
- Providing supportive living services to maintain housing.
- Promoting self-care and healthy nutrition.
- Helping interested adults find employment and volunteer experiences to enhance their integration in the community.
- Promoting prosocial activities, including creative or artistic expression as related to self-care.
- Transporting adult consumers to and from appointments or the Wellness Centers.
- Providing resources and information on skills for daily living.
- Providing programs, services, group support, and socialization activities at the Wellness Centers.
- Providing navigation and linkages to adults in need of resources in the county or community for mental health services through a peer support worker or outreach specialist.
- Referring and linking consumers to other community-based providers for other social services and primary care.
- Delivering mobile services, including assessment and treatment, to reach adults who cannot access Yolo HHSA or other services because of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

YCCC Safe Harbor Crisis House provides crisis residential services for SMI adults to reduce psychiatric hospital stays, reduce the risk of homelessness, and serve as a step-down facility for clients transitioning back to the community. Safe Harbor also serves as an alternative to acute inpatient hospitalizations if a client does not meet criteria for an involuntary hold. YCCC's Farmhouse is a residential treatment program for SMI adults requiring intensive support. Their program offers a wide range of therapeutic and rehabilitative services to reduce or avoid long-term hospitalization or institutionalization.

Goals and Objectives

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 or 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 promotes 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.

Program Updates

Reduction of total contracted FSP to original, core 200 slots across adult, older adult, and transition age youth populations in response to revenue volatility, overall budget reductions, challenges in realizing prior intended expansion, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1.

Ended case management program at Pine Tree Gardens Adult Residential Programs due to revenue volatility and overall budget reductions in alignment with prioritization criteria used to assess all MHSA funded programs in FY24/25.

Updated scope of work for YCCC's Crisis Residential program. Safe Harbor will be providing residential stays up to four days in a short-term bed in addition to 30 days stays in longer term beds as a part of crisis continuum of care in alignment with Crisis Now model.

Children's Mental Health Services (FSP)

Status: Continued From Prior Year Plan	
Target Population: Children and Youth Aged 0–20	
Administered by: Contractor	
Service Contractors: Victor Community Support Services	

Estimated FY24/25 Costs	**$540,000**
Number Served FY24/25	**30**
Estimated Cost/Person Served	**$18,000**

Program Description

The children's Full-Service Partnership (FSP) program is operated by Victor Community Support Services and serves children and youth aged 0–20 with severe emotional disturbance who meet medical necessity for specialty mental health services and have unmet or under met mental health treatment needs. Additionally, the FSP Program provides services to children who are Latino or English learners, which are delivered by bilingual/bicultural clinicians.

Services are available to children countywide and include outreach to rural areas of the county, where a disproportionate number of Yolo County residents are English learners and experience poverty.

The FSP program utilizes a client-centered, strengths- based community service model that emphasizes the importance of delivering treatment in settings that best meet the needs of children and families and includes a wide array of services that support recovery, wellness, and resilience to keep children and their families healthy, safe, and successful in their homes, schools, and community. The program assists children in accessing behavioral support services such as assessment; individual, group, and family therapy; medication support services; and case management assistance (which includes but is not limited to assistance with transportation, obtaining housing, fulfilling basic needs, developing social supports, care coordination, and linkages to community resources). The program also utilizes a team approach to ensure that all clients and families served by the program are assigned to a mental health therapist, case manager, and parent partner. All clients and their caregivers have access to a team member known to the family and familiar with the family's needs at all times for crisis support services.

The target population for the program is Yolo County children aged 0–20 who are unserved, underserved, or inappropriately served and who experience barriers to accessing mental health treatment services. This includes children who are seriously emotionally disturbed and experiencing or at risk of experiencing:

- Homelessness or insecure housing
- Foster placement (including children transitioning to less- restrictive environments)
- Involvement with the juvenile justice system or probation
- Substance use or abuse
- Violent behavior (including homicidal ideation)
- Expulsion from school
- Significant self-harm behavior (including suicidal ideation)
- Hospitalization or institutionalization

Key activities of the program are to help children improve their psychosocial well-being, reduce mental health-related hospitalizations, reduce involvement with the juvenile justice system, reduce homelessness, and improve functioning in the family, school, and community by:

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

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

Goals and Objectives

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 0–20 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 reflect mental health prevalence estimates more adequately.

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.

Program Updates

Beginning in July 2024, the Full-Service Partnership services will be operated by Victor Community Support Services. Following a competitive procurement process (RFP) Victor Community Support Services was awarded the FSP contract to serve children and youth.

Children's Mental Health Services (Non-FSP)

Status: Continued From Prior Year Plan

Target Population: Children and Youth Aged 0–20

Administered by: County

Estimated FY24/25 Costs	**$1,267,136**
Number Served FY24/25	**350**
Estimated Cost/Person Served	**$3,620**

Program Description

The county-operated Children's Mental Health Program provides access, linkage, case management, and individual and family therapy services for children and youth up to age 20. The Children's Mental Health Services Program provides services to children who are Latino or English learners. These services are provided by bilingual– bicultural clinicians. Services are available to children countywide and provided in the Woodland and West Sacramento offices, community locations, and the child's home when clinically indicated and in best service of the child and family.

The county program utilizes a client-centered, strengths-based model that emphasizes the importance of delivering treatment in settings that best meet the needs of children and families. The Children's Mental Health Program includes an array of services that support recovery, wellness, and resilience to keep children and their families healthy, safe, and successful in their homes, schools, and community. The program assists children in accessing behavioral support services such as assessment; individual, group, and family therapy; medication support services; and case management assistance (which includes but is not limited to assistance with transportation, fulfilling basic needs, and developing social supports, care coordination, and linkages to community resources). The program includes a case manager that coordinates linkage to services for youth placed on a psychiatric hold and provides follow-up services to help providers navigate available services and resources for youth that utilize the emergency department. The county clinicians provide evidence- based clinical interventions, including Trauma-Focused Cognitive Behavior Therapy, Child–Parent Psychotherapy, Motivational Interviewing, Eye Movement Desensitization and Reprocessing, and Theraplay. The county clinicians also provide multiple group therapies to youth and their caregivers, regardless of insurance, including a social skills group, 0-5 trauma informed parenting group, and Girls Circle and Boys Council, which are evidence-based therapy groups for youth at the middle schools and high schools.

In addition to access/linkage, post-hospitalization planning, and direct therapy, the Children's Mental Health Team supports the Probation Department by having a clinician co-located at the Juvenile Detention Facility providing mental health supports to youth in custody. The team also supports the Multi-Disciplinary Interview Center by having a clinician skilled with specialized training located there to support the entire children's system. The clinician provides onsite debriefing and de-escalation related to the forensic interviews conducted with children. They also provide ongoing therapy services to the youth who have been interviewed at the center. The county Children's Mental Health Program serves children with the most significant mental health struggles who are not able to have their needs adequately met with a lower level of care. Many of the children served are concurrently involved with child welfare services or the juvenile justice system. The target population for the program is Yolo County children and youth aged 0–20 who are unserved, underserved, or inappropriately served and who experience barriers to accessing mental health treatment services. It serves children who are seriously emotionally disturbed and experiencing or at risk of experiencing:

- Homelessness or insecure housing
- Foster placement (including children transitioning to less- restrictive environments)
- Involvement with the juvenile justice system or probation
- Substance use or abuse
- Violent behavior (including homicidal ideation)
- Expulsion from school
- Significant self-harm behavior (including suicidal ideation)
- Hospitalization or institutionalization

Key activities of the program aim to help children improve their psychosocial well-being, reduce mental health-related hospitalizations, reduce involvement with the juvenile justice system, reduce homelessness, and improve functioning in the family, school, and community by:

- Educating children and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and support planning, treatment modalities, and other information related to mental health services and the needs of children and youth.
- Providing intensive support services to children classified and their families, including individual and family therapy.
- Developing integrated service plans that identify needs in the areas of mental health, physical health, education, and socialization.
- Providing medication management services and nursing support, if needed.
- Supporting children to achieve academic success.
- Providing community-based services at the child's home, school, and appropriate community locations.
- Delivering mobile services, including assessment, treatment, and telepsychiatry, to reach children and their families who cannot access mental health services because of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- Providing navigation and linkages to families in need of resources in the community for mental health services.
- Conducting transition and treatment planning for children who have been hospitalized for mental health reasons.
- Referring and linking clients to other community-based providers for other needed social services and primary care.
- Providing trauma-informed services in a location appropriate and accessible to the child and family.

Goals and Objectives

Goal 1: Provide system development and outreach and engagement services to all children and youth 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 through additional training opportunities.

Goal 3: Provide high-quality, community-based mental health services to Yolo County children and youth aged 0–20 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 reflect mental health prevalence estimates more adequately.

Objective 3: Develop improved metrics to measure the effectiveness of services provided by the Children's Mental Health Program.

Objective 4: Maintain reduction in institutionalization and out-of-home placements.

Program Updates

The Children's Mental Health staff will participate in two different evidence-based trainings and certifications in the coming year. By applying for and receiving Child Youth Behavioral Health Initiative (CYBHI) grant funding, the team will be trained and certified in Child Parent Psychotherapy (CPP) and Cue Centered Therapy. Both modalities support the array of evidence-based practices that are available to children and youth.

Co-Occurring Disorder Assessment and Intake - AB 2265

Status: Continued From Prior Year Plan

Target Population: Transitional Age Youth 18–25, Adults Aged 26–59, Older Adults Aged 60+

Administered by: County

Service Contractors: Yolo County HHSA staff

Estimated FY24/25 Costs	**$347,835**
Number Served FY24/25	**475**
Estimated Cost/Person Served	**$732**

Program Description

MHSA funds are used to cover initial clinical assessments completed by the HHSA access team staff and to determine if an individual has any co-occurring mental health and substance use disorders. This program also covers subsequent referral activities and funds ongoing mental health treatment to people assessed as having co-occurring disorders if their mental health disorder is considered primary, even if their care was not previously eligible for services covered by traditional MHSA funding. If it is determined that a substance use disorder is the primary diagnosis, the individual is referred to substance use treatment and MHSA funding is no longer used for any mental health services.

Assembly Bill 2265 authorizes the assessment and treatment services for adults, older adults, TAY, and children and the provision of innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA.

Any mental health services provided by HHSA's access team, and any ongoing substance use disorder case management services provided by HHSA's internal staff are funded by MHSA via use of AB 2265 program codes.

Goal 1: Increase the number of assessments completed for individuals with co-occurring disorders.

Goal 2: Increase the number of individuals referred to appropriate providers for the treatment of individuals with co-occurring disorders.

Objective 1: Provide assessments that address the presence of a co-occurring disorder to any client who requests county services.

Objective 2: Provide appropriate treatment focused on the needs of individuals with co-occurring disorders

Program Updates

As of FY 24/25, Co-occurring Disorder Assessment will be administered by Yolo County HHSA staff only.

Community-Based Navigation Services

Status: Continued From Prior Year Plan

Target Population: Transitional Age Youth 18–25, Adults Aged 26–59,Older Adults Aged 60+

Administered by: County and Contractor

Service Contractors: CommuniCare+OLE & Yolo County HHSA

Estimated FY24/25 Costs	**$427,095**
Estimated Served FY24/25	**155**
Estimated Cost/Person Served	**$2,755**

Program Description

The Community-Based Drop-In Navigation Center is a community-based location that provides behavioral health services to adults (aged 18 or older) who desire mental health support or are at risk of developing a mental health crisis but may not be willing or able to engage in more formalized services. The Center provides an array of options for assisting consumers with any level of service engagement, focused on but not exclusive to individuals who were formerly institutionalized or are at risk of incarceration, hospitalization, or homelessness. The Center addresses the need to facilitate community integration for adults who are exiting institutional care without formalized community or mental health support and to provide resources for consumers who, although engaged with mental health services, are at risk of developing a crisis and require additional support. Staff members provide a wide range of services, assisting consumers with short-term needs and providing more in-depth services, such as screening, assessment, and linkages to mental health services; activity, psychosocial, and/or educational groups; assistance with housing or public benefit applications; and individualized psychosocial case management utilizing motivational interviewing practices based on the stages of change model.

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

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

Goals and Objectives

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 with identifying and accessing 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.

Program Updates

As of August 2024, the community-based drop-in Navigation Center will be operated by Yolo County HHSA. The contract with Communicare+OLE ended on July 31st, 2024. This decision was made in response to revenue volatility, overall budget reductions, challenges in actual Medi-Cal revenue vs. projected revenue resulting in increasing reliance on MHSA funding, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1.

Mental Health Crisis Services and Crisis Intervention Team (CIT Training)

Status: Continued From Prior Year Plan

Target Population: Transitional Age Youth 16–25, Adults Aged 26–59,Older Adults Aged 60+

Administered by: County and Contractor

Service Contractors: AMR, WellSpace Health

Estimated FY24/25 Costs	**$4,434,791**
Estimated Served FY24/25	**2000**
Estimated Cost/Person Served	**$2,217**

Program Description

Yolo County's comprehensive mental health crisis services program provides existing Yolo County clients and the larger county community with access to crisis interventions, crisis assessments, urgent and routine service referrals and linkages, and appropriate crisis residential or inpatient psychiatric facility or psychiatric health facility placement, as needed.

Mental health crisis services include walk-in crisis services access in Davis, West Sacramento, and Woodland during regular business hours. Further, at any day or time, when a Yolo County Medi-Cal beneficiary, indigent individual, or existing Yolo County client is placed on an involuntary psychiatric hold by hospital staff, law enforcement, or certified county or provider clinicians, the crisis navigation staff secures placement at the appropriate crisis residential facility, psychiatric health facility, or acute psychiatric inpatient facility.

County crisis clinicians have been embedded with local law enforcement to form a co-responder team to intervene in mental health-related police calls to de-escalate situations that have historically resulted in arrest so they can assess whether the person should be referred for immediate behavioral health intervention. Currently, six crisis clinicians are embedded with the cites of Davis, Woodland, and West Sacramento and the Yolo County probation and Sheriff's Department. One additional co-responder clinician is planned to increase collaboration with the Davis Police Department, for a total of seven co-responder positions. Staff members provide phone and in-person responses to the community, responding to 911 calls, requests from loved ones who report an individual in crisis, individuals themselves, as well as other concerned citizens and mental health providers. Postcrisis, a staff member follows up n with anyone who has been in crisis to ensure effective service access and referral linkages. Additionally, five part time Peer Support Worker (PSW) positions have been added to the co-responder teams so that a person with lived experience is included in the response.

Key activities of Mental Health Crisis Services support outcomes around:

- Reducing unnecessary local emergency room visits and involuntary psychiatric holds of individuals in crisis.
- Reducing crisis reoccurrence and repeat acute inpatient/psychiatric hospital facility placement.
- Reducing unnecessary arrests of individuals in crisis.
- Preventing crisis escalation, which may result in serious injury or consequences to clients, their loved ones, and the community at large.
- Ensuring appropriate mental health service to anyone in need in advance of a crisis.
- Ensuring linkage to city and county homeless program resources for those in need of housing or shelter.

CIT Training

The Yolo County crisis staff delivers CIT training, modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model, which focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a crisis. The course curriculum is approved by the local Peace Officers Standards and Training agency, providing materials and 40 hours of training at no cost to the participating law enforcement agency or individual. The course trains participants on the signs and symptoms of mental illness and how to respond appropriately and compassionately to individuals or families in crisis. Further program modifications include the development and delivery of an annual 8-hour CIT refresher training for all county law enforcement personnel who have previously completed the initial 40-hour curriculum. This refresher course curriculum was developed in concert with local enforcement agencies to ensure it includes relevant and updated topics that further attendees' intervention tools and

understanding with diverse populations. An added Outreach Specialist position will be dedicated to the CIT Training program, expanding HHSA's ability to deliver and track training provided.

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

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

Goals and Objectives

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.

Program Updates

24/7 Medi-Cal Mobile Crisis Benefit

To strengthen and enhance Yolo County's crisis continuum of care, HHSA implemented the Medi-Cal Mobile Crisis Benefit to provide community wide, 24/7 mobile crisis response as of 1/2/24. Mobile Crisis Response services are community-based intervention services designed to provide de-escalation and relief to individuals experiencing a mental health or substance use related crisis wherever they are, including at home, work, school, or in the community. Mobile Crisis Response Services are provided by a multidisciplinary team of trained behavioral health professionals in a rapid response model, using individual assessment and community-based stabilization. These services are designed to reduce the immediate risk of danger and subsequent harm, as well as avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.

Mobile Crisis Response services include warm handoffs to appropriate settings and providers when the individual requires additional stabilization and/or treatment services; coordination with and referrals to appropriate health, social and other services and supports, as needed; and short-term follow-up/support to help ensure the crisis is resolved and the individual is connected to ongoing care. Services are directed toward the individual in crisis but may include contact with a family member(s) or other significant support/collateral(s) if the purpose of the collateral's participation is to assist the individual in addressing their behavioral health crisis and restoring them to the highest possible functional level.

Yolo County HHSA Crisis Intervention team is providing Mobile Crisis Response services during business hours and American Medical Response (AMR) is contracted to provide Mobile Crisis Response Services in collaboration with Yolo County HHSA staff after hours and on weekends and holidays. For the children's system of care, Victor Community Support Services provided Mobile Crisis Response services for children and youth aged 0-20 in FY 23-24. Beginning in July 2024, crisis response will be embedded into the larger crisis continuum, aligned with the adult system.

High Tech Call Center

- Yolo County has contracted with WellSpace Health to operate an innovative high-tech call center that coordinates all aspects of immediate crisis response through interface with 988, the National Suicide Prevention and Mental Health

Crisis Lifeline, local law enforcement dispatch, Yolo County's behavioral health access line, and the public, to provide phone-based crisis intervention and de-escalation, and when needed, deploy mobile crisis teams throughout the community, twenty-four hours a day, seven days a week.

Older Adult Outreach and Assessment Program (FSP)

Status: Continued From Prior Year Plan

Target Population: Older Adults Aged 60+

Administered by: County and Contractor

Service Contractors: TLCS, Inc dba Hope Cooperative; Yolo Community Care Continuum; North Valley Behavioral Health

Estimated FY24/25 Costs	**$883,317**
Estimated Served FY24/25	**30**
Estimated Cost/Person Served	**$29,444**

Program Description

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

Yolo County HHSA has contracted with Hope Cooperative to provide Older Adult FSP services.

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

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

Also included in Adult Wellness Services is dedicated case management services for non-FSP clients in both Pine Tree Gardens (PTG) homes. This trauma-informed and strengths-based case management service include activities and support

that help new PTG clients acclimate to their new home through frequent connections to support their needs, ensure they get settled, and build a plan around their needs, which may include activities of daily living, financial literacy, how to care for the space and home, scheduling and time management, and medication management.

For clients who find they are ready to move on to their next living situation, this case manager supports them in their successful transition by assisting with housing searches, scheduling tours, move-in documentation, background checks, and connecting with appropriate community supports to ensure the client has connections in the community to help them succeed. Following that transition, the case manager meets with the clients several times after moving out of PTG to support their stability and provide any additional resources needed.

Goals and Objectives

Goal 1: Provide treatment and care that promotes wellness, reduce isolation, and extend 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.

Program Updates

Reduction of total contracted FSP slots to original, core 200 FSP slots across adult, older adult, and transitional aged youth populations in response to revenue volatility, overall budget reductions, challenges in realizing prior intended expansion, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1.

Pathways to Independence

Status: Continued From Prior Year Plan	Estimated FY24/25 Costs **$1,028,385**
Target Population: Transitional Age Youth 16-25	Estimated Served FY24/25 **50**
Administered by: County and Contractor	Estimated Cost/Person Served **$20,568**
Service Contractors: TLCS Inc. dba HOPE Cooperative; Yolo Community Care Continuum	

Program Description

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

The target population includes youth who are seriously emotionally disturbed or have a severe and persistent mental illness and are experiencing or at risk of experiencing:

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

The FSP program utilizes a team approach that ensures that all youth served by the program are assigned to a mental health therapist, case manager, and peer support worker. All Pathways to Independence clients have access to a team member known to the youth and familiar with the youth's needs at all times for crisis support services. This program is currently provided by a contract with Hope Cooperative. The current capacity for the program is 50 youth. The Pathways to Independence program emphasize access to case management and psychiatry and a continuum of services across the county that includes professional and peer support provided through the TAY Wellness Center in Woodland.

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

- Educating youth and their families or other caregivers regarding mental health diagnoses, medications, services and support planning, treatment modalities, and other information related to mental health services and the needs of the youth.
- Providing intensive support services and case management to youth identified as FSP, including individual therapy and other collateral support, when needed.
- Developing integrated service plans that identify needs in the areas of mental health, physical health, education, job training, employment, housing, socialization, substance misuse, and independent living skills.
- Providing seamless linkages between the child, youth, and family mental health system and the adult and aging mental health system, as appropriate.

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

Goals and Objectives

Goal 1: Provide FSP, system development, and outreach and engagement services to youth aged 16–25 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.

Program Update

Reduction of total contracted FSP slots to original, core 200 FSP slots across adult, older adult, and transitional aged youth populations in response to revenue volatility, overall budget reductions, challenges in realizing prior intended expansion, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1.

Public Guardian Case Managers

Status: Continued From Prior Year Plan	Estimated FY24/25 Costs **$62,161**
Target Population: Transitional Age Youth 16–25, Adults Aged 26–59, Older Adults Aged 60+	Estimated Served FY24/25 **36**
Administered by: County	Estimated Cost/Person Served **$1,726**

Program Description

Public Guardians are court-appointed conservators for adults who are gravely disabled due to severe mental illness, resulting in an inability to accept or an unwillingness to accept treatment voluntarily and being unable to provide for their own basic needs, care, or treatment. The Public Guardian program, serving high-risk, gravely disabled adults of all ages, conducts conservatorship investigations to determine if evidence of grave disability is sufficient to petition the Superior Court for conservatorship. The program coordinates appropriate services, treatment, food, clothing, shelter, and estate management for conserved individuals.

Public Guardians collaborate with external agencies, other county departments, private facilities and practitioners, and individuals to bring necessary and appropriate services to conserved individuals based on their needs to preserve their benefits and assets and coordinate their housing at the level of care needed to support their medical and psychiatric stability. Since 2017, there has been an annual caseload increase of 12%–33% depending on the year. Additionally, with changes in legislation allowing conservatorship referrals to now also come from custody settings, the complexity of criminal justice involvement with behavioral health needs has made placements and ongoing support more challenging. To support this growing caseload, the Public Guardian program previously added two full-time behavioral health case managers (BHCM) to the Public Guardian team to provide support and case management to Lanterman-Petris- Short Act conservatees with oversight by the conservatorship officers, who are deputized Public Guardian staff members. These additional positions ensured adequate in-person contact and follow-up that was not possible previously due to insufficient staffing of Conservatorship Officers positions.

Key activities of behavioral health care managers in the Public Guardian program are:

- Conducting regular visits with conservatees to ascertain their needs and review care plans.
- Communicating conservatee needs to deputy Public Guardian staff members and service providers.
- Coordinating with other agencies and community-based partners to provide services to conservatees.
- Assisting with transportation to and from key medical, psychiatric, and benefits-related appointments.
- Researching appropriate housing options for conservatees.
- Gathering records and documents for conservatorship investigations.
- Interviewing services providers, conservatees their family members to gather information regarding conservatee history, past benefits, past treatment, and service efforts.
- Contacting service providers to schedule appointments.
- Following up with service providers to gather appropriate information, records, and documents.
- Completing benefits applications and redeterminations.
- Participating in regular check-in meetings with deputy Public Guardians to review specific conservatee plans, issues, needs, and follow-up.

Goals and Objectives

Goal 1: Coordinate care, treatment, and supports to promote conservatee stability, safety, and appropriate food, clothing, and shelter.

Goal 2: Obtain all appropriate benefits and protect the assets of each conservatee.

Objective 1: Ensure each conservatee receives the appropriate level of care and all their needs for food, clothing, shelter, treatment, and safety are met.

Objective 2: Provide comprehensive estate management, protecting conservatee assets and guaranteeing all benefits and income for which each conservatee is eligible are received.

Program Update

This program was partially MHSA funded in FY 2024-25; however, the Behavioral Health Case Manager positions were eliminated as of October 2024 in response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1. These positions were added to provide additional support to the Public Guardian team but were not able to perform essential functions of Conservatorship Officers. Additionally, they were not able to bill Medi-Cal for services provided resulting in increased reliance on MHSA funding. BHCM services will remain available to Medi-Cal eligible conservatees through other means.

As of August 2024, Yolo County Board of Supervisors approved a total of three new Conservatorship Officer positions for the Public Guardian's office. The addition of these positions will ensure average caseload sizes that will allow Public Guardian Conservatorship Officers to coordinate care, treatment, and supports to promote conservatee stability, safety, and appropriate food, clothing, and shelter. As a result of the above, the related MHSA program has ended.

Tele-Mental Health Services

Status: Continued From Prior Year Plan	Estimated FY24/25 Costs **$1,287,681**
Target Population: Transitional Age Youth 18–25, Adults Aged 26–59, Older Adults Aged 60+	Estimated Served FY24/25 **1000**
Administered by: County and Contractor	Estimated Cost/Person Served **$1,288**
Service Contractors: Locum Tenens	

Program Description

Yolo County mental health clinics currently use telepsychiatry services to expand consumer access to a prescriber. Telepsychiatry appointments are supported by in-clinic medical assistants and nursing staff. County prescribers use tele-mental health software to assess and monitor clients' medication needs. When the tele-mental health software is already in use, clients and prescribers have access to HIPAA-compliant Zoom channels for these services.

The Tele-Mental Health Services program supports outcomes around reducing barriers to providing psychiatric services to individuals throughout the county. Psychiatry services provided by telehealth expand the reach of the county's psychiatric and therapeutic services to various communities and enhance access to both psychiatric appointments and other clinical services in Yolo County. Previously purchased tablets, paid for by MHSA funding in FY 22/23, have been distributed to the most in-need clients (e.g., those without transportation, who live in rural areas of the county, and who have limiting physical disabilities) to support increased tele-mental health services use.

Goals and Objectives

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 prescriber telehealth consultations.

Objective 2: Continue current use of telepsychiatry for existing Yolo County clients.

Program Update

This existing program has no significant changes.

Prevention and Early Intervention Programs (PEI)

Prevention

Reduce risk of developing a serious mental illness (SMI) and build protective factors. Activities include universal prevention strategies geared toward populations that may be more at risk of developing SMI.

Yolo County Programs/Strategies: College Partnership Program, Peer and Family Led Support Services

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, Senior Peer Support Program, 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 older adults 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 Access & 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.

College Partnership Program

Status: Continued From Prior Year Plan

Program Type: Prevention Program

Target Populations: Transitional Age Youth 16–25

Administered by: Contractor

Service Contractors: CommuniCare+OLE

Estimated FY24/25 Costs	**$315,000**
Estimated Served FY24/25	**150**
Estimated Cost/Person Served	**$2,100**

Program Description

The College Partnership Program is a collaboration between Yuba Community College District and HHSA to provide engagement, access, linkage, and direct services to college students who are at risk of or currently experiencing mental health problems with the goal of promoting recovery, resilience, and connection to mental health services for those in need. CommuniCare+OLE is contracted to provide these services on three community college campuses in the Yuba Community College District. The program promotes health and well-being for college students through the provision of physical and behavioral health services. This program continues to build on the successes of the college-based wellness center program and offers a robust campus-based behavioral health program, providing a broad array of engagement, prevention, early intervention, and physical and behavioral health intervention services. The College Partnership Program braids MHSA and Medi-Cal funding with funds from the Yuba Community College District to expand the array of mental health services and supports available on college campuses.

This partnership aims to increase access to mental health services in locations that are easily accessible to college-age students. The program provides more fully integrated mental health services into the college system by offering site-based services that include wellness center activities and services, screening, assessment, and physical and behavioral health services. Additionally, the program meets the unique cultural needs of colleges by providing culturally relevant services to Spanish-speaking students. Education and learning opportunities are available for students and staff members to increase knowledge of healthy living habits and college-based services available to them. Key activities of the College Partnership Program support outcomes around improving mental health wellness, social connectivity, and service utilization by:

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

Goals and Objectives

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.

Program Update

HHSA, CommuniCare+OLE and Yuba Community College leadership are working in collaboration to identify sustainability strategies for this program. In the coming year, the agencies will work together to increase Medi-Cal billing as well as identify other possible sources of funding for this program outside of MHSA funding.

Cultural Competence

Status: Continued From Prior Year Plan

Program Type: Early Intervention

Target Populations: Children Aged 0–5, Transitional Youth Aged 16–25, Adults Aged 26–59, Older Adults Aged 60+

Administered by: County

Service Contractors: TBD

Estimated FY24/25 Costs	**$471,234**
Estimated Served FY24/25	**N/A**
Estimated Cost/Person Served	**N/A**

Program Description

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

Cultural competence programming provides consistent workforce education in culturally and linguistically appropriate service delivery and the impact of social determinants of health and health disparities. Community outreach and engagement focus on promoting inclusion and building resilience in the most vulnerable and marginalized communities while offering opportunities to appreciate, connect, and assess the needs of diverse populations.

The programming also includes the implementation of a creative multimedia campaign to reduce stigma, provide mental health education to diverse populations, and promote access and engagement. Targeted messaging is designed to reach all communities, with an emphasis on monolingual Russian- and Spanish-speaking community members.

Additionally, cultural competence extends its focus to address the significant and disproportionate involvement of African Americans in both the child welfare and criminal justice systems in Yolo County to improve the mental health and well-being of the Black community, identified as a special population in the MHSA plan and the most impacted population according to both child welfare and criminal justice data.

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

- Diversity, equity, and inclusion coordinator and staffing support
- Cultural competence and equity outreach engagement and trainings
- Culturally responsive service delivery
- Cultural support groups
- Stigma reduction and outreach to specific populations
- Additional funding for expansion of scopes and incentives into contracts to support outreach and service delivery to vulnerable populations
- Culturally responsive resilience support
- Targeted marketing efforts to vulnerable populations
- Support for the Yolo Cultural Competence plan
- Cultural competence committee with workgroups to address areas of emphasis
- An internal workgroup addressing staff mental health and the relationship between the staff and leadership

Goals and Objectives

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 the 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 Competence Plan.

Objective 3: Reduce stigma, promote service engagement, and provide targeted, culturally responsive outreach and support to vulnerable populations.

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.

Goal 2: Engage and support the staff by identifying systemic inequities and developing racial and health equity programming that is trauma informed in the implementation.

Objective 1: Increase retention and recruitment of a diverse workforce that reflects the community it serves by building on diversity, equity, inclusion, and belonging principles and practices.

Objective 2: Increase the staff's mental health, well-being, and resilience to encourage and maintain culturally responsive service delivery.

Objective 3: Address systemic inequities that ultimately affect culturally and linguistically appropriate service delivery.

Goal 3: Create a formal framework and template for cultural competence and diversity, equity, and inclusion activities, programming, and communications networks.

Objective 1: Develop a comprehensive 3-year Cultural Competence Plan for HHSA and educate staff members and providers in appropriately reporting program activities to inform the plan.

Objective 2: Establish an internal agency and external public- facing communications network to support collective impact efforts through ongoing community, interdepartmental, and cross-sector collaboration, partnership, and communications.

Program Update

Yolo County HHSA coordinated, advanced, and/or supported a myriad of Cultural Competence activities, both internal and community-based engagements, during FY23-24.

- In the fall of 2023, HHSA completed DEIB training for 750+ staff, followed by six "hotwash" sessions with leadership and line staff to obtain feedback about the training series and what else is needed for future trainings.
- DEI Coordinator completed seven family storytelling sessions training 125+ law enforcement officers as part of Crisis Intervention training regarding impact on family members, living and advocating for a seriously mentally ill adult and considerations during interactions with mentally ill persons.
- The Cultural Competence Committee also offered the following trainings:
    - Cultural Considerations Engaging the Sikh Community
    - Building Trust and Transparency: Intro to Commons Data Criminal Justice Dashboard
    - Becoming an Accomplice vs. Ally to LGBTQIA+ Community
    - Cultural Considerations Engaging First Nation and Indigenous Peoples

In outreach and engagement to youth and families, Cultural Competence partnered with local school districts to offer the following events:

- Three-day Youth Justice Leadership Academy
- Two workshops for middle school girls on self-care, self-love, self-esteem, and empowerment (145 girls)
- Family leadership conference with workshops for parents and youth
- Freedom School six-week engagement of 70+ youth and parents

Cultural Competence was also a partner in Martin Luther King, Jr. Day activities in Davis, Yolo County Women's History Month activities, Juneteenth celebration activities, Davis Pride month celebration and Woodland Pride Parade activities.

Early Childhood Mental Health Access and Linkage Program

Status: Continued From Prior Year Plan

Program Type: Access and Linkage to Treatment Program

Target Populations: Children Aged 0-5

Administered by: Contractor

Service Contractors: First 5 Yolo

Estimated FY24/25 Costs	**$650,000**
Estimated Served FY24/25	**2,200**
Estimated Cost/Person Served	**$295**

Program Description

The Early Childhood Mental Health (ECMH) Access and Linkage Program provides universal screenings to parents/caregivers and their children aged 0–5. The intent of the program is to identify young children who are either at risk of or beginning to develop mental health problems that are likely to affect their healthy development. Based on the screening, the ECMH Access and Linkage program connects children and their families to prevention or early intervention services to address mental health problems affecting healthy development. The county contracts with First 5 Yolo to manage HMG and ensure provision of these screenings and referrals to services. First 5 Yolo subcontracts with Northern California Children's Therapy Center as direct service program lead, and three Family Resource Centers: RISE Inc, Yolo County Children's Alliance and Yolo Crisis Nursery to deliver HMG services countywide.

The program provides screening, identification, and referral services for children aged 0–5 in the community setting to provide prompt identification and intervention for potential issues and timely access to and coordination of services to address existing issues at an appropriate service intensity. Children are linked to the most suitable service, regardless of funding source or service setting (e.g., county; early and periodic screening, diagnosis, and treatment; or school).

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

First 5 Yolo subcontracts with CommuniCare+OLE to provide in-home therapy for caregivers. The In-Home Therapy for Caregivers program strives to remove barriers to accessing caregiver mental health services by providing therapy services in their home.

The program serves primary caregivers who have been identified by First 5 Yolo's Help Me Grow developmental screening or through First 5 Yolo's Heathy Families America home visiting program.

This program aims to identify those who are not being served by existing systems and connect them to family-centered, culturally, and linguistically sensitive mental health services in their home. The goal is to empower parents to create nurturing environments and relationships that help break the cycle of adversity in young children.

Key activities of the ECMH Access and Linkage Program support outcomes around preventing the development of mental health challenges in children and improved linkages to mental health services by:

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

Goals and Objectives

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.

Program Update

The Early Childhood Mental Health Access and Linkage program is working on sustainability efforts. These include exploring how some of the program's services may be billable to Medi-Cal. Additionally, First 5 Yolo continues to actively pursue outside funding opportunities (CYBHI grants, etc.) to support the ongoing provision of these critical early access and linkage services.

Early Signs Training and Assistance

Status: Continued From Prior Year Plan

Program Type: Outreach for Increasing Recognition of Early Signs of I Illness

Target Populations: Children and Transitional Youth Aged 11–25, Adults Aged 26–59, Older Adults Aged 60+

Administered by: County

Service Contractors: NA

Estimated FY24/25 Costs	**$351,715**
Estimated Served FY24/25	**500**
Estimated Cost/Person Served	**$703**

Program Description

Early Signs Training and Assistance focuses on mental illness stigma reduction and community education to intervene earlier in mental health crises. Early Signs provides training to providers, individuals, and other caregivers who live or work in Yolo County. The program also provides for the provision of mental health outreach and engagement activities throughout the county to diverse communities.

The purpose of these training programs is to educate public and nonmental health staff members to respond to or prevent a mental health crisis in the community; support people living with mental illness or substance abuse; and reduce the stigma associated with mental illness. This program also provides for community outreach and engagement work at various events throughout Yolo community (I.e., food banks, resource fairs, immigrant and refugee-targeted activities, farmer's markets), in which the public is provided County and community resource information, as well as literature to address stigma reduction.

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

Early Signs Training and Assistance includes the following training programs:

- Question, Persuade, Refer (QPR) Suicide Prevention Training
- Adult Mental Health First Aid Certification
- Youth Mental Health First Aid Certification
- Suicide Prevention in the Workplace Training
- Talk Saves Lives™
- It's Real

QPR

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

Mental Health First Aid and Youth Mental Health First Aid Certifications

Both Mental Health First Aid and Youth Mental Health First Aid are 8-hour courses designed to teach individuals in the community how to help someone who is developing a mental health problem or experiencing a mental health crisis. Trainees are taught about the signs and symptoms of mental illness, including anxiety, depression, psychosis, and substance use. Youth Mental Health First Aid is especially designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, providers, and other individuals how to help adolescents and youth (12–18) experiencing mental health or substance use problems or mental health crisis situations. The training covers health challenges for youth, offers information on adolescent development, and includes a five-step action plan to help young people in both crisis and noncrisis situations. Information for both courses can be found at www.mentalhealthfirstaid.org.

VitalCog: Suicide Prevention in the Workplace Training

Created by the Helen and Arthur E. Johnson Depression Center at the University of Colorado, Suicide Prevention in the Workplace Training is a 2-hour training designed to educate about and create awareness of suicide prevention; create a forum for dialogue and critical thinking about workplace mental health challenges; promote help seeking and help giving in the workplace; and reduce stress-related absenteeism. The target audience is those who work in high-skill and high-stakes careers, e.g., first responders, social workers, and others. It is delivered to providers, fire and emergency medical services, and law enforcement personnel. The training also provides education on agency and business postintervention strategies for stabilizing the mental health of a workforce in the immediate aftermath of a suicide (https://www.coloradodepressioncenter.org/vitalcog/).

Talk Saves Lives™

Talk Saves Lives™, created by The American Foundation for Suicide Prevention (AFSP), is a standardized 45–60-minute education program that provides participants with a clear understanding of this leading cause of death, including the most up-to-date research on suicide prevention, and what they can do in their communities to save lives. Participants will learn common risk factors and warning signs associated with suicide, and how to keep themselves and others safe (www.afsp.org/talk-saves-lives). Topics covered include:

Scope of the Problem: The latest data on suicide in the U.S. and worldwide

Research: Information from research on what causes people to consider suicide, as well as health, historical, and environmental factors that put individuals at risk

Prevention: An understanding of the protective factors that lower suicide risk, and strategies for managing mental health and being proactive about self-care

What You Can Do: Guidance on warning signs and behaviors to look for, and how to get help for someone in a suicidal crisis

It's Real

Teens and Mental Health for High School Students

It's Real, created by The American Foundation for Suicide Prevention, is a 45-minute program that provides young people with mental health education and resources. The program is intended for high school classes or community settings with groups of teens, ages from 14 to 18, The program raises awareness about mental health issues, how to start a conversation about mental health, the importance of self-care, and how to reach out for help (www.afsp.org/itsreal).

Teens and Mental Health for Middle School Students

Intended for middle school classes or community settings with groups of teens, ages from 11 to 15, It's Real: Teens and Mental Health for Middle School Students is a 45-minute program that provides young people with mental health education and resources. The program raises awareness about mental health issues, how to start a conversation about mental health, the importance of self-care, and how to reach out for help (www.afsp.org/itsreal).

Attendees will learn:

What mental health is and how it's both similar to and different from, physical health

How to notice signs of someone needing help

Tips and strategies for having a caring conversation with someone they might be worried about

Methods of self-care for mind, body, soul, and surroundings

Examples of trustworthy resources

How reaching out to trusted adults can help teens manage their mental health

It's Real (College Students and Mental Health)

The AFSP-produced film It's Real: College Students and Mental Health is designed to raise awareness about mental health issues commonly experienced by students and is intended to be used as part of a school's educational program to encourage

help-seeking. By featuring real stories and experiences, It's Real conveys that depression and other mental health conditions are real illnesses that can be managed through specific treatments and interventions. It encourages students to be mindful of the state of their mental health, to acknowledge and recognize when they are struggling, and to take steps to seek help. This 17-minute film is accompanied by facilitator's tools and resources, including a Facilitator's Guide containing talking points and additional information, and is intended as a group presentation (www.afsp.org/itsreal).

Goals and Objectives

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 early 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.

Program Update

Over the past 12 months, Early Signs staff provided/offered 65 trainings (19 QPR, 30 MHFA, 16 SPW) to 317 participants, attended five outreach events, regularly presents at HHSA new hire orientation, and has provided several informational presentations of training opportunities to community organizations. The program also offers in person trainings, upon request, to accommodate community needs as they emerge. The program is currently working on adding new youth focused trainings to roll out in FY 24-25 under early intervention efforts (junior high/high school/college).

K-12 School Partnerships Program

Status: Continued From Prior Year Plan

Program Type: Early Intervention Program

Target Populations: Children and Transitional Youth Aged 5–18

Administered by: Contractors

Service Contractors: CommuniCare+OLE; Victor Community Support Services; Rural Innovations in Social Economics, Inc.

Estimated FY24/25 Costs	**$3,415,112**
Estimated Served FY24/25	**4,000**
Estimated Cost/Person Served	**$854**

Program Description

The K-12 School Partnerships Program is a collaboration among the five county school districts, the Office of Education, and community-based organizations to provide access to mental health professionals at schools throughout the county. The mental health staff provides services including universal screening, assessment, referral, and treatment for children and youth aged 6–18. The K-12 School Partnerships Program expands on a prior, more limited-service array that only provided access, linkage, and strengths-based mentoring services to students. The current program helps identify children and youth who need mental health services to provide access, linkage, and direct services and support to students and the school system. The K-12 School Partnerships Program provides evidence- based, culturally responsive services and offers promising practices in outreach and engagement for at-risk children and youth that build their resilience and help mitigate and support their mental health experiences. The K-12 School Partnerships Program braids MHSA funding with the Mental Health Student Services Act (MHSSA) grant funding and Medi-Cal billing for eligible beneficiaries.

The program utilizes the interconnected systems framework, which focuses on the whole child, incorporating academic, behavioral, and socioemotional development. The services provided through the K-12 School Partnerships Program aligns with the school districts' use of the Mul-Tiered Systems of Support (MTSS) model. This model features three tiers of services. Tier I services are available to all students and include campus-wide or districtwide interventions and trainings meant to benefit the entire student and staff population. Tier II services are more targeted and include small groups and targeted interventions that are for students with identified needs. Tier III is intensive individualized intervention, including individual therapy and rapid linkage to long-term or intensive care. The partnership uses an integrated approach to blend resources, training, systems, data, and practices to improve outcomes for all children and youth.

It emphasizes prevention, early identification, and intervention that address the social, emotional, and behavioral needs of students. Family and community partner involvement is critical to this framework.

Key activities of the K-12 School Partnerships Program include preventing the development of mental health challenges among school-aged children and improving linkages to mental health services, mental health wellness, school engagement, and personal, social, and community stability. The program supports children and youth to increase their social, emotional, and coping skills, including anger management, distress tolerance, self-esteem, relationship building, and cognitive life skills, in the following ways:

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

Goals and Objectives

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.

Goal 3: Deepen partnerships with Local Education Agencies (LEAs) to work directly on sustainability for the services.

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.

Program Update

The K-12 School Partnership agencies are taking steps towards program sustainability through a myriad of activities, including the implementation of the Statewide Multi-Payer School-Linked Fee Schedule. The Yolo County Office of Education submitted their Implementation Plan for capacity grants and YCOE and HHSA are working closely with the school districts to develop operational readiness for the fee schedule. Several districts will be participating in cohort two and others will go live in cohort three or four. The Partnership is looking to the fee schedule as a sustainability measure to be able to maintain services currently provided.

HHSA and YCOE jointly applied for, and were awarded, CYBHI Round 5 to stand up a school-based mobile crisis team to provide support to students throughout Yolo County. In the coming year, HHSA will be identifying staff, developing policy and procedures and working with all the school districts to design a business process for how schools will access and use this mobile crisis team. This is a significant development, as schools within the Partnership have identified a need to support students who experience a behavioral health crisis while on campus. The Partnership is working with an outside company to implement a technology solution that will provide a closed loop referral system for the K-12 services as well as support with data reporting and dashboard development to better visualize outcomes for youth who participate in K-12 services. HHSA is continuing its efforts to increase Medi-Cal billing for the K-12 contracted services through ongoing engagement with the districts as well as providing targeted technical assistance to contracted providers.

Latinx Outreach/Mental Health Promotores Program

Status: Continued From Prior Year Plan

Program Type: Stigma and Discrimination Reduction Program

Target Populations: Transitional Age Youth 16–25, Adults Aged 26–5 Adults Aged 60+

Administered by: Contractor

Service Contractors: CommuniCare+OLE

Estimated FY24/25 Costs	**$44,072**
Estimated Served FY24/25	**16**
Estimated Cost/Person Served	**$2,754**

Program Description

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

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

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

Key activities of Latinx Outreach/ Mental Health Promotores support outcomes around improved mental health wellness; personal, social, and community stability; and connection to other services by:

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

Goals and Objectives

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.

Program Update

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the MHSA funded Latinx Outreach / Mental Health Promotores program ended as of August 30, 2024. However, several services that were included as part of this program have been continued, despite the sunsetting of the MHSA funded component of this program. These include:

- Ongoing therapy for CREO clients through Medi-Cal or sliding scale. As an FQHC, CommuniCare+OLE offers sliding fere for any patient who is uninsured. CCHC+OLE continues to receive referrals from the community for monolingual Spanish speaking clients.
- Clients receiving case management services were transitioned/offered to Enhanced Care Management (ECM) when possible.
- The Promotores program had other funding and continues in the community.
- The weekly Platicas continues through the Promotores program.

Peer- and Family-Led Support Services

Status: Continued From Prior Year Plan

Program Type: Prevention

Target Populations: Transitional Age Youth 16–25, Adults Aged 26–5 Adults Aged 60+

Administered by: Contractor

Service Contractors: NAMI Yolo County

Estimated FY24/25 Costs	**$204,770**
Estimated Served FY24/25	**500**
Estimated Cost/Person Served	**$410**

Program Description

Peer- and Family-Led Support Services are psychoeducation groups and other support groups targeting mental health consumers (peers) and their families. The services help consumers:

- Understand the signs and symptoms of mental health and resources.
- Promote awareness of mental health resources and develop ways to support and advocate for an individual or loved one to access needed services.
- Receive support to cope with the impact of mental health for an individual or family.

Services are exclusively led by peers and family members and provided outside of HHSA clinics and throughout the community, as appropriate, to best serve consumers and families. The family member component of this program features an evidence-based psychoeducational curriculum that covers the knowledge and skills that family members need to know about mental illnesses and how best to support their loved one in their recovery. The peer component of the program features an evidence- based psychoeducational curriculum that includes information about medications and related issues; evidence-based treatments that promote recovery and prevention; strategies for avoiding crisis or relapse; improving understanding of lived experience; problem solving; listening and communication techniques; coping with worry, stress, and emotional flooding; supporting caregivers; and making connections to local services and advocacy initiatives.

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

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

Goals and Objectives

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.

Program Update

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the NAMI Peer and Family Led Support Service program is moving from CSS component funding to PEI as a prevention program with an increase in funding to support data collection. This shift is aligned with the scope of the program and is most appropriately funded under prevention and early intervention.

Senior Peer Support Program

Status: Continued From Prior Year Plan	Estimated FY24/25 Costs **$100,000**
Program Type: Early Intervention Program	Estimated Served FY24/25 **50**
Target Populations: Older Adults Aged 60+	Estimated Cost/Person Served **$2,000**
Administered by: Contractor	
Service Contractors: YoloCARES	

Program Description

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

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

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

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

Goals and Objectives

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 support services.

Objective 2: Support independent living and reduce social isolation for older adults.

Objective 3: Promote the early identification of mental health symptoms in older adults.

Program Update

This existing program has no significant changes.

Innovation Plan (INN)

Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation

Status: Continued From Prior Year Plan	Estimated FY24/25 Costs **$263,534**
Target Populations: Transitional Age Youth 18–25, Adults Aged 26– 59, Older Adults Aged 60+	Estimated Served FY24/25 **N/A**
Administered by: Contractor and County	Estimated Cost/Person Served **N/A**
Service Contractors: RI International; Other contractors TBD	

Program Description

HHSA is utilizing a portion of this funding to support the development of a revised approach to crisis response throughout the county for all residents aged 18 or older, including Medi-Cal beneficiaries and those without insurance, using Crisis Now core principles. Utilizing tools gained and lessons learned from the Crisis Now Academy, staff is engaging with local partners including the local health system providers, MHSA Community Engagement Workgroup, Local Mental Health Board, city leadership, UC Davis, local law enforcement agencies, consumers and family members, and other relevant county agencies. A system redesign as large as Crisis Now takes a significant amount of time to review best practices, utilize proven tools to calculate local need, and engage partners for feedback and redesign considerations to ensure the Yolo County Crisis Now model not only fits the community but also meets the needs identified by the community.

Further building on the Crisis Now Academy learnings and incorporating feedback from the planning and stakeholder input process, HHSA intends to use most of this funding for the upcoming preparatory work necessary to take the community planning process to the next phase, which will ultimately result in the redesign coming to fruition. This plan includes the addition of technical assistance from RI International, the developer of the Crisis Now model to assist with program development and implementation efforts. The following are expected uses of this additional funding during this preparatory implementation process, all of which have been informed in some way by the robust community planning process conducted to date:

- Site location, redesign, engagement, and renovation preparation
- Architect and engineer support for location needs
- Preparatory renovation work to create a suicide-safe Crisis Now program
- Training of staff members, internal and external, on Crisis Now programming needs, expectations, outcomes, policies, and procedures
- Policy, procedure, and practice development required to connect high-tech call center with 988 and local dispatch
- Request for proposal development, review, and contracting execution
- Purchasing and securing of required equipment, including suicide-safe furniture
- Staff members required to support these efforts
- Technical assistance for crisis system re-design and implementation efforts

Goals and Objectives

Goal 1: Build an effective adult crisis system in Yolo County utilizing the lessons learned from the Crisis Now Academy through planning, stakeholder engagement, redesign development, and preparatory work necessary to implement the Crisis Now model in Yolo County.

Objective 1: Engage stakeholders in the community planning process.

Objective 2: Create a crisis system design for Yolo County incorporating all four components of the Crisis Now model.

Objective 3: Complete preparatory work necessary to launch Crisis Now in Yolo County.

Program Update

Over the last year, Yolo County has made significant progress toward the goals and objectives of this innovation project. As noted in prior sections of this update, Yolo County has implemented the High-Tech Call Center, 24/7 Mobile Crisis, and Crisis Residential Services components of the Crisis Now model. Ongoing work is in progress related to the design, construction, and eventual implementation of the Behavioral Health Crisis Receiving Center. Yolo County is engaged with an architecture design company and is working toward key milestones in the design process of a new modular building that will house the receiving center which include various permit and site processes related to the county-owned property that will house the modular building, and the request for proposal to contract with an operator to operate the facility. The anticipated launch date for the Behavioral Health Crisis Receiving Center is late Summer to early Fall 2025.

Workforce, Education, and Training Programs (WET)

Central Regional WET Partnership

Status: Continued From Prior Year Plan

Target Populations: Children and Transitional Age Youth 6–25, Adults Aged 26– 59, Older Adults Aged 60+

Administered by: Contractor and County

Service Contractors: Regional Partnership Memorandum of Understanding with California Mental Health Services Authority

Estimated FY24/25 Costs	**$0**
Estimated Served FY24/25	**N/A**
Estimated Cost/Person Served	**N/A**

Program Description

In FY 19/20, $40 million was appropriated to fund the California Department of Healthcare Access and Information or HCIA's (formerly the California Office of Statewide Health Planning and Development) 2020–2025 Workforce, Education, and Training (WET) 5-year plan. Yolo County is a part of the Central Regional Partnership, along with 18 other counties, which has access to a total grant amount of $6,463,031 during the 5-year period.

Goals and Objectives

Goal 1: Provide funding opportunities to attract and retain well- trained, diverse, and high-quality staff members in the county's mental health service delivery system.

Objective 1: Offer educational loan repayment assistance to professional staff members.

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 students to support professional internships in the county system.

Program Updates

Yolo County has awarded qualifying staff with $25,000 loan forgiveness grants.

Currently, the provision of graduate intern stipends to qualifying applicants is in progress.

The remaining funds will be used for staff retention strategies that will promote the development and institution of systemic changes and opportunities that will increase the likelihood that staff will remain in the public mental health services workforces through approaches such as those enhance workers' day-to day experiences, enhance and support staff development, strengthen management and supervision of workers, and/or enhance organizational climate and culture.

Mental Health Professional Development

Status: Continued From Prior Year Plan	Estimated FY24/25 Costs	**$214,148**
Target Populations: Children and Transitional Age Youth 6–25, Adults Aged 26– 59, Older Adults Aged 60+	Estimated Served FY24/25	**N/A**
Administered by: County	Estimated Cost/Person Served	**N/A**

Program Description

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

- Clinical training in identified evidence-based and promising practices.
- Online professional development courses using HHSA's E-Learning platform.
- A strength-based approach to leadership and team development using Gallup's StrengthsFinder.
- Training and technical assistance to promote cultural competence throughout the behavioral health system and with identified experts.
- Training for all providers to screen for and identify perinatal mental health issues for pregnant and new mothers.
- Resources to ensure the mental health system of care develops a trauma-informed approach across all staff members and programs.
- BBS Clinical supervision.

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

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

In an increasingly competitive work environment, retaining qualified professionals is critical to the support and infrastructure of a robust mental health plan. Many clinical staff members often have significant experience providing clinical services to clients, but they may be unlicensed and need supervision to ensure that they are adequately equipped to handle the needs of the population they serve and meet the requirements of the California Board of Behavioral Sciences (BBS) for licensure. Without the training and support needed for this clinical supervision, staff members can experience greater rates of burnout and leave the workforce or seek other employment opportunities that provide the training and support needed, ultimately affecting client care.

Program Update

Through an agreement with CalMHSA, Yolo County has secured assistance with staff professional development initiatives until 2027, including:

- Access to the statewide Peer Support Specialist certification training and exam materials (which includes training for HHSA staff to become supervisors of such Certified Peer Special staff).
- Additional staff training resources via CalMHSA Learning Management Software platform.

Capital Facilities and Technological Plan (CFTN)

IT Hardware/Software/Subscriptions Services

Status: Continued From Prior Year Plan	Estimated FY24/25 Costs	**$1,444,421**
Administered by: Contractors	Estimated Served FY24/25	**1,000**
Services Contractors: Netsmart, SacValley Med Share	Estimated Cost/Person Served	**$1,444**

Program Description

Yolo County HHSA is working to expand access to Netsmart's MyAvatar (the behavioral health system's electronic medical record [EMR] system) for all contracted providers; implement an electronic health information exchange; strengthen its analytic and reporting process to improve the quality and delivery of behavioral health services; and convert to electronic claims submission for all providers. These goals will be achieved through:

- Updating hardware and software
- Implementing upgrades to the Netsmart MyAvatar Information System
- Joining local health information exchange and integrating it into MyAvatar
- Integrating MyAvatar with a future business intelligence platform
- Ensuring better strategic planning project management using SmartSheets
- Implementing new Current Procedural Terminology (CPT) service codes and billing code adoption to ensure HHSA fiscal stability
- Becoming compliant with federal and state interoperability expectations

Goals and Objectives

Goal 1: Implement and support data infrastructure for quality measurement and improvement of programs and improve the necessary technology for service delivery in Yolo County.

Objective 1: Increase efficiencies in reporting, billing, retrieving, and storing personal health information.

Objective 2: Implement a consistent, dependable clinic safety tool.

Objective 3: Improve staff and client communication technologies.

Program Update

This program funds the ongoing and investment costs of the behavioral health systems, technology needs such as EMRs, HIPAA-compliant software applications for remote service provision, and other technology expansion projects and needs. Yolo County HHSA has joined a local Health Information Exchange (HIE) via SacValley Med Share to meet the data exchange expectations put forth by DHCS CalAIM. This HIE platform allows for the protected, real time, exchange of client information between HHSA, our County Managed Care Plans, local hospitals and other health providers who serve our clients. Further, this plan includes access to Relias, a learning management platform providing on-line training and continuing education. One-time incentive funds were leveraged to offset costs associated with these CFTN software and subscription services for FY 2024-25 in response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1.

Acquisition and Rehabilitation of Adult Residential Treatment Facility

Status: New	
Administered by: County	
Services Contractors:	

Estimated FY24/25 Costs	**$130,000**
Estimated Served FY24/25	**N/A**
Estimated Cost/Person Served	**N/A**

Program Description

CFTN funds will be utilized to support the acquisition of the Adult Residential facility known as Pine Tree Gardens (PTG)-West House in Yolo County. Ownership of PTG-West House will be transferred to New Hope Community Development Corporation for exclusive use as an Adult Residential Facility. The operations of this facility has been subsidized with MHSA funding for several years.

Additional CFTN funds will be utilized to serve as a required match for the California Department of Social Services (CDSS) Community Care Expansion (CCE) Program. The Community Care Expansion (CCE) Program funds the acquisition, construction, and/or rehabilitation of adult and senior care facilities that serve applicants and recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI), who are at risk of or experiencing homelessness.

The CCE program was established by Assembly Bill (AB) 172 (Committee on Budget, Chapter 696, Statutes of 2021). CCE is part of a broader, state-wide effort to expand the state's housing and care continuum, improve treatment outcomes, and prevent the cycle of homelessness or unnecessary institutionalization. These state-wide investments include a total of $3 billion in funding opportunities through competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets. These funds are available through CCE as well as the Behavioral Health Continuum Infrastructure Program (BHCIP) at the Department of Health Care Services (DHCS).

Yolo County's CCE funding allocation will be used for needed facility rehabilitation at PTG East and West, two adult residential facilities serving adults with serious mental illness. The operations of both PTG facilities have been subsidized with MHSA funding for several years, and as such MHSA is an appropriate funding source for the required match to draw down the CCE funding allocation.

Source: California Department of Social Services (CDSS) https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-expansion

Budget Update FY 2024/25

Funding Summary

10/22/24

Fiscal Year Summaries	MHSA Funding					
	CSS	PEI	INN	WET	CFTN	Prudent Reserve
A. Estimated FY 2023/24 Funding						
Estimated Unspent Funds from Prior Fiscal Years*	8,221,039	3,215,211	2,673,969	335,032	1,156,251	
Estimated New FY 2023/24 Funding	16,543,979	4,094,093	1,120,686			
Transfer in FY 2023/24[a/]	(782,872)				782,872	
Access Local Prudent Reserve in FY 2023/24						
Estimated Available Funding for FY 2023/24	23,982,146	7,309,304	3,794,655	335,032	1,939,123	
B. Estimated FY 2023/24 MHSA Expenditures	19,017,141	3,798,969	170,287	244,814	1,339,150	
C. Estimated FY 2024/25 Funding						
Estimated Unspent Funds from Prior Fiscal Years	4,965,005	3,510,335	3,624,367	90,218	599,973	
Estimated New FY 2024/25 Funding	13,373,170	3,343,293	879,814			
Transfer in FY 2024/25[a/]	(952,071)			221,486	730,585	
Access Local Prudent Reserve in FY 2024/25						
Estimated Available Funding for FY 2024/25	17,386,104	6,853,628	4,504,181	311,704	1,330,558	
D. Estimated FY 2024/25 MHSA Expenditures	14,091,837	4,167,061	616,784	225,314	1,335,810	
E. Estimated FY 2025/26 Funding						
Estimated Unspent Funds from Prior Fiscal Years	3,294,267	2,686,567	3,887,397	86,389	(5,252)	
Estimated New FY 2025/26 Funding						
Transfer in FY 2025/26[a/]						
Access Local Prudent Reserve in FY 2025/26						
Estimated Available Funding for FY 2025/26						
F. Estimated FY 2025/26 MHSA Expenditures						
G. Estimated FY 2025/26 Unspent Fund Balance						

H. Estimated Local Prudent Reserve Balance**	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	2,724,069
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	2,724,069
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	2,724,069
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	2,724,069

*Based on Reversion Tables issued 3/16/23 and projected FY2223 spending as of 04/19/23

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

** Pursuant to SB192, W&I section 5892(b)(2), and DHCS Information Notice 19-017, each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in the preceding five years. The county shall reassess the maximum amount of this reserve every five years and certify the reassessment as part of the three-year program and expenditure plan.

Community Services and Supports Budget FY2024-2025

	Fiscal Year 2024/25					
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realign-ment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult Wellness Services	7,470,453	4,733,764	2,466,393			270,296
Children's Mental Health Services	540,000	278,190	227,484			34,326
Pathways to Independence	841,233	439,233	383,000			19,000
Older Adult Outreach and Assessment Program	814,715	372,649	382,000			60,066
Tele-Mental Health Services	280,519	80,019	182,500			18,000
Mental Health Crisis Services and Crisis Intervention Team (CIT) Training	74,065	30,874	42,000			1,191
Non-FSP Programs						
Adult Wellness Services	1,897,395	1,377,099	250,000			270,296
Children's Mental Health Services	1,267,136	792,136	475,000			
Pathways to Independence	187,152	119,052	63,000			5,100
Older Adult Outreach and Assessment Program	68,602	46,602	20,000			2,000
Tele-Mental Health Services	1,007,162	494,662	467,500			45,000
Community-Based Drop-In Navigation Center	427,095	317,095	100,000			10,000
Peer- and Family-Led Support Services	0					
Mental Health Crisis Services and Crisis Intervention Team (CIT) Training	4,360,726	2,406,602	1,000,272			953,852
Public Guardian Case Managers	62,161	62,161				
Supportive Housing and Social Services Coordination	0					
Co-Occurring Disorder Assessment and Intake - AB2265	347,835	212,835	125,000			10,000
CSS Annual Planning (CPP)	193,347	193,347				
CSS Evaluation	116,479	116,479				
CSS Administration	2,442,811	1,819,038	623,773			
CSS Expenses Incurred by a JPA	200,000	200,000				
CSS MHSA Housing Program Assigned Funds						
Total CSS Component Estimated Expenditures	22,598,886	14,091,837	6,807,922	0	0	1,699,127
FSP Programs as Percent of Total	**71.1%**					

Prevention and Early Intervention Budget FY2024-2025

	Fiscal Year 2024/25					
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Access and Linkage Programs						
Early Childhood Mental Health Access and Linkage Program	650,000	650,000				
Early Intervention Programs						
Senior Peer Support Program	100,000	100,000				
College Partnership	315,000	225,000				90,000
K-12 School Partnerships Program	3,415,112	1,846,957	832,680			735,475
Prevention Programs						
Peer and Family Led Support Services	204,770	204,770				
Cultural Competence	471,234	471,234				
Outreach for Increasing Recognition of Early Signs of Mental Illness Programs						
Early Signs Training and Assistance	351,715	351,715				
Stigma and Discrimination Reduction Programs						
Latinx Outreach/Mental Health Promotores Program	44,072	44,072				
PEI Annual Planning (CPP)	52,839	52,839				
PEI Evaluation	31,832	31,832				
PEI Administration	332,812	188,642	144,171			
PEI Assigned Funds	0	0				
Total PEI Component Estimated Expenditures	5,969,387	4,167,061	976,851	0	0	825,475

Innovation Budget FY2024-2025

	Fiscal Year 2024/25					
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation	263,534	263,534				
Crisis Now: Receiving Center	1,842,249	0				1,842,249
INN Annual Planning (CPP)	20,790	20,790				
INN Evaluation	12,524	12,524				
INN Administration	376,620	319,936	56,683			
Total INN Component Estimated Expenditures	2,515,716	616,784	56,683	0	0	1,842,249

Workforce, Education and Training (WET) Funding Budget FY2024-2025

	Fiscal Year 2024/25					
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Mental Health Professional Development	214,148	214,148				
WET Annual Planning (CPP)	2,156	2,156				
WET Evaluation	1,299	1,299				
WET Administration	13,577	7,712	5,865			
Total WET Component Estimated Expenditures	231,179	225,314	5,865	0	0	0

Capital Facilities/Technological Needs (CFTN) Funding Budget FY2024-2025

	Fiscal Year 2024/25					
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realign-ment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
Adult Residential Facilities Projects	130,000	130,000				
CFTN Programs - Technological Needs Projects						
IT Hardware/Software/Subscription Services	1,444,421	1,134,421				310,000
CFTN Annual Planning (CPP)	14,493	14,493				
CFTN Evaluation	8,731	8,731				
CFTN Administration	91,287	48,165	43,122			
Total CFTN Component Estimated Expenditures	1,688,932	1,335,810	43,122	0	0	310,000

FY 2022/2023 Prudent Reserve Calculation

	MHSA Allocation
A. Distributions from Mental Health Services Fund (MHSF)	
FY 2018/19	10,680,186.64
FY 2019/20*	9,962,277.29
FY 2020/21	15,179,712.66
FY 2021/22	17,376,005.29
FY 2022/23*	11,508,028.91
Sum of distributions	64,706,211.00
B. Amount allocated to CSS (Sum multiplied by 76%)	49,176,720
C. Reallocated CSS funds not included above	4,036.20
D. Average amount allocated to CSS (B+C divided by 5)	9,836,151.28
E. Prudent Reserve maximum (D multiplied by 33%)	3,245,929.92

F. Estimated Local Prudent Reserve Balance**	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	2,724,069
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	2,724,069
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
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9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	2,724,069

*Distribution amounts from MHSF do not include "Reallocated" funds. They are added in step C.
** Pursuant to SB192, W&I section 5892(b)(2), and DHCS Information Notice 19-017, each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in the preceding five years. The county shall reassess the maximum amount of this reserve every five years and certify the assessment as part of the three-year program and expenditure plan.

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City:	Yolo
Fiscal Year:	2023-2024

Local Behavioral Health Director

Name:	Karleen Jakowski
Telephone:	(530) 661-2978
Email:	karleen.jakowski@yolocounty.org

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Karleen Jakowski	Karleen Jakowski, LMFT Digitally signed by Karleen Jakowski, LMFT Date: 2024.09.30 12:26:40 -07'00'	09/30/2024
Local Behavioral Health Director (PRINT NAME)	Signature	Date

[1] Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (Revised 11/2022)

APPENDIX A. Community Feedback

APPENDIX B. Performance Outcomes Report

Community Services and Supports

Program: Adult Outreach and Assessment Program (FSP) Provider: TLCS, Inc dba Hope Cooperative					
Performance Measure	Q1	Q2	Q3	Q4	FY
How much did we do?					
# of FTEs onsite at permanent supportive housing locations	0	2	6.5	6.5	6.5
# of beneficiaries served during reporting period	95	97	173	217	582
# of newly enrolled beneficiaries during the reporting period	13	22	79	7	121
# of Total service hours broken out	Med Support: 218.4 CM/Rehab: 1390.6 Therapy: 45.15 Crisis Interv: 0	Med Support: 300.5 CM/Rehab: 1421.3 Therapy: 94.3 Crisis Interv: 15.5	Med Support: 500.9 CM/Rehab: 2397.3 Therapy: 86.4 Crisis Interv: 47	Med Support:529 CM/Rehab: 3388 Therapy: 172 Crisis Interv: 23	Med Support:1548.8 CM/Rehab: 8597.2 Therapy: 397.85 Crisis Interv: 85.5
How well did we do it?					
% of no-shows for prescribing staff (psychiatrists and nurse practitioners)	4.2%	9.9%	16.0%	9.0%	9.8%
% of no-shows for non-prescribing staff (clinicians, case managers and nurses)	4.5%	1.9%	2.8%	5.8%	3.8%
% of beneficiaries that voluntarily discontinued FSP services (program total)	0.0%	0.0%	3.5%	33.0%	9.1%
% of beneficiaries referred for FSP assessment accepted into the FSP program	100.0%	100.0%	100.0%	100.0%	100%
% of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge	95.0%	98.0%	95.0%	96.0%	96.0%
% of beneficiaries who are contacted within 4 hours of hospital or jail notification from discharge	95.0%	99.0%	95.0%	95.0%	96.0%

% of beneficiaries reporting satisfaction with FSP services	98.0%	98.0%	100.0%	98.0%	98.5%
% of referred beneficiaries contacted within 2 calendar days from HHSA referral	85.0%	99.0%	NA	NA	92.0%
Is anyone better off?					
# of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total)	342	507	232	508	397.25
# of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total)	150	234	374	409	291.75
# of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total)	172	195	437	481	321.25
# of days beneficiaries employed while enrolled compared to prior 12-month period (program total)	181	276	825	269	387.75
# of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total)	270	125	270	345	252.5
# of beneficiaries who have met goals and stepped down to a lower level of care	0	0	1	0	1
Analysis*					
Access and Availability	• 100% percent of beneficiaries referred for a Full-Service Partnership assessment were accepted into the program. • Quarterly average of 96% of beneficiaries were seen for a post-hospital follow-up within 7 calendar days of their discharge. • Quarterly average of 96% of beneficiaries were contacted within 4 hours of hospital or jail notification from discharge. • Quarterly average of 92% of referred beneficiaries were contacted within 2 calendar days from HHSA referral.				

Impacts	• Average days per quarter across the entire program while enrolled compared to the prior 12-month period:
	• *Challenges*
	  ○ Beneficiaries experienced 398 days of homelessness.
	  ○ Beneficiaries experienced 292 days of incarceration.
	  ○ Beneficiaries experienced 321 days of psychiatric hospitalization.
	• *Successes*				

	○ Beneficiaries were employed for 388 days. ○ Beneficiaries enrolled in school for 252 days.

*Number of clients not reported by provider

Program: Mental Health Court Provider: Yolo County	
Performance Measure	FY 22-23 Totals*
How much did we do?	
Total number of MHC Referrals	41
Total accepted into MHC	10
MHC acceptance rate	24%
Total MHC participants	41
Number of days of inpatient substance use treatment provided	1122
Number of days of outpatient substance use treatment provided	1462
How well did we do it?	
Reasons for denial of referrals: lacked insight/motivation	20
Reasons for denial of referrals: not suitable for community supervision	16
Reasons for denial of referrals: withdrawn by attorney or pled out	2
Reasons for denial of referrals: declined or did not respond to attempts to contact	25
Reasons for denial of referrals: Were not SMI/Did not need the high level of care/referred to MH-Diversion	17
Reasons for denial of referrals: Were not Yolo County residents	8
Reasons for denial of referrals: Were not evaluated as of 6/30/2023	8
MHC Participants Exiting in FY: Graduation	7
MHC Participants Existing in FY: Terminated/Opted out	6
MHC Participants Exiting in FY: Other	1
Is anyone better off?	
Number of arrests: 1 year prior to MHC	112
Number of arrests: while in MHC	11
Percentage reduction rate in arrests	90%
Number of jail bed days: 1 year prior to MHC	5664
Number of jail bed days: while in MHC	564
Percentage reduction in jail bed stays	90%

Number of state hospital bed days: 1 year prior to MHC	582
Number of state hospital bed days: while in MHC	0
Percentage reduction in state hospital bed days	100%
Number of psychiatric bed days: 1 year prior to MHC	288
Number of psychiatric bed days: while in MHC	31
Percentage reduction of psychiatric bed days	89%
Analysis	
Access and Availability (n=41)	• 1122 days of inpatient substance use treatment provided. • 1462 days of outpatient substance use treatment provided.

Impacts (n=41)	• 101 less arrests while in MHC compared to 1-year prior.
	  ○ 90% reduction rate in arrests compared to 1-year prior.
	• 582 less state hospital bed days.
	  ○ 100% reduction compared to 1-year prior.
	• 257 less psychiatric bed days.
	  ○ 89% reduction compared to 1-year prior.

Program: Safe Harbor Crisis House Provider: Yolo Community Care Continuum			
Performance Measure	Q1 & Q2	Q3 & Q4	FY 22-23 Totals
How much did we do?			
Total # of housed individuals	54	38	92
Total # of unduplicated individuals	52	38	90
Total # of days of treatment	639	599	1238
How well did we do it?			
Average length of stay in days	12.8	13.4	13.1
% of individuals demonstrating engagement (defined as at least one group/activity per day)	90	90	90%
# of individuals who completed goals	12	32	44
Is anyone better off?			
% of individuals without psychiatric readmission within 6 months	97%	64%	Average 81%
Analysis*			
Access and Availability	• Average length of stay: 13.1 days. • 90% of individuals demonstrated engagement.		
Impacts	• 92 housed individuals. • 97% of individuals without psychiatric readmission within 6 months. • 44 individuals completed their goals.		

*Number of clients not reported by provider

Program: Wellness Centers Provider: Yolo County Health & Human Services Agency					
Performance Measure	Q1	Q2	Q3	Q4	FY 22-23 Averages
How much did we do?					
Total FTE	6	6	6	6	6
Number of unduplicated participants at the Wellness Centers quarterly	304	333	366	462	366
Number of visits to the Wellness Centers (including duplicated participants) quarterly	494	543	618	705	590
Number of groups offered quarterly	276	295	331	361	316
Number of unduplicated group participants quarterly	253	259	265	308	271
Number of participants across all groups (including duplicated participants) quarterly	439	461	505	649	514
Number of food bags distributed quarterly	474	504	510	674	541
How well did we do it?					
Percentage of participants who reported they felt respected	85%	90%	96%	81%	85%
Percentage of participants who reported their needs were met	80%	90%	80%	89%	85%
Percentage of weekly groups attended	99%	99%	98%	74%	92%
Is anyone better off?					
Number of participants who reported they felt more connected or made at least one friend	25	21	26	27	25
% of participants who reported they felt more connected or made at least one friend	85%	90%	96%	81%	88%
Number of participants who reported they felt less isolated	24	20	24	27	24
% of participants who reported they felt less isolated	92%	90%	92%	81%	89%
Number of participants who reported they felt comfortable at the center	22	21	24	27	24
Percentage of participants who reported they felt comfortable at the center	85%	95%	92%	93%	91%
Number of participants who were able to identify at least one way to support wellness and recovery	25	19	25	27	24
Percentage of participants who were able to identify at least one way to support wellness and recovery	96%	86%	96%	93%	93%
Analysis					
Access and Availability	• 2,360 visits to the Wellness Centers.				

	• 1,263 groups offered quarterly.
Impacts	• 99 out of 112 (88%) of participants reported they felt more connected or made at least one friend. • 95 out of 107 (89%) of participants reported they felt less isolated. • 94 out of 103 (91%) of participants reported they felt comfortable at the Wellness Centers. • 96 out of 103 (93%) of participants were able to identify at least one way to support wellness and recovery. • 2,162 food bags were distributed.

Program: Farmhouse Provider: Yolo Community Care Continuum	
Analysis*	
Impacts	• 89% continued at Farmhouse or discharged to a lower level of care. • 95% of clients were not hospitalized. • 100% of clients were not incarcerated during the full fiscal year. • 44% of clients were able to obtain a job, volunteer placement or school placement while living at Farmhouse. • 72% of clients with a substance use disorder dual diagnosis participated in substance use programs while at Farmhouse.

*Number of clients not reported by provider

Program: Pine Tree Gardens Provider: North Valley Behavioral Health				
Performance Measure	Q1	Q2	Q3	Q4
How much did we do?				
# Participants Served	NA	NA	20	20
# of referrals made	NA	NA	NA	22
How well did we do it?				
New client engagement rate: % of new PTG residents that participate in any offered case management service at least once a week	NA	NA	31.66 %	70%
Total client participation rate: % of new PTG residents that attend a self/home care, medication management, independent living, financial literacy, scheduling, of time management learning activity provided by the case manager each month.	NA	NA	65%	91%
Discharging Client Participation Rate: % of PTG residents that access the case manager as they plan for, or implement, a housing transition or move.	NA	NA	0%	N/A
Is anyone better off?				
Stabilization: % of clients who have maintained their current housing without admission to a CRT program and/or an acute care inpatient psychiatric care facility.	NA	NA	100%	96%
Housing Retention: % and # of PTG clients who maintain their housing during the reporting period.	NA	NA	100%	96%
Increase Skillset: % and # of clients who report improved living, home, financial, time, or medication management skills as the result of participating in the case management services.	NA	NA	NA	72%

Analysis*	
Access and Availability	• Between 32% and 70% of clients participated in case management services at least once a week. • Between 65% and 91% of participated in activities.
Impacts	• Between 96% and 100% of clients maintained their current housing without admission to a CRT program and/or an acute care inpatient psychiatric care facility. • 72% of clients reported increased life skills.

*Number of clients not reported by provider

Disclaimer: Permanent Supportive Housing Case Management services at Pine Tree Gardens started as of January 1st, 2023 therefore we do not have any data for Q1 & Q2 of FY 22/23.

Program: Bridges (FSP) - Yolo County Provider: Turning Point Community Programs				
Performance Measure	Q1	Q2	Q3	Q4
How much did we do?				
Number of Employees: Manager / Supervisor Clinicians Office Support	Managers/ Supervisors: 2 Clinicians: 1 Office Support: 3	Managers/ Supervisors: 2 Clinicians: 2 Office Support: 2	Managers/ Supervisors: 3 Clinicians: 2 Office Support: 2	Managers/ Supervisors: 2 Clinicians: 2 Office Support: 2
# of open clients	27	28	28	23
# of intakes	15	8	3	5
# of unplanned discharges	Of the 6 discharges, 2 (33.3%) were unplanned. Both were due to neutral reasons (refused services, moved out of area)	Of the 5 discharges, 3 (60.0%) were unplanned. Of those, 3 were neutral reasons (refused services, out of county placement)	Of the 4 discharges, 2 (50.0%) were unplanned. Of those, 2 were neutral reasons (did not return for services, refused services)	Of the 8 discharges, 3 (37.5%) were unplanned. Of those, 3 were neutral reasons (did not meet medical necessity; moved out of area)
# of successful discharges	Of the 6 discharges, 4 (66.7%) were due to successfully meeting treatment goals. Excluding the 2 neutral discharges, 100.0% of discharges were successful.	Of the 5 discharges, 2 (50.0%) were due to the client successfully meeting their treatment goals. Excluding the 3 neutral discharges, 100.0% of discharges were successful.	Of the 4 discharges, 2 (50.0%) were due to the client successfully meeting their treatment goals. Excluding the 2 neutral discharges, 100.0% of discharges were successful.	Of the 8 discharges, 5 (62.5%) were due to the client successfully meeting their treatment goals. Excluding the 3 neutral discharges, 100.0% of discharges were successful.
# of referrals received	14	7	7	2
# of closed out referrals	No referrals were closed out.	No referrals were closed out.	1 referral was closed out due to refusal of service.	No referrals were closed out.
# of children who meet criteria for ICC or IHBS	12 (46.2%) of the 26 clients served were eligible for ICC or IHBS services.	11 (39.3%) of the 28 unduplicated clients were eligible for ICC or IHBS services.	9 (37.5%) of the 24 unduplicated clients were eligible for ICC or IHBS services.	10 (43.5%) of the 23 unduplicated clients were eligible for ICC or IHBS services.
# of children served who are non-English speakers	Of the 26 clients served, 1 (3.8%) served was a non-English speaker (Spanish).	Of the 28 clients served, 3 (10.7%) served were non-English speakers (Spanish).	Of the 24 clients served, 4 (16.7%) served were non-English speakers (Spanish).	Of the 23 clients served, 4 (17.4%) served were non-English speakers (Spanish).
# of families served who are non-English speakers	6 (21.1%) families/caregivers of the 26 clients served were non-English speakers (Spanish).	Of the 28 families/caregivers served, 7 (25.0%) were non-English speakers (Spanish).	Of the 24 families/caregivers served, 9 (37.5%) were non-English speakers (Spanish).	Of the 23 families/caregivers served, 6 (26.1%) were non-English speakers (Spanish).
How well did we do it?				
% of clients who received an intake assessment within 10 business days of referral	Of the 15 intakes administered, 7 (46.7%) were completed within 10 business days of	Of the 8 intakes administered, 2 (25.0%) were completed within 10 business days of	Of the 3 intakes administered, 2 (66.7%) were completed within 10 business days of	Of the 5 intakes administered, 2 (40.0%) were completed within 10

	referral. 12 (80.0%) were completed within 15 days.	referral. All 8 (100.0%) were completed within 15 business day.	referral. 3 (100.0%) were completed within 15 business day.	business days of referral.
% of clients assessed with Child and Adolescent Needs and Strengths (CANS) within 30 days	Of the 15 intakes, 3 were ineligible for a CANS assessment due to not yet reaching 30 days of enrollment. Of the remaining 12 clients, 9 (75.0%) had initial CANS completed within 30 days.	Of the 8 intakes during the period, 1 client refused services prior to 30 days of services. Of the remaining 7 clients, 4 (57.1%) had initial CANS completed within 30 days.	Of the 3 intakes during the period, 1 (33.3%) had initial CANS completed within 30 days.	Of the 5 intakes during the period, 3 (60.0%) had initial CANS completed within 30 days.
% of discharged clients with a CANS completed at discharge	Of the 6 clients discharged, 4 were eligible for a discharge CANS. 4 (100%) of the 4 clients had a CANS completed at discharge.	Of the 5 clients discharged, 2 were eligible for discharge CANS. Of those, 2 (100.0%) clients completed a CANS assessment at discharge.	Of the 4 clients discharged, 2 were eligible for discharge CANS. Of those, 2 (100.0%) clients completed a CANS assessment at discharge.	Of the 8 clients discharged, 6 were eligible for discharge CANS. Of those, 6 (100.0%) clients completed a CANS assessment at discharge.
% of open clients assessed with 6-month CANS	4 (66.7%) of the 6 eligible clients had a reassessment CANS on file.	4 (80.0%) of the 5 eligible clients had a reassessment CANS completed.	4 (50.0%) of the 8 eligible clients had a reassessment CANS completed.	6 (66.7%) of the 9 eligible clients had a reassessment CANS completed.
# of days to successful discharge (quarterly average) (Successful discharge is defined as met treatment goals and/or no longer meets medical necessity for SMHS)	279.0 days.	294.5 days.	396.0 days.	295.6 days.
% of ICC and IHBS eligible clients with facilitated CFT every 90 days	Of the 12 clients that were eligible, 5 either refused or dropped out of services. Of the remaining 7 clients, 5 (71.4%) had a facilitated CFT every 90 days. All 7 (100%) of clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge.	Of the 11 clients that were eligible, 4 either refused or dropped out of services. Of the remaining 7 clients, 4 (57.1%) had a facilitated CFT every 90 days. 7 (100.0%) of the 7 clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge.	Of the 9 clients that were eligible, 1 either refused services. Of the remaining 8 clients, 5 (62.5%) had a facilitated CFT every 90 days. 8 (100.0%) of the 8 clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge.	Of the 10 clients that were eligible, 1 either refused or dropped out of services. Of the remaining 9 clients, 3 (33.3%) had a facilitated CFT every 90 days. 8 (88.9%) of the 9 clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge.
% of clients who successfully met treatment plan goals	Of the 6 clients discharged, 2 discontinued services for neutral reasons (refused	Of the 5 clients discharged, 3 discontinued services for neutral reasons (refused	Of the 4 clients discharged, 2 discontinued services for neutral reasons (did not	Of the 8 clients discharged, 3 discontinued services for neutral reasons. Of the

	services, moved out of area). Of the 4 remaining clients, all 4 (100%) successfully met their treatment goals.	services, out of county placement). Of the remaining 2 clients, 2 (100.0%) successfully met their treatment goals.	return for services, refused services). Of the remaining 2 clients, 2 (100.0%) successfully met their treatment goals.	remaining 5 clients, 5 (100.0%) successfully met their treatment goals.
% of clients who received 1st clinical appointment within 7 days post psychiatric hospitalization	No clients accrued psychiatric hospital days during the reporting period.	No clients accrued psychiatric hospital days during the reporting period.	No clients accrued psychiatric hospital days during the reporting period.	No clients accrued psychiatric hospital days during the reporting period.
% of clients who received 1st psychiatric follow up within 30 days post psychiatric hospitalization	No clients accrued psychiatric hospital days during the reporting period.	No clients accrued psychiatric hospital days during the reporting period.	No clients accrued psychiatric hospital days during the reporting period.	No clients accrued psychiatric hospital days during the reporting period.
Is anyone better off?				
# of clients with decrease in # of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge % of clients with decrease in # of items needing action on Child Behavioral/ Emotional Need section of CANS from intake to discharge	Of the 4 clients with an Initial and Discharge CANS, 4 (100.0%) had actionable items reported in this domain at intake. Of those 4, 3 (75.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS.	Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake. Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS.	Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake. Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS.	Of the 4 clients with an Initial and Discharge CANS, 4 (100.0%) had actionable items reported in this domain at intake. Of those 4, 3 (75.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS.
# of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge % of clients with decrease in # of items needing action of Life Domain Functioning sections of CANS from intake to discharge	Of the 4 clients with an Initial and Discharge CANS, 3 (75.0%) had actionable items reported in this domain at intake. Of those 3, 2 (66.7%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS.	Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake. Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS.	Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake. Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS.	Of the 4 clients with an Initial and Discharge CANS, 4 (100.0%) had actionable items reported in this domain at intake. Of those 4, 3 (75.0%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS.

# of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge % of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge	Of the 4 clients with an Initial and Discharge CANS, 1 (25.0%) had actionable items reported in this domain at intake. Of that 1, 1 (100.0%) had a decrease in the number of items needing action on the Caregiver Resources and Needs section of the CANS.	Of the 2 clients with an Initial and Discharge CANS, no clients had actionable items reported in this domain at intake.	Of the 2 clients with an Initial and Discharge CANS, 1 (50.0%) had actionable items reported in this domain at intake. The 1 (100.0%) client had a decrease in the number of items needing action on the Caregiver Resources section of the CANS.	Of the 4 clients with an Initial and Discharge CANS, 1 (25.0%) had actionable items reported in this domain at intake. The one client maintained the same number of items needing action on the Caregiver Resources section of the CANS. 0 (0.0%)
# of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge % of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge	Of the 4 clients with an Initial and Discharge CANS, 0 (0.0%) had actionable items reported in the Risk Behaviors domain at intake.	Of the 2 clients with an Initial and Discharge CANS, no clients had actionable items reported in this domain at intake.	Of the 2 clients with an Initial and Discharge CANS, no clients had actionable items reported in this domain at intake.	Of the 4 clients with an Initial and Discharge CANS, 1 (25.0%) had actionable items reported in this domain at intake. Of those 1, 1 (100.0%) had a decrease in the number of items needing action on the Risk Behaviors section of the CANS.
# of clients who remained in their home (without juvenile hall, psychiatric hospital, or STRTP admits) or maintained home-based placement % of clients who remained in their home (without juvenile hall, psychiatric hospital, or STRTP admits) or maintained home-based placement	26 (100%) out of 26 clients remained in their home or maintained home-based placement.	28 (100.0%) of the 28 clients served remained in their home or maintained home-based placement during the reporting period.	24 (100.0%) of the 24 clients served remained in their home or maintained home-based placement during the reporting period.	23 (100.0%) of the 23 clients served remained in their home or maintained home-based placement during the reporting period.
Analysis				

Access and Availability	• Intakes: 13 out of 31 (42%) clients received an intake assessment within 10 business days of referral.
	• Child and Adolescent Needs and Strengths (CANS):
	  ○ 17 out of 27 (63%) clients were assessed with CANS within 30 days.
	  ○ 14 out of 14 (100%) of discharged clients had a CANS completed at discharge.
	  ○ 18 out of 28 (64%) open clients were assessed within 6 months.			

Impacts	• Successful Discharges: 13 out of 23 (57%) discharges were successful.
	• Meeting Goals: 13 out of 13 (100%) clients successfully met treatment plan goals.
	• Home Placement: 100%* of clients remained in their home or maintained home-based placement, without any juvenile hall or psychiatric hospital entries.
	• Child and Adolescent Needs and Strengths (CANS):
	  ○ 10 out of 12 (83%) clients decreased the number of items needing action on the Child Behavioral/Emotional Need section of CANS from intake to discharge.
	  ○ 9 out of 11 (82%) clients decreased the number of items needing action on the Life Domain Functioning sections of CANS from intake to discharge.
	  ○ 2 out of 2 (100%) of clients decreased the number of items needing action on the Caregiver Resources and Needs section of CANS from intake to discharge.
	  ○ 1 out of 1 (100%) client decreased the number of items needing action on the Risk Behaviors section of CANS from intake to discharge.

Program: Children's Mental Health Services (Non-FSP) Provider: Yolo County				
Performance Measure	Q1	Q2	Q3	Q4
How much did we do?				
Total FTE	6	5	5	6
# of open clients	28	29	30	32
# of intakes	14	5	8	9
# of unplanned discharges	2	1	1	5
# of successful discharges	2	3	3	2
# of closed out referrals	11	6	2	5
# of referrals received	14	9	8	15
# of children eligible for IHBS criteria	6	4	4	4
# of children served who are non-English speakers	3	1	2	4
# of families served who are non-English speakers	2	1	3	4
How well did we do it?				
% of clients who received an intake assessment with 10 business days of service request	100%	100%	88%	100%
% of clients assessed with Child and Adolescent Needs and Strengths (CANS) within 30 days	100%	100%	100%	100%
% of clients assessed with CANS at discharge	100%	100%	100%	100%
% of open clients assessed with 6-month CANS	100%	100%	96%	100%
# of days to successful discharge		634	465	456
% of ICC and IHBS eligible clients with facilitated CFT every 90 days	100%	100%	75%	100%

% of clients who successfully met treatment plan goals	67%	100%	75%	75%
% of clients who received 1st clinical appointment within 7 business days post psychiatric hospitalization	n/a	n/a	n/a	n/a
% of clients who received 1st psychiatric follow up within 15 business days post psychiatric hospitalization	n/a	n/a	n/a	n/a
Is anyone better off?				
# of clients with decrease in # of items needing action on Child Behavioral/Emotional Needs section of CANS from intake to discharge	3	3	4	1
% of clients with decrease in # of items needing action on Child Behavioral/Emotional Needs section of CANS from intake to discharge	100%	100%	100%	33%
# of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge	3	3	4	1
% of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge	100%	100%	100%	33%
# of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge	1	1	2	1
% of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge	100%	50%	67%	33%
# of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge	1	2	2	2
% of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge	100%	100%	100%	67%
# of clients who remained in their home or maintained foster home placement		17		
% of clients who remained in their home or maintained foster home placement	100%	94%	100%	100%
Analysis				
Access and Availability*	• Intakes: Each quarter, between 88% and 100% of clients received an intake assessment within 10 business days of referral. • Child and Adolescent Needs and Strengths (CANS): o 100% of clients were assessed with CANS within 30 days. o 100% of discharged clients had a CANS completed at discharge.			

	○ Each quarter, between 96% and 100% of open clients were assessed within 6 months.
Impacts	• Successful Discharges: 10 discharges were successful. • Meeting Goals: Each quarter, between 67% and 100%* of clients successfully met treatment plan goals. • Home Placement: Each quarter, between 94% and 100%* of clients remained in their home or maintained foster home placement without any juvenile hall or psychiatric hospital entries. • Child and Adolescent Needs and Strengths (CANS): ○ 11 out of 13 (85%) clients decreased the number of items needing action on the Child Behavioral/Emotional Need section of CANS from intake to discharge. ○ 11 out of 13 (85%) clients decreased the number of items needing action on the Life Domain Functioning sections of CANS from intake to discharge. ○ 5 out of 9 (56%) clients decreased the number of items needing action on the Caregiver Resources and Needs section of CANS from intake to discharge. ○ 7 out of 8 (88%) clients decreased the number of items needing action on the Risk Behaviors section of CANS from intake to discharge.

*Number of clients not reported by provider

Program: Navigation Center Provider: Yolo County and CommuniCare+OLE Health Centers			
Performance Measure	Q1 & Q2	Q3 & Q4	FY Total
How much did we do?			
# of unduplicated clients who visited Navigation Center	125	160	285
# of unduplicated Beacon Triage Screenings completed [Q3/Q4 used CalAIM not Beacon]	97	31	128
# of unduplicated Specialty Mental Health Assessments completed	70	104	174
# of unduplicated substance use disorder assessments (ASAMs) completed	11	12	23
# of unduplicated clients provided with transportation	18	13	31
Number of bus passes distributed	500 bus passes were distributed		
# unduplicated clients provided with peer support assistance	14	10	24
# unduplicated clients provided with direct subsidy assistance:	15	12	27
# psychiatric hold applications completed	0	0	0
How well did we do it?			
% of clients who report they are satisfied with Navigation Center services	87	87	87%
Is anyone better off?			
# and % of unduplicated clients who successfully link with a Specialty Mental Health Services assessment appointment	75(68%)	111(68%)	68%
# and % of unduplicated clients who successfully link with a Specialty Mental Health Services psychiatric appointment	27(79%)	46(90%)	84.50%

Analysis	
Access and Availability	• Triage Screenings: 128 • Specialty Mental Health Assessments Completed: 174 • Substance Use Disorder Assessments Completed: 23 • Clients Provided with Peer Support Assistance: 24
Impacts	• Clients Provided with Transportation: 31 • Bus Passes Distributed: 500 • Specialty Mental Health Services Assessment Appointment: 186 out of 274 clients (68%) were successfully linked with a Specialty Mental Health Services assessment appointment. • Specialty Mental Health Services Psychiatric Appointment: 73 out of 86 clients (85%) were successfully linked with a Specialty Mental Health Services psychiatric appointment.

Program: Co-Occurring Disorder Assessment and Intake -AB2265 Provider: Yolo County Health and Human Services Agency, CommuniCare+OLE Health Centers	
Performance Measure	Full Year Total
Co-occurring assessments completed	106
Number of assessments resulting in a client with ONLY an SUD diagnosis identified	0
Percentage of assessments resulting in a client with ONLY an SUD diagnosis identified	0

Program: Crisis Co-Responder Program Provider: Yolo County Health and Human Services Agency				
Performance Measure	Q1	Q2	Q3	Q4
How much did we do?				
# of unduplicated clients served.	286	274	266	262
# of Co-Responder clinician responses.	439	349	352	337
# and % of clients referred by Law Enforcement Agency	159 36 %	104 38%	92 26%	69 20%
# and % of clients referred by Family/Self	180 41 %	105 38%	101 29%	127 38%
# and % of clients referred by HHSA/community MH or SUD provider	67 15%	59 22%	27 8%	57 17%
# and % of clients referred by Other	33 8 %	81 30%	132 37%	84 25%
# and % of clients referred for Crisis needs	246 56%	186 53%	146 41%	140 42%
# and % of clients referred for Mental Health needs	137 31%	134 38%	134 38%	120 36%
# and % of clients referred for substance use disorder needs	35 8%	11 3%	26 7%	5 1%
# and % of clients referred for other needs	20 5%	18 5%	46 13%	72 21%
# of minutes spent providing training or presentations/consulting/reviewing holds written with law enforcement personnel.	NA	7450 mins.	17417 mins.	7698 mins
How well did we do it?				
Average clinician response time (from request notification to initial in-person contact with client) in minutes	20 mins	15 mins	7 mins	16 mins
Average clinician time spent on scene (in minutes).	40 mins	45 mins	47 mins	47 mins
Average law enforcement officer wait time for clinician response (in minutes).	NA	NA	9 min	NA
% of law enforcement personnel who reported satisfaction with Co-Responder Project services.	NA	NA	92%	NA
Is anyone better off?				
# and % of clients served who were not placed on an involuntary hold	387 88 %	297 85%	283 80%	278 82%
# and % of clients served who were not arrested/taken to jail	427 97%	266 97%	345 98%	329 98%
# and % of client served who were linked to an HHSA/community provider mental health and/or substance use provider.	63 13%	50 19%	33 12%	33 10%

# and % of clients referred to an HHSA/community provider for homeless services.	6 5%	7 7 %	9 4 %	5 6%
Analysis				
Access and Availability*	• Crisis Co-Responders: o Average clinician response time ranged from 7 to 20 minutes. o Average clinician time spent on scene ranged from 40 and 47 minutes.			
Impacts	• Crisis Co-Responders: o 1,245 out of 1,482 (84%) clients served who were not placed on an involuntary hold. o 1,367 out of 1,402 (98%) clients served who were not arrested/taken to jail.			

*Number of clients not reported by provider

Program: Crisis Intervention Training Provider: Yolo County Health and Human Services Agency	
Program Overview	Total (FY22-23)
Total participants in CIT training course	44 (16 participants in 40-hour course, 28 participants in 8-hour refresher course)
Number of Law Enforcement Officer (LEO) participated	44

Participants by Department or Home Agency	
Agency/Department	FY22-23
Woodland Police Department	26
Yolo Probation	2
Davis Police Department	6
Yolo County Sheriff's Office	10
West Sacramento	0
Out of County Agency	0

Training Evaluation Overview:
The CIT course is evaluated using a pre- and post-test style questionnaire for participants, consisting of 10 questions on a 5-point Likert-scale. These questions provide insight into the knowledge gained during the course, as well as shifts in attitude or perceived stigmas.

Year	Total # of Participants listed on sign-in sheets	# of Participants completed pre-test evaluation forms	# of Participants completed post-training evaluation forms	Passing rate [based on sign-in sheets]
FY 22-23	44	13	48	42/44 (95%)

Questions and Summary of Data:
[Note: responses were based on a 1-5 Likert scale]

1. How comfortable are you with your current knowledge of mental illness? *(1 - Not comfortable; 3 - Moderately comfortable; 5 - Very comfortable)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	5	39
Percentage	38.50%	81.25%

2. How aware are you of community resources available to people with mental illness? *(1 – Not at all; 3 – Moderately aware; 5 – Very aware)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	3	37
Percentage	23.00%	77.00%

3. How would you rate your knowledge of civil commitment laws? *(1 – Poor; 3 – Moderate; 5 – Excellent)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	1	28
Percentage	7.70%	58.33%

4. How would you rate your knowledge of the professional liability that can arise when dealing with people with mental illness who are in crisis? *(1 – Poor; 3 – Moderate; 5 – Excellent)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	3	39
Percentage	23.00%	81.25%

5. How familiar are you with the roles of various providers in the mental health system (e.g., HHSA County, the hospitals, the courts? *(1 – Not at all familiar; 3 – Moderately familiar; 5 – Very familiar)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	1	36
Percentage	7.70%	75.00%

6. Do you believe the average person with a mental illness is more or less aggressive (such as a temper outbursts and verbal threats) than an individual not suffering from mental illness? *(1- More aggressive; 3 – The same; 5 – Less aggressive)*

	FY22-23	
	Pre-Test	Post-Test
Less Aggressive	4 (30.77%)	9 (↓16.67%)
The Same	3 (23.08%)	16 (↓20.83%
More Aggressive	6 (46.00%)	24 (↑50.00%)

7. Do you believe the average person with mental illness is more or less likely to commit a violent crime than an individual not suffering from mental illness? *(1 – More likely; 3 - The same; 5 - Less likely)*

	FY22-23	
	Pre-Test	Post-Test
Less Likely	0 (0.00%)	6 (↑12.50%)
The Same	7 (53.85%)	24 (↓50 .00%)
More Likely	6 (46.15%)	18 (↓37.50%)

8. How well prepared do you feel when handling people with mental illness who are in crisis? *(1 – Not at all prepared; 3 – Moderately prepared; 5 – Very prepared)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	5	44
Percentage	38.50%	91.67%

9. Overall, how well prepared do you think the other CIT trained officers will be in handling people with mental illness in crisis? *(1 – Not at all prepared; 3 – Moderately prepared; 5 – Very prepared)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	3	45

Percentage	23.00%	93.75%

10. How would you rate your comfort level in dealing with people with mental illness in crisis? *(1 – Not comfortable; 3 – Moderately comfortable; 5 – Very comfortable)*

	FY22-23	
	Pre-Test	Post-Test
Above Average	8	42
Percentage	61.50%	87.50%

Additional Post-Training Evaluation Questions

1. What was your overall impression of CIT training? *(1 – Poor; 3 – Moderate; 5 – Excellent)*

Year	Total Responses	Above Average (4 AND 5) Responses	Percentage
FY22-23	47	46	97.87%

2. How well do you feel the training was organized? *(1 – Poor; 3 – Moderate; 5 – Excellent)*

Year	Total Responses	Above Average (4 AND 5) Responses	Percentage
FY22-23	47	46	97.87%

Analysis	

Access and Availability*	• Crisis Intervention Training
	  ○ Woodland Police Department: 26 Participants
	  ○ Yolo Probation: 2 Participants
	  ○ Davis Police Department: 6 Participants
	  ○ Yolo County Sheriff's Office: 10 Participants

Impacts	• Crisis Intervention Training:
	  ○ 42 out of 44 (95%) of officers passed the training.
	  ○ After the training:
	  ▪ 39 more officers felt above average levels of preparedness when handling people with mental illness who are in crisis.
	  ▪ 42 more officers gave above average ratings of how well prepared they think other CIT trained officers will be handling people with mental illness in crisis.
	  ▪ 34 more officers felt above average comfort in dealing with people with mental illness in crisis.

Program: Hope Co-Op Older Adult FSP Provider: TLCS, Inc dba Hope Cooperative; Yolo Community Care Continuum; North Valley Behavioral Health					
Performance Measure	Q1	Q2	Q3	Q4	FY 22-23 Totals
How much did we do?					
# of FTEs onsite at permanent supportive housing locations	0	2	6.5	6.5	6.5
# of beneficiaries served during reporting period	20	20	24	23	21.75 (average)
# of newly enrolled beneficiaries during the reporting period	1	0	3	0	1
# of Total service hours broken out	46 Med Support 367 CM/ Rehab 4 Therapy 0 Intervention	67.9 Med Support 344.6 CM/ Rehab 15.2 Therapy 0 Intervention	63.9 Med Support 413.2 CM/ Rehab 19.5 Therapy 2.0 Intervention	64.1 Med Support 396 CM/ Rehab 4.0 Therapy 2.4 Intervention	241.9 Med Support 1520.8 CM/ Rehab 42.7 Therapy 4.4 Intervention
Refers to demographics and shared above	Demographics provided as separate attachment.				
# of Senior Peer Counseling referrals made	0	0	1	1	2
How well did we do it?					
% of no-shows for prescribing staff (psychiatrists and nurse practitioners)	4.2%	9.9%	16.0%	9.0%	7.8%
% of no-shows for non-prescribing staff (clinicians, case managers and nurses)	4.5%	1.9%	2.8%	5.8%	3.3%
% of beneficiaries that voluntarily discontinued FSP services (program total)	0.0%	0.0%	3.5%	33.0%	0.6%
% of beneficiaries referred for FSP assessment accepted into the FSP program	100.0%	0.0%	100.0%	0.0%	50%
% of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge	100.0%	100.0%	95.0%	95.0%	97.5%
% of beneficiaries who are contacted within 4 hours of hospital or jail notification from discharge	95.0%	100.0%	96.0%	97.0%	97.0%
% of beneficiaries reporting satisfaction with FSP services	100.0%	100.0%	100.0%	99.0%	99.8%
% of referred beneficiaries contacted within 2 calendar days from HHSA referral	100.0%	100.0%	95.0%	NA	98.3%
Is anyone better off?					
# of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total)	0	0	0	0	0

# of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total)	0	0	0	0	0
# of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total)	13	0	15	26	54
# of days beneficiaries employed while enrolled compared to prior 12-month period (program total)	0	0	0	0	0
# of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total)	0	0	0	0	0
# of beneficiaries who have met goals and stepped down to a lower level of care	0	0	0	0	0
Analysis*					
Access and Availability	• 98% of beneficiaries were seen for a post-hospital follow-up within 7 calendar days of their discharge. • 97% of beneficiaries were contacted within 4 hours of hospital or jail notification from discharge. • 98% of referred beneficiaries were contacted within 2 calendar days from HHSA referral.				
Impacts	• Average days per quarter across the entire program while enrolled compared to the prior 12-month period: *Challenges* o Beneficiaries experienced 0 days of homelessness. o Beneficiaries experienced 0 days of incarceration. o Beneficiaries experienced 54 days of psychiatric hospitalization. *Successes* o Beneficiaries were employed 0 days. o Beneficiaries enrolled in school 0 days.				

*Number of clients not reported by provider

Program: Hope Co-Op TAY FSP Provider: TLCS Inc. dba HOPE Cooperative; Yolo Community Care Continuum					
Performance Measure	Q1	Q2	Q3	Q4	FY 22-23 Totals
How much did we do?					
# of FTEs onsite at permanent supportive housing locations		0	5	6.5	6.5
# of beneficiaries served during reporting period	18	16	21	22	19.25
# of newly enrolled beneficiaries during the reporting period	1	1	19	2	5.75
Total service hours broken out by	NA	55.25 Med Support 231.2 CM/ Rehab 26 Therapy 4.8 Crisis Intervention	48.3 Med Support 209.7 CM/ Rehab 7.5 Therapy 8.5 Intervention	52.7Med Support 393.6CM/ Rehab 10.0Therapy 2.2Intervention	104.25 Med Support 834.5CM/ Rehab 42.5Therapy 15.5 Intervention
How well did we do it?					
% of no-shows for prescribing staff (psychiatrists and nurse practitioners)	5	5	22	9.2	10.3
% of no-shows for non-prescribing staff (clinicians, case managers and nurses)	20	20	2	9.4	12.85
% of beneficiaries that voluntarily discontinued FSP services (program total)	0	0	0	0	0
% of beneficiaries referred for FSP assessment accepted into the FSP program	100	100	100	100	100
% of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge	100	100	100	100	100
% of beneficiaries who are contacted within 4 hours of hospital or jail notification from discharge	95	95	100	100	97.5
% of beneficiaries reporting satisfaction with FSP services	Not captured	Not Captured	90	95	92.5
% of referred beneficiaries contacted within 2 calendar days from HHSA referral	100	100	NA	100	100
Is anyone better off?					
# of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total)	NA	0	0	6	2

# of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total)	NA	0	2	0	0.66
# of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total)	NA	0	0	63	21
# of days beneficiaries employed while enrolled compared to prior 12-month period (program total)	NA	0	2	61	21
# of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total)	NA	0	2	48	16.66
# of beneficiaries who have met goals and stepped down to a lower level of care	NA	0	0	0	0
Analysis*					
Access and Availability	• 100% percent of beneficiaries referred for a Full-Service Partnership assessment were accepted into the program. • 100% of beneficiaries were seen for a post-hospital follow-up within 7 calendar days of their discharge. • 98% of beneficiaries were contacted within 4 hours of hospital or jail notification from discharge. • 100% of referred beneficiaries were contacted within 2 calendar days from HHSA referral.				
Impacts	• Average days per quarter across the entire program while enrolled compared to the prior 12-month period: *Challenges* o Beneficiaries experienced 6 days of homelessness. o Beneficiaries experienced 2 days of incarceration. o Beneficiaries experienced 21 days of psychiatric hospitalization. *Successes* o Beneficiaries were employed for 63 days. o Beneficiaries were enrolled in school for 50 days.				

*Number of clients not reported by provider

Program: Peer and Family Led Programs Provider: NAMI Yolo County				
Performance Measure	Q1	Q2	Q3	Q4
How much did we do?				
# of NAMI educational classes offered this quarter as part of a course.	1	8	0	0
# of NAMI support group meetings offered this quarter.	47	41	42	34
# of NAMI direct services and events provided this quarter.	3	5	3	4
# of NAMI community educational presentations provided.	0	5	0	1
How well did we do it?				
# of total NAMI educational course participants.	8	9	0	0
# of unduplicated NAMI support group meeting participants.	64	67	73	72
# of total NAMI community educational presentation attendees.	0	33	0	13
# of volunteers recruited and/or trained in the quarter.	2	0	7	3
# of total NAMI direct service recipients.	34	150	24	20
# of total NAMI event attendees.	15	111	0	173
Is anyone better off?				
% of support group and/or educational course participants who reported increased ability to manage stress.	88.9%	100%	62.5%	100%
% of support group and/or educational course participants who reported increased ability to recognize the signs and symptoms of mental illness.	66.7%	100%	62.5%	80%
% of support group and/or educational course participants who reported increased access to community resources.	66.7%	80%	100%	80%
% of support group and/or educational course participants who reported feeling less isolated as a result of group involvement.	N/A. This question was not included in our surveys. NAMI Yolo County was unable to ask this question in our surveys until after the quarter ended. However, we did find that 100% of	100%	100%	100%

	support group and/or educational course participants reported feeling that they gained more support as a result of group or class involvement.			
% of event attendees that reported increased understanding of mental illness and associated stigma.	NA	We conducted a survey for one of the events that we held during quarter 2, First Wednesday Gathering: Cultural Competency and Mental Health presented by Tessa Smith, Diversity, Equity, and Inclusion Coordinator. This was a presentation on cultural competency as it relates to mental health. We asked participants if they agreed with the following statement, "After attending this presentation, I feel I have a better understanding of cultural competency." 87.5% of those surveyed reported a better understanding of cultural competency.	NA	70%
% of community education presentation attendees that reported increased	NA	N/A – no data available; we	NA	100%

understanding of mental illness and associated stigma.		experienced a technical error with the survey that was conducted at the end of these Zoom presentations, so the survey was sent out separately to those for whom we had email addresses. None of those attendees completed the survey so we do not have performance data for those two presentations.		
% of community education presentation attendees that reported increased ability to recognize the signs and symptoms of mental illness.	NA	N/A – no data available; we experienced a technical error with the survey that was conducted at the end of these Zoom presentations so the survey was sent out separately to those for whom we had email addresses. None of those attendees completed the survey so we do not have performance data for those two presentations.	NA	75%
Program Narrative				
Q1	In quarter 1 of the 2022-23 fiscal year, NAMI Yolo County offered 6 ongoing support groups, served three meals to people living with mental illness in residential facilities, provided activities through our CanDo program, began our Fall Family-to-Family education course, and started planning our Mental Illness Awareness Week events which took place during the first week of October.			

	During quarter 1, NAMI Yolo County boosted our volunteer recruitment efforts and planning and hope to recruit an additional 2 support group facilitators and course teachers in early 2023. NAMI Yolo County served 3 CanDo program meals to approximately 20 individuals living in residential homes for people living with mental illness in Quarter 1. NAMI Yolo County also provided a book club and art activities to residents at Homestead and Pine Tree Gardens. NAMI Yolo County continued to provide most of our support groups virtually due to COVID-19. NAMI Yolo County was able to successfully continue to consistently provide one in-person support group for individuals living with a mental health condition in Quarter 1. NAMI Yolo County successfully recruited a new Board member, a recent UC Davis graduate during Quarter 1. NAMI Yolo County is recruiting 2-3 new Board members to fill current vacancies and add additional members. Board candidates from West Sacramento, Winters, and outlying areas of Yolo County will be given priority consideration. Board members continue to attend workshops and training to educate themselves on diversity and equity inclusion best practices.
Q2	During quarter 2, NAMI Yolo County boosted our volunteer recruitment efforts and planning, and hope to recruit additional support group facilitators and course teachers in early 2023. We interviewed 2 new potential volunteers who we hoped would be trained as support group facilitators, but unfortunately neither were able to complete the training. We learned some valuable lessons on ensuring potential volunteers are well-screened and vetted before enrolling them in training. NAMI California will be releasing the 2023 training dates for NAMI Signature Programs soon, and once we have those dates, we will be able to target our volunteer recruitment accordingly. NAMI Yolo County served 3 CanDo program meals (2 of which were holiday meals) to approximately 20 individuals living in residential homes for people living with mental illness in Quarter 2. NAMI Yolo County also provided holiday gifts to Homestead residents as well as mental health clients throughout the County. NAMI Yolo County participated in Mental Illness Awareness Week October 2nd – October 8th. For Mental Illness Awareness Week, NAMI Yolo County planned and organized 4 events: an Interfaith Service, Rally for Recovery, Mental Health 101, and Salud Mental 101 (Mental Health 101 offered in Spanish). Community members came together with faith leaders at the Mental Illness Awareness Week Interfaith Service to connect with and support one another on the National Day of Prayer and Understanding for Recovery. Faith leaders from different religious backgrounds were presented at the event alongside speakers from the mental health community, and we served box lunches to those who attended. Members of our community gathered to honor individuals who have made outstanding contributions in the mental health community and demonstrate leadership in NAMI Yolo County's tradition of resilience, wisdom, and support the Rally for Recovery during Mental Illness Awareness Week. This event was open to the public and was attended by approximately 80 individuals. Yolo County Health and Human

	Services Agency partnered with us to offer a vaccination clinic at the Rally where 40 people received COVID-19 vaccinations or boosters. During Mental Illness Awareness Week, NAMI Yolo County held a virtual Mental Health 101 presentation and a virtual Salud Mental 101 presentation. Attendees of both presentations learned the signs and symptoms of mental illness and learned how to help themselves, friends, or family members who may need support through the lens of their own cultural and personal experience. A combined total of 15 people attended these two events. Unfortunately, we experienced a technical error with the survey that was conducted at the end of these Zoom presentations, so the survey was sent out separately to those for whom we had email addresses. None of those attendees completed the survey so we do not have performance data for those two presentations. NAMI Yolo County hosted a virtual First Wednesday Gathering event on November 2, which was a presentation on Cultural Competency in Mental Health by Diversity, Equity, and Inclusion Coordinator at Yolo County Health and Human Services Agency. The presentation, simulcast in Spanish, included information on Yolo County's Cultural Competence Plan. There were 16 people in attendance, and the recording of this presentation was posted to our website. Due to the content of this presentation, the survey data collected included the question "After attending this presentation, I feel I have a better understanding of cultural competency" rather than asking about an increased understanding about mental illness and associated stigma. This is reflected in the data below, in item 3.5. The NAMI Family-to-Family course that began in Quarter 1 was completed in Quarter 2, with 8 graduates. We started planning for another Family-to-Family course to be held during Quarter 3, and a Peer-to-Peer course to be held in either Quarter 3 or Quarter 4. NAMI Yolo County continued to provide most of our support groups virtually due to COVID-19. We were able to successfully continue to provide one in-person Connections Support Group in Davis for individuals living with a mental health condition. A significant accomplishment this quarter was the launch of a new, in-person Connections Support Group in West Sacramento that meets twice a month at the West Sacramento public library. In addition to our two in-person Connections Support Groups, we continued to provide a virtual Connections Support Group on a weekly basis, along with a virtual Family Support Group and a virtual Basics Support Group that each meet twice per month. The demand for our Family Support Group has been growing exponentially. Although it was not scheduled to meet on that day, several regular Family Support Group participants requested to meet on Christmas Day and 6 individuals attended. We have begun receiving more interest and requests for in-person support groups, so we are working to recruit volunteers who are comfortable facilitating in-person. We also started looking for venues that can host support groups or classes at no or very low cost. Our goal is to continue providing all our support groups virtually and re-establish in-person groups as well, so that individuals attending our groups can choose the format that best fits their needs.
Q3	Quarter 3 presented some successes and some challenges for NAMI Yolo County. We increased our volunteer team, recruited a new board member, participated in Crisis Intervention Team (CIT) training, gave presentations on mental health and the local impacts of mental illness to community groups, and started an additional in-person support group. We continued to provide monthly meals to residents living in

	supported housing and participated in multiple collaborations with other agencies and community-based organizations. NAMI Yolo County had planned to conduct a Family-to-Family educational course in Q3 but unfortunately our primary instructor was unable to teach the course due to personal conflicts and had to cancel. We expect to be able to offer this course in Quarter 4 with new volunteers. We also conducted an unsuccessful search for an AmeriCorps VIP (Volunteer Infrastructure Project) Member, which we had hoped to fill by the end of February. Unfortunately, neither NAMI Yolo County nor AmeriCorps received any applications for this position despite both internal and external recruitment efforts. Our increased volunteer recruitment efforts that began in Quarter 2 began to show some dividends in Quarter 3, when we recruited 7 new volunteers in a variety of roles. In January, we launched a series of three virtual Volunteer Orientation sessions that are intended to provide potential volunteers with an overview of NAMI and the many volunteer opportunities that exist at NAMI Yolo County. We have continued to offer these sessions on a regular monthly basis. In Quarter 3, a total of 24 unique individuals attended the Volunteer Orientation Sessions: 17 individuals attended the January Volunteer Orientation sessions, 3 individuals attended the February session, and 4 individuals attended the March session. Although not all of the people who attended these sessions have become NAMI Yolo County volunteers to date, conversations with many of them are ongoing. From these recruitment efforts, we recruited two new Connection Support Group facilitators, one new Family Support Group facilitator, two Family-to-Family course instructors, and one In Our Own Voice presenter. One of the Connection Support Group facilitators did not complete the required training and we mutually agreed that this was not the right volunteer opportunity at the right time. The Family Support Group facilitator began in their role under a mentorship with an experienced facilitator while waiting for an available training class. Both new Family-to-Family instructors are pending enrollment in a training class. During Quarter 3, we also recruited a new board member who was voted onto the NAMI Yolo County Board of Directors at the March meeting. Parent is the parent of an adult with a serious mental illness, and he has participated in NAMI Yolo County's classes and support groups for several years along with his wife and adult children. Parent lives in Davis and has a business in Woodland. NAMI Yolo County presented during several Crisis Intervention Team (CIT) trainings conducted by HHSA for Yolo County law enforcement in Quarter 3. In February, NAMI Yolo County presented during three CIT refresher classes, providing information on the supports and resources offered by our organization. In March, we presented as part of a full CIT course where we included a powerful presentation by a family member of a loved one with a mental illness who has been involved in the justice system and had many interactions with law enforcement. Conversations with law enforcement officers after these presentations highlighted the ongoing need for crisis services in Yolo County. NAMI Yolo County gave presentations to the Yolo County District Attorney's Restorative Justice Partnership and the Winters Rotary Club in Quarter 3, where we aimed to increase awareness of mental health issues, emphasize the local impacts of mental illness, and

	provide information on programs and services we offer. At each presentation, people approached NAMI Yolo County staff afterwards with personal stories of their own connections to mental illness and asked for assistance accessing support and resources. NAMI Yolo County served 3 CanDo program meals, each to approximately 20 individuals living in residential homes for people living with mental illness in Quarter 3. Towards the end of Q3, we added one new in-person Connection Support Group at the Homestead Cooperative Supported Housing program in Davis. We provided a meal for one of the Davis Connection Support Group meetings in Davis during January, and dessert for the West Sacramento Connection Support Group attendees in March. NAMI Yolo County worked to strengthen collaborative partnerships and develop new ones during Quarter 3. The Executive Director continued NAMI Yolo County's participation in the Yolo County CHIP (Community Health Improvement Plan) Workgroup and the Risk Behaviors Subgroup. NAMI Yolo County's Board President participated in the Roadmap Champions Sessions as part of Yolo County Office of Education's Roadmap to the Future for Yolo County Children and Youth Initiative. NAMI Yolo County has also joined the West Sacramento Accountable Communities for Health (ACH) collaborative and is exploring partnerships with Mercy Coalition and Pro Youth and Families.
Q4	NAMI Yolo County served three CanDo program meals, each to approximately 20 individuals living in residential homes for people living with mental illness. NAMI Yolo County staffed tables at several locations during Quarter 4 to provide resources on mental health and information on the programs and services we offer. We partnered with Rainbow Housing Assistance Corporation to provide mental health resources at a low-income housing complex in Woodland. We also staffed a table at one of the Picnic in the Park events at Central Park in Davis, offering information on mental health resources throughout Yolo County. Finally, we were present to provide support and resource information at two locations for the Davis Day of Reflection, which was a response to the tragic violence that occurred in Davis in late May that resulted in the death of two individuals and critical injuries to a third. At each of these opportunities to share information, support, and resources on mental health we heard from people who continue to struggle with finding clinical mental health providers. On May 31, NAMI Yolo County organized and hosted a presentation on Tardive Dyskinesia (TD), a condition resulting from some anti-psychotic medications that is characterized by uncontrollable movements and can impact an individual's ability to work, drive, or even eat. (Redacted) with CommuniCare+OLE Health Centers, provided the educational component to help people understand the causes and identify the signs and symptoms of this condition, followed by a peer with lived experience who shared her story about living with TD. This educational presentation was held virtually and was attended by 13 individuals. It was offered in English with a simultaneous Spanish translation. Some of the demographic data we collected on these attendees: • Ages 35-44 = 25% of attendees; ages 45-54 = 50%; ages 55-64 = 25% • Race of attendees: White, Non-Hispanic = 25%; White, Hispanic = 25%; Native American/Native Alaskan/Indigenous = 25%; Black/African/African American, Non-Hispanic = 25%;

	• Gender identity: Female = 77%; Male = 23% • Veterans = none NAMI Yolo County hosted the Celebrate Hope and Resilience event (previously known as the Pat Williams Mental Health Dinner) on April 23rd at Central Park in Davis. The event included 4 activity stations that each provided information focused on mental health and wellness along with a hands-on activity. This year's event also included a Community Resource area where other local organizations provided information and additional resources on mental health. The event was attended by 173 people, including mental health peers, prominent community members from throughout Yolo County, and several elected officials. Chief Behavioral Health Officer with CommuniCare+OLE Health Centers, was honored with the Pat Williams Mental Health Luminary Award. A BBQ meal was provided by the Davis Firefighters. Surveys completed by attendees indicated a high degree of satisfaction with the event, with 75% of respondents reporting an increased understanding of mental illness and associated stigma. In May, NAMI Yolo County members participated in NAMIWalks which is held at Land Park in Sacramento each year during Mental Health Awareness Month. Yolo County had a good turnout at the event despite the rain. NAMI Yolo County has formed a subcommittee to organize a NAMIWalks event in Woodland during Mental Illness Awareness Week in October 2023. Although the event hosted by NAMI Sacramento is engaging and fun, the distance presents a barrier for some Yolo County residents. We look forward to bringing this event to Yolo County so that more of our residents can participate. NAMI Yolo County's Executive Director attended NAMICon in May, NAMI National's Annual Conference that spans three days. Held in Minneapolis, Minnesota, this conference provided many opportunities to learn about the programs and services offered by other NAMI affiliates across the country and has sparked several ideas for how we can grow our programs to meet the needs of more individuals living with mental health conditions and their family members. NAMI Yolo County continued to offer 7 different support groups during Quarter 4, with three that are held in-person and four that are held virtually. We continue to improve our data collection, specifically around demographic information. Although we have not yet been successful in collecting this information from all of our support groups, the following demographics were reported by participants in our Family Support Group: • Ages 51-60 = 25%; 61+ = 75%; • Veterans = none • Gender identity: Female = 100% • Race: White = 25%; Bi/Multi-racial = 75% NAMI Yolo County had planned to offer a Family-to-Family course in Quarter 4, but due to illness on the part of the course facilitators it had to be postponed to Quarter 1 of FY 2023-24. We expect that the addition of new program staff will allow NAMI Yolo County to significantly increase the number of classes, support groups, and educational presentations during FY 2023-24.
Analysis	
Access and Availability	• 9 educational classes offered.

	• 164 support group meetings offered. • 15 direct services and events provided. • 6 community educational presentations provided.
Impacts*	• Between 63% and 100% of support group and/or educational course participants reported an increased ability to manage stress. • Between 63% and 100% of support group and/or educational course participants reported an increased ability to recognize the signs and symptoms of mental illness. • Between 67% and 100% of support group and/or educational course participants reported increased access to community resources. • 100% of support group and/or educational course participants reported feeling less isolated because of group involvement. • 70% of event attendees reported an increased understanding of mental illness and associated stigma. • 100% of community education presentation attendees reported an increased understanding of mental illness and associated stigma. • 75% of community education presentation attendees reported an increased ability to recognize the signs and symptoms of mental illness.

*Number of clients not reported by provider

Program: Permanent Supportive Housing Provider: Yolo County Continuum of Care					
Performance Measure	Q1	Q2	Q3	Q4	FY 22-23 Totals
How much did we do?					
# of participants served			27	28	55
# of referrals			17	10	27
How well did we do it?					
Engagement rate for Homestead			89%	89%	89%
Engagement rate for Pacifico			80%	67%	74%
Group participation rate			87%	77%	82%
Data entry timelines			100%	100%	100%
Is anyone better off?					
Inpatient stabilization reduction %			100%	100%	100%
Permanent housing retention rate			100%	100%	100%
Health stability rate			92%	86%	89%
Analysis*					
Access and Availability	• 89% engagement rate for Homestead. • 74% engagement rate for Pacifico. • 82% group participation rate.				
Impacts	• 100% reduction in inpatient stabilization. • 100% rate of permanent housing retention. • 89% rate of health stability.				

*Number of clients not reported by provider

Disclaimer: Program did not start until January 1, 2023 (i.e. Q3)

Program: Tele-Mental Health Services Provider: Yolo County													
Month	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Grand Total
Number of telehealth services provided	155	220	212	253	213	252	241	246	294	254	265	224	2,829

Prevention and Early Intervention

Program: College Partnership Program Provider: CommuniCare+OLE Health Centers				
Performance Measure	Q1	Q2	Q3	Q4
How much did we do?				
Behavioral Health Services				
# of students served	38	44	48 (146 visits)	21 (90 visits)
# of students referred through the Early Alert Interface	0	0	0	0
# of referrals made to County-based supports and programs	0	0	0	0
# of students receiving services during peak hours (8:30am to 4:30pm)	27	34	33	18
# of students receiving services during after-hours (4:30pm to 7:00pm)	11	10	15	2
Physical Health Services				
# of students served	49	18	10 (29 visits)	15
# of students referred through the Early Alert Interface	0	0	0	0
# of referrals made to County-based supports and programs	0	0	0	0
# of students receiving services during peak hours (8:30am to 4:30pm)	46	18	10	15
# of students receiving services during after-hours (4:30pm to 7:00pm)	43	0	0	0
Social Services				
# of students served	9	57	156	132
# of referrals made to County-based supports and programs	0	0	6	4
# of tabling events held	1	3	5	3
# of health fairs held	0	1	5	3
# of Flu Shot Clinics held	0	1	0	0
# of STI Testing Clinics held	0	0	2	2
# of education and learning events held for staff	1	0	2	1
# of education and learning events held for students	3	55	7	7
# of students that received services in their primary language of Spanish	11	16	0	1
# of students that received services in their primary language of Russian	0	0	0	0

How well did we do it?				
# & % of students who self-report that they received an initial appointment timely	No surveys were completed during this quarter.	6, 67% (6 of 9)	1, 50% (1 of 2)	100% (2/2)
# & % of students satisfied with access to and services provided based on results of the Student Satisfaction Survey	No surveys were completed during this quarter.	2, 100% (2 of 2)	No surveys completed	No surveys completed
% of students seen at the Woodland campus	33 of 38 87%	93% (41 of 44)	79% (45 of 57)	79% (19 of 21)
% of students seen at the Colusa County campus	4 of 38 11%	2% (1 of 44)	5.2% (3 of 57)	5.2% (1 of 21)
% of students seen at Lake County campus	1 of 38 2%	4.5% (2 of 44)	8.7 % (5 of 57)	8.7 % (1 of 21)
Is anyone better off?				
# & % of students that self-report improved access to behavioral/physical/social services on campus	2 of 3 67%	2, 100% (2 of 2)	2, 100% (2 of 2)	2, 100% (2 of 2)
# & % of students that received routine[1] care	49	100%	100%	100%
# & % of students that self -report improved access to training and education opportunities	3 of 3 100%	2, 100% (2 of 2)	2, 100% (2 of 2)	N/A
# & % of faculty/staff that self -report improved access to training and education opportunities	None received. Presentations were in person and survey was not administered.	None provided this quarter.	None provided this quarter	N/A
# & % of students that self -report increased knowledge of healthy living habits	3 of 3 100%	1, 50% (1of2)	1, 50% (1of2)	N/A
# & % of faculty/staff that self -report increased knowledge of healthy living habits	None received. Presentations were in person and survey was not administered.	None provided this quarter.	None provided this quarter.	N/A

Analysis	
Access and Availability	• 10 referrals were made to social services. • 2 out of 2 (100%) of the participants were satisfied with access to services and services provided. • 597 students received either behavioral health, social services or physical health care services in this reporting period.
Impacts	• 8 out of 9 (89%) of students reported improved access to behavioral/physical/social services on campus. • 7 out of 7 (100%) students reported improved access to training and education opportunities. • 5 out of 7 (71%) students reported increased knowledge of healthy living habits.

Program: Help Me Grow Provider: First 5 Yolo Performance Measure	Q1 & Q2	Q3 & Q4
Total number of FTE Staff	6.15	6.15
Number of unique families served	889	485
Number of unique children screened with at least one screening tool	597	321
Number of unique children receiving case management/care coordination	697	346
Number of unique children participating in Developmental Playgroups	97	149
Number of unique children who received an observation visit through Yolo Baby	17	9
Number of unique parents attending one or more Parent Education/Support Groups	68	85
Number of trainings conducted (family and community outreach) broken out by type in data summary	115	99
Number of screens completed with at least one screening tool (YTD)	621	472
Number of unique children screened whose entry point was: Child Health Providers	103	75
Number of unique children screened whose entry point was: Child Health Providers	17%	23%
Number of unique children screened whose entry point was: Community-based Organization (e.g., nonprofit, childcare provider, etc.)	436	229
Percentage of unique children screened whose entry point was: Community-based Organization (e.g., nonprofit, childcare provider, etc.)	73%	71%
Number of unique children screened whose entry point was: self-referral (e.g., Centralized Access Point, HMG Website, etc.)	28	9
Percentage of unique children screened whose entry point was: self-referral (e.g., Centralized Access Point, HMG Website, etc.)	5%	3%
Number of Developmental Playgroups and Parent Support groups offered	59	72
Number of referrals made (as defined in Appendix A)	757	629
Percentage of children families who received referrals for Developmental Services	25%	22%
Percentage of children and families receiving referrals for Health Services	11%	6%
Percentage of children and families receiving referrals for Socio-Emotional/Behavioral Services	7%	4%
Percentage of children and families receiving referrals for Social and Economic Support Services	28%	37%
Percentage of children and families receiving referrals for Developmental Screening	29%	29%
Number of calls/web inquiries logged of people who contacted the CAP (called the 844-phone number or HMG CAP website)	124	115
Number of HMG CAP intakes completed with concern noted at intake	317	175
Percentage of Developmental Concerns noted at intake	49%	48%
Percentage of Physical Health Concerns noted at intake	13%	10%
Percentage of Socio-Emotional/Behavioral Concerns noted at intake	20%	29%
Percentage of Social and Economic Issues noted at intake	5%	5%
Percentage of General Information about Help Me Grow noted at intake	32%	21%
Average number of days it takes a family/provider to receive results after completing a screen. (days)	5	5
Percentage of children who received a re-screen after scoring in the "monitor" range across one or more	5%	40%
Percentage of referrals made with barriers to completion (i.e., external referral could not be completed/family could not be connected	9%	14%

Percentage of children with a behavioral or developmental concern identified who were successfully connected (in agreement and partnership with the family) to at least one external service or program	87%	78%
Percentage of children who completed a recommended follow up screen in the current FY after scoring in the "monitor" range across one or more categories on their last screen, and had an improved score in at least one of those same categories after receiving internal resources/referrals (i.e., ASQ learning activities/developmental handouts)	64%	78%
Percentage of parents/caregivers who report increased knowledge of appropriate activities to facilitate their child's Surveys)	99%	100%
Percentage of parents/caregivers who reported learning how to better read and respond to their baby's cues following Yolo baby services.	100%	100%
Percentage of parents/caregivers who reported having a better understanding of what their babies' next developmental steps are following Yolo Baby services.	100%	100%
Analysis		
Access and Availability	• Across both programs, a total of 1,406 unique families were served.	

Program: IHTC Provider: First 5 Yolo Performance Measure	Q1 & Q2	Q3 & Q4
Total number of FTE Staff	0.43	0.43
Number of referrals received	12	16
Number of referrals screened for eligibility	12	13
Number of sessions provided (total)	96	194
Number of unique clients who received in-home therapy	13	22
Number of unique families served	12	20
Percentage of clients completing therapy or meeting treatment plan goals at exit	100%	91%
Average number of days from date referral received to treatment	90	63
Average visit engagement/attendance rate	72%	71%
Percentage of clients showing clinically significant reduction in symptoms and improved functioning after completing 6 sessions or more, based on validated screening/assessment tools and feedback surveys	80%	93%
Percentage of clients referred for mental health supports, who were connected to therapy services (IHTC or other therapy provider)	100%	63%
Analysis		
Access and Availability	• Across both programs, a total of 1,406 unique families were served.	

Program: K-12 School Partnership Programs: Davis Catchment Area Provider: CommuniCare+OLE Health Centers					
Performance Measure		Q1	Q2	Q3	Q4
How much did we do?					
Staff	Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support):	Clinicians: 5.25 FTEs Case Manager: 2 FTEs Manager: 1 FTE	Associate Director: 0.3 FTE Manager: 0.75 FTE Clinicians: 5.05 FTEs Case Managers: 2 FTEs Administrative Assistant: 1 FTE Quality Assurance: 0.1 FTE	Associate Director: 0.3 FTE Manager: 0.75 FTE Clinicians: 5.05 FTEs Case Managers: 2 FTEs Administrative Assistant: 1 FTE Quality Assurance: 0.1 FTE	Associate Director: .3 Manager: .5 Clinicians: 3.95 Case Managers: 2 Administrative Assistant: 1 Quality Assurance: 0.1
Program Participants # of unduplicated participants served:		72 (18 Tier 2, 54 Tier 3)	92	155	177
# of Tier I services (unduplicated):		0	1	1 service	1
# of Tier I services provided (duplicated):		0	1	20 clients	20
# of Tier II services (unduplicated):		18 groups	0	4 clients	18 clients
# of Tier II services provided (duplicated):		65 client contacts	0	8 services	30 services
# of Tier III services (unduplicated):		54 clients	92	151 clients	139 clients
# of Tier III services provided (duplicated):		229 client contacts	484	748 services	600 services
How well did we do it?					
Timeliness Average interval (days) between referral and completion of screening:		Average 42 days for all referrals; NOTE: 1. 10 referrals were received at the end of the 21-22 school year and clients opted to begin services in Fall 2022, an average of 88 days between referral and screening. 2. 14 referrals were received at the beginning of the 22-23 school year with an average of 8 days between referral and screening	20 days	14 **During the past quarter, case managers have begun to complete screenings instead of clinicians to support with enrolling of students into the program faster.	10 days

% of participants who receive an assessment within 10 business days of screening:	57% (12 of 21)	67% (18 of 27)	15 of 31 (48%) (Challenges contacting caregivers, caregivers requesting delay of assessment, some assessments taking multiple sessions to complete)	57% - Calculation includes all intakes without adjustment for delays not due to CCHC. 100% - Calculation excludes intakes where reason for delay was not due CCHC (caregiver delayed in responding to outreach attempts and/or requested a later appt date, student absences etc.)
Referral/Linkage # and % of participants (with private health insurance) referred to services through their insurance plan:	25 (100% of individuals with private insurance)	7 (8%)	13 of 13 (100%)	6 (31%)
# and % of participants (with private health insurance) successfully linked to services through their insurance plan:	0 (0%)	1 (1%)	4 of 13 (31%) (6 clients disengaged or were non-responsive after linkage attempts made, 3 still in progress of making linkage)	1 (16%)
# and % of participants in treatment services utilizing Medi-Cal billing (managed care):	9 (16%)	14 (15%)	12 of 155 (8%)	13 of 157 (8%)
# and % of participants in treatment services utilizing Medi-Cal billing (SMHS):	3 (5%)	10 (11%)	17 of 155 (11%)	14 of 157 (9%)
Service Delivery Average # of sessions per participant in therapeutic services:	4	5	5	4
Participant Satisfaction # and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys):	1 of 2 (50%) (1 individual answered neither no nor yes)	3 (100%)	2 of 2 (100%)	4 (100%)
Is anyone better off?				
# and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need	8 of 9 (89%) (1 person who was discharged due to graduating high school did not	5 of 7 (71%) successful & unplanned discharges	13 of 16 (81%) successful & unplanned discharges	11 of 18 (61%) successful & unplanned discharges

section of CANS from intake to discharge	decrease score on actionable items for this measure)	4 of 5 (80%) successful discharges (1 referred to higher level of care)	8 of 8 (100%) successful discharges	8 of 8 (100%) successful discharges
# and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge:	5 of 6 (83%) (1 person who was discharged due to graduating high school did not decrease score on actionable items for this measure)	2 of 5 (40%) successful & unplanned discharges 1 of 2 (50%) successful discharges (1 referred to higher level of care)	8 of 13 (62%) successful & unplanned discharges 6 of 6 (100%) successful discharges	7 of 17 (41%) successful & unplanned discharges 6 of 6 (100%) successful discharges
# and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge).	No data to report (methodology to be developed to gather baseline information from district)	N/A – one student who successfully discharged did not have attendance issues	2 of 2 (100%)	8 of 15 (53%) successful & unplanned discharges 6 of 7 (86%) successful discharges (attendance issues not applicable for all clients)
# and % of students with decreased instances/frequency of school-based behavioral interventions (as calculated by % of days with behavioral interventions in quarter of referral vs. % of days with behavioral interventions in quarter of discharge).	No data to report (methodology to be developed to gather baseline information from district)	100% (1 of 1, successful discharge)	7 of 7 (100%)	11 of 39 (28%) successful & unplanned discharges 5 of 19 (26%) successful discharges (school-based interventions not applicable for all clients)
Analysis				
Access and Availability	• Across the four locations, 151 out of 164 (92%) of respondents reported being satisfied or very satisfied with services. • Across the four locations, 81 out of 230 (35%) of participants were referred to services through their insurance plan and 18 out of 154 (12%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts.			
Impacts	• Across the four locations, 122 out of 165 (74%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 107 out of 146 (73%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge.			

Program: K-12 School Partnership Programs: Rural Catchment Area Provider: RISE, Inc.					
Performance Measure		Q1	Q2	Q3	Q4
How much did we do?					
Staff	Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support) .05 FTE Manager;.10 Supervisor: 2.0 Clinician: 1.0 Case Manager: 1.0 Linkage/Outreach	Total 4.15 FTE to support the program.	Total 4.15 FTE to support the program.	Total 4.15 FTE to support the program.	Total 7 FTE to support the program.
Program Participants # of unduplicated participants serve (All students served)		RISE Mental Health program received 92 student referrals, but only 81 were served. 24 students were served by enrolling in enrichment youth programs—105 unduplicated participants.	RISE mental health program received 57 mental health referrals and 21 youth program referrals in Esparto, but only 62 unduplicated participants served. *(41 followed through on the mental health referral and 21 youth programs referrals)*	72 participants served throughout our RISE K-12 mental health program.	*63 participants served during the fourth quarter.*
# of Tier I services (unduplicated) (universal support; for example: outreach and education)		Clinicians attended back-to-school nights for Esparto and Winters schools and provided information about the RISE mental health program. Providing resources approximately between both districts to parents and students was 450	*439 Tier I students.* One of our RISE clinicians at Winters High School hosted a meet and greet with 9th - 12th grades so all the students on campus are aware of her presence and if they need any mental health service she's there to help.	463 Tier I participants. Every 15 Minutes event at Winters High School focuses on drinking, driving, and making mature decisions.	*RISE Mental Health Program Winters Middle School Clinician provided a presentation to 40 students about mental wellness during their lunchtime.*
# of Tier I services provided (duplicated)		0	N/A 0	N/A 0	Zero

# of Tier II services (unduplicated)	(Youth Groups) 24 students were served for friendship and dual fuel youth groups in Winters throughout the first quarter. Our Esparto mental wellness specialist is working with Esparto Unified School District to create different youth groups depending on the students' need.	(Non-Therapeutic Youth Groups) 21 Tier II students served for the second quarter. Esparto served 21 students throughout their friendship and social skills groups.	(Non-Therapeutic Youth Groups) 27 participants joined a non-therapeutic youth group within Esparto and Winters Schools. 9 Students at Esparto Elementary School and 18 students from all Winters Schools.	(Non- Therapeutic Youth Groups) 49 participants received Tier II services through the fourth quarter.
# of Tier II services provided (duplicated)	0	N/A 0	N/A 0	Zero Tier II students.
# of Tier III services (unduplicated) (All Students receiving individual therapy)	81 students began receiving individual therapy with RISE clinicians.	41 students received Tier III services with RISE clinicians.	36 Tier III participants were referred to RISE K-12 mental health program throughout the third quarter.	Fourteen Tier III referrals were made for mental health services for the fourth quarter.
# of Tier III services provided (duplicated)	0	There were 0 Tier III services duplicated in the second quarter.	Two Tier III participants.	Zero
How well did we do it?				
Timeliness Average interval (days) between referral and completion of screening	(There is an average of 4 days between referral and completion of screening)	Four days is the average time between referral and screening.	Four days is the average time between referral and screening.	Four days is the average time between referral and screening.
% of participants (with private health insurance) referred to services through their insurance plan	(Due to our various funding streams, 100% or all participants with private health insurance receive services regardless of insurance unless of a waiting list or unless participant needs higher mental health services.) However, 0 were referred through their insurance plan.	33% of participants were referred to within their private insurance to receive mental health services.	38% of participants were referred to within their private insurance to receive mental health services.	Zero participants were referred through their private insurance during the fourth quarter.

Referral/Linkage # and % of participants (with private health insurance) referred to services through insurance plan	(Due to our various funding streams, 100% or all participants with private health insurance receive services regardless of insurance unless of a waiting list or unless participant needs higher mental health services.) However, 0 were referred through their insurance plan.	16 and 33% of participants referred to their private insurance plan.	14, and 38% of participants referred with their private insurance.	0 and 0% participants were referred through their private health insurance plan.
# and % of participants (with private health insurance) successfully linked to services through their insurance plan	(Due to our various funding streams, 100% or all participants with private health insurance receive services regardless of insurance unless of a waiting list or unless participant needs higher mental health services.) However, 0 were referred through their insurance plan.	7 and 34% were linked successfully with the student's private health insurance.	5, and 35% were linked successfully with the with their private health insurance.	0 and 0% of participants successfully linked mental health services through their private health insurance plan.
# and % of participants in treatment services utilizing Medi-Cal billing (managed care)	(Funding source is stated on the mental health referral if participant has Medi-Cal, clinician will utilize Medi-Cal billing) (Clinicians haven't began billing to Medi-Cal in the first quarter.)	14 and 34%	17 and 36%	(Carelon Formerly Beacon) (Mild to Moderate). 8 and 72% of participants used managed care (Medi-Cal billing) through April-June.
# and % of participants in treatment services utilizing Medi-Cal billing (SMHS)	(Funding source is stated on the mental health referral if participant has Medi-Cal, clinician will	14 and 34%	17 and 36%	(Specialty Mental Health Services) (Moderate to Severe) (N/A) RISE Inc, did not submit any claim from April to

	utilize Medi-Cal billing)			June for participants utilizing Medi-Cal billing.
Service Delivery Average # of sessions per participant in therapeutic services	Total sessions 334.	(775 are the combined total for sessions between all clinicians in the second quarter) 18 is the average number of sessions per participant.	Ten average number of mental health sessions per participant within a quarter.	Eight sessions are the average number of students who received mental health services throughout the fourth quarter.
Participant Satisfaction # and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys)	We began participation surveys with parents/legal guardians within a month of their child receiving mental health services, all ratings ranged from satisfied to very satisfied. We conducted a total of 70 surveys within the first quarter.	53 participants, including parents/guardians, conducted satisfaction surveys. Very satisfied- 27% Satisfied- 55% Neutral- 18% Unsatisfied-0% Very Unsatisfied- 0%	Very satisfied- 13% Satisfied- 61% Neutral- 26% Unsatisfied-0% Very Unsatisfied- 0%	Very satisfied- 19% (5) Satisfied- 80% (12) Neutral- 1% (1) Unsatisfied-0% (0) Very Unsatisfied- 0% (0)
Is anyone better off?				
# and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge.	(No information available to report to the County, need further information)	RISE hasn't taken the CANS training, and no information is available to report.	RISE hasn't taken the CANS training, and no information is available to report.	1 client was discharged and so therefore the percentage is 100 %
# and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge.	(No information available to report to the County, need further information)	RISE hasn't taken the CANS training; therefore, no information is available to report.	RISE hasn't taken the CANS training. Therefore, no information is available to report.	We are in the process of creating a systematic way to obtain this information.
# and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge).	(No information available to report to the County, need further information)	No information is available to report.	No information is available to report.	We are in the process of working with both school districts to begin to see how this information can be obtained.
# and % of students with decreased instances/frequency of school-based behavioral interventions (as calculated by % of days with	(No information available to report to the County, need	No information is available to report.	No information is available to report.	We are in the process of working with both school districts to begin

behavioral interventions in quarter of referral vs. % of days with behavioral interventions in quarter of discharge).	further information)			to see how this information can be obtained.

Analysis	
Access and Availability	• Across the four locations, 151 out of 164 (92%) of respondents reported being satisfied or very satisfied with services. • Across the four locations, 81 out of 230 (35%) of participants were referred to services through their insurance plan and 18 out of 154 (12%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts.
Impacts	• Across the four locations, 122 out of 165 (74%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 107 out of 146 (73%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge.

Program: K-12 School Partnership Programs: Woodland Catchment Area
Provider: CommuniCare+OLE Health Centers

Performance Measure		Q1	Q2	Q3	Q4
How much did we do?					
Staff	Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support):	Clinicians: 3.8 FTEs YFS: 1 FTE Case Manager: 1 FTE Manager: 0.5 FTE	Associate Director: 0.35 FTE Supervisor: 1 FTE (Vacant) Clinicians: 5 FTEs Youth and Family Specialist: 1 FTE Case Manager: 0.5 FTE (Vacant) Administrative Assistant: 1 FTE Quality Assurance: 0.1 FTE	Associate Director: 0.35 FTE Supervisor: 1 FTE (vacant) Clinicians: 5 FTEs Youth and Family Specialist: 1 FTE Case Manager: 0.5 FTE (vacant) Administrative Assistant: 1 FTE Quality Assurance: 0.1 FTE	Associate Director: .3 FTE Clinicians: 2 FTE Youth and Family Specialist: 1 FTE Administrative Assistant: 1 FTE Quality Assurance: 0.1 FTE
Program Participants # of unduplicated participants served		70 (14 Tier 2, 57 Tier 3)	93	78	63
# of Tier I services (unduplicated)		0	0	0	0
# of Tier I services provided (duplicated)		0	0	0	0
# of Tier II services (unduplicated)		15 groups	18 groups	4 groups (5 clients)	1 group (5 clients)
# of Tier II services provided (duplicated)		45 client contacts	204 client contacts	17 client contacts/services	5 client contacts/services
# of Tier III services (unduplicated)		57 clients	93 clients	73 clients	58 clients

# of Tier III services provided (duplicated)	298 client contacts	322 client contacts	438 client contacts	253 client contacts
How well did we do it?				
Timeliness Average interval (days) between referral and completion of screening	13 (1 client completed screening during Q1)	12 days	19	43 days (outlier of 168 days due to not starting school services until client was discharged from CBS; other delays by CCHC in making contact due to being short-staffed)
% of participants who receive an assessment within 10 business days of screening	100% (1 client)	71% (5 of 7)	4 of 9 (44%) (Client cancelation of assessment appointment, caregiver scheduling conflicts with work and delayed assessment, and multiple appointments to complete assessment)	2 of 7 (29%); 3 of 5 (60%) clients did not attend their scheduled assessments; 2 of 5 (40%) due to delay in scheduling by CCHC
Referral/Linkage # and % of participants (with private health insurance) referred to services through their insurance plan	N/A (Case management not provided by CCHC for WJUSD students)	N/A (Case management not provided by CCHC for WJUSD students)	N/A (Case management not provided by CCHC for WJUSD students)	N/A (Case management not provided by CCHC for WJUSD students)
# and % of participants (with private health insurance) successfully linked to services through their insurance plan	N/A (Case management not provided by CCHC for WJUSD students)	N/A (Case management not provided by CCHC for WJUSD students)	N/A (Case management not provided by CCHC for WJUSD students)	N/A (Case management not provided by CCHC for WJUSD students)
# and % of participants in treatment services utilizing Medi-Cal billing (managed care)	5 (9%)	7 (8%)	6 of 78 (7%)	2 of 63 (3%)
# and % of participants in treatment services utilizing Medi-Cal billing (SMHS)	15 (26%)	12 (13%)	13 of 78 (17%)	6 of 63 (10%)
Service Delivery Average # of sessions per participant in therapeutic services	5	6	5	2
Participant Satisfaction # and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys)	3 (100%)	6 of 7 (86%)	2 of 2 (100%)	N/A

Is anyone better off?				
# and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge	4 (100%)	1 of 1 (100%) unplanned discharge N/A successful discharges – no actionable items on this measure	7 of 13 (54%) successful and unplanned discharge 3 of 3 (100%) successful discharges	6 of 15 (40%) successful and unplanned discharge 4 of 4 (100%) successful discharges
# and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge	5 of 6 (83%) (1 individual who did not decrease score on this measure moved out of the area)	3 of 3 (100%) successful & unplanned discharges 1 of 1 (100%) successful discharge	8 of 12 (67%) successful and unplanned discharges 4 of 4 (100%) successful discharges	8 of 12 (67%) successful and unplanned discharges 3 of 3 (100%) successful discharges
# and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge)	No data to report (methodology to be developed to gather baseline information from district)	CCHC is in the process of implementing a tracking mechanism for capturing this important data and will provide information next quarter	2 of 12 (16%) successful and unplanned discharges 1 of 1 (100%) successful discharge	15 of 18 (83%) successful and unplanned discharges 4 of 4 (100%) successful discharges
# and % of students with decreased instances/frequency of school-based behavioral interventions (as calculated by % of days with behavioral interventions in quarter of referral vs. % of days with behavioral interventions in quarter of discharge).	No data to report (methodology to be developed to gather baseline information from district)	CCHC is in the process of implementing a tracking mechanism for capturing this important data and will provide information next quarter	4 of 14 (29%) successful and unplanned discharges 2 of 2 (100%) successful discharges	0 of 4 (0%) unplanned discharges N/A successful discharges

Analysis	
Access and Availability	• Across the four locations, 151 out of 164 (92%) of respondents reported being satisfied or very satisfied with services. • Across the four locations, 81 out of 230 (35%) of participants were referred to services through their insurance plan and 18 out of 154 (12%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts.
Impacts	• Across the four locations, 122 out of 165 (74%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 107 out of 146 (73%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge.

Program: K-12 School Partnership Programs: West Sacramento Catchment Area Provider: Victor Community Support Services					
Performance Measure	Q1	Q2	Q3	Q4	FY
How much did we do?					
Staff FTE Classification					
Manager/Supervisor	1	2	2	2	2
Clinicians (Direct Service Staff):	2	4	4	5	5
Office Support:	2	2	2	2	2
# of unduplicated participants served *Revised from Q3 report	603	1413	911*	1618	3844
# of unduplicated participants served in Tier I *Revised from Q3 report	531	1207	728*	1376	3318
# of unduplicated participants served in Tier II *Revised from Q3 report	53	156	117*	176	399
# of unduplicated participants served in Tier III	19	50	66	66	127
# of services provided	401	739	764	863	2767
# of services provided in Tier I	130	138	126	121	515
# of services provided in Tier II	41	119	183	87	430
# of services provided in Tier III	230	482	455	655	1822
How well did we do it?					
Average calendar days between referral and assessment completion	21.8	18.2	21.1	20.5	21.2
% of participants who received an assessment within 14 days of referral	33%	35%	27%	52%	37%
% of participants (w/ health ins.) successfully linked to services with private health insurance	n/a	n/a	n/a	n/a	n/a
# of participants in treatment services utilizing Medi-Cal billing	13	32	35	34	60
Average # of sessions per participant in therapeutic services	5.9	6.1	5.3	7.4	10.9
% of participants who reported satisfaction with services	100%	89%	88%	93%	90%
Is anyone better off?					

# of clients w/ decrease in actionable items on CANS' *Behavioral/ Emotional Needs* domain; % of the above	9 of 13 69%	3 of 3 100%	15 of 21 = 71%	12 of 16 = 75%	39 of 53 = 74%
# of clients with decrease in actionable items on CANS' *Life Functioning* domain. % of the above	11 of 12 92%	3 of 3 100%	16 of 21 = 76%	10 of 14 = 71%	40 of 50 = 80%
Analysis					
Access and Availability	• Across the four locations, 151 out of 164 (92%) of respondents reported being satisfied or very satisfied with services. • Across the four locations, 81 out of 230 (35%) of participants were referred to services through their insurance plan and 18 out of 154 (12%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts.				
Impacts	• Across the four locations, 122 out of 165 (74%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 107 out of 146 (73%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge.				

Program: CREO Provider: CommuniCare+OLE Health Centers					
Performance Measure		Q1	Q2	Q3	Q4
How much did we do?					
	Total FTEs by Classification, including breakdown of program staff who are bilingual and bicultural	5 FTE's + (1 intern) • All 5 are bilingual and bi-cultural	5 FTE's + (1 intern) • All 5 are bilingual and bi-cultural	5 FTE's (1 intern) • All are bilingual and bi-cultural	5 FTE's (1 intern that was hired by another program within CommuniCare+OLE) • All are bilingual and bi-cultural
Program Participants	Total participants served	112	76	91	98
	Total Visits Provided	713	504	693	518
	Total # of unduplicated participants served	28 new (84 carried over)	17 new (59 carried over)	35 new (56 returning)	36 new (62 returning)
	Total # of participants identified as male heads of household	8	7	18	11
	Total # of participants who received services in Spanish as their preferred language	112	76	91	98
Program Activities:	Total # of FTE Promotores actively involved in the program	1	1	1	1
	Total # of unduplicated participants who received a whole-person health screening	19	11	35	36
	% of participants screened for a history of trauma	59%	65%	68%	71%
	Total # of outreach events (minimum weekly)	30 events	36 events	33 events	35 events
	Average # of participants at outreach events	32	47	52	50
	Total # of group counseling "platicas" (minimum bi-weekly)	13	10 total (2 weeks off due to holiday)	13 (weekly)	13 (weekly)
	Average # of participants at group counseling "platicas"	18	15	20	24
How well did we do it?					
Satisfaction	% and # of participants who reported satisfaction with services (e.g., services were provided at a	100% or 28 unduplicated participants reported satisfaction	94% or 16 unduplicated participants reported satisfaction	94% or 33 unduplicated participants reported satisfaction	86% or 31 unduplicated participants reported

	convenient time and location; program staff treated me with respect, respected my cultural background /beliefs, spoke to me in a language that I understood)	with the services provided.	with the services provided.	with the services provided.	satisfaction with the services provided.
Referral/Linkage	Total # of participants referred to: Primary Care services	14	10	25	32
	Total # of participants referred to: Mental Health and / or substance use disorder services	4	4	2	1
	Total # of participants referred to: Other support services (e.g., health benefits enrollment, food resources, housing support)	21	15	31	29
	Total # of participants referred to any service	28	15	31	29
Treatment Engagement: % and # of <u>new</u> participants who completed a referral and engaged in treatment. Engagement is defined as participating at least once in the Program to which they were referred, including:	Total	27	17	28	32
	Primary Care services	11 (79%)	10 (85%)	24 (96%)	32 (100%)
	Mental Health and / or substance use disorder services	4 (100%)	4 (100%)	2 (100%)	1 (100%)
	Other support services (e.g., health benefits enrollment, food resources, housing support	15 (100%)	15 (100%)	31 (89%)	91%
Timeliness	Average interval (in days) between the referral and	24 days	21 days	18 days	20 days

	participation in treatment. Participation is defined as participating at least once in the treatment to which referred				
Duration of Untreated Mental Illness (DUMI)	Average DUMI across participants. DUMI is defined as, for persons who are referred to treatment and who have not previously received treatment, the time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment. Entry into treatment is defined as participating at least once in treatment to which the person was referred	11- 12 months	More than 12 months	6- 7 months	2-3 months
Staff Training	% of program staff trained in using evidence informed and evidence-based practices	100%	100%	100%	100%
Is anyone better off?					
Stigma	% and # of new participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services =	28 or 100%	16 or 94%	31 or 89%	28 or 78%
Hospitalizations	Reduced % and # of mental health hospitalizations and average length of stay	0 hospitalization	0 hospitalization	1 hospitalization	0 hospitalization
Quality of Life	% and # of <u>new</u> participants with improved functional outcomes (e.g., enrollment in entitlement benefits, employment status, housing status, health insurance coverage, food security)	89% or 25	88% or 15	83% or 29	78% or 28
	% and # of <u>all</u> participants with improved mental, physical, and/or	90% or 101	91% or 69	94% or 33	83%

	emotional well-being outcomes.				
Analysis					
Access and Availability	• Across the CREO and RISE programs, there were 163 total referrals. • Across the CREO and RISE programs, 345 out of 353 (98%) of clients were satisfied with services.				
Impacts	• Across the CREO and RISE programs, 144 out of 162 clients (89%) reported a reduction in stigma.				

Program: Latino Promotores Program Provider: RISE, Inc.					
Performance Measure		Q1	Q2	Q3	Q4
How much did we do?					
Staff	Total FTEs by Classification, including breakdown of program staff who are bilingual and bicultural.	FTE: 1.0 Classification: Bilingual	FTE: 1.0 Classification: Bilingual	FTE: 1.0 Classification: Bilingual	FTE: 1.0 Classification: Bilingual
Program Participants	Total # of participants served.	50	97	67	50
	Total # of unduplicated participants served	50	97	7	25
	Total # of participants identified as male heads of household	25	62	37	25
	Total # of participants who received services in Spanish as their preferred language	50	97	67	50
Program Activities	Total # of FTE Promotores actively involved in the program.	1	1	1 s	1
	Total # of Yolo County farm outreach events	6	6	5	7
	Average # of participants at farm outreach events.	30	50	50	50
	Total # of Latino Male Farmworker Conferences	0	1	1	1
	Total # of participants at each Latino Male Farmworker Conference.	0	50	60	24
	Total # of Drop-in Opportunities (minimum two per month; one Saturday and one weekday evening).	4	4	0	0
	Average # of participants at Drop-in events.	1	20	0	0
How well did we do it?					
Satisfaction	% and # of participants who reported satisfaction with services (e.g., services were	100% (50)	100% (97)	100% (66)	100% (24)

	provided at a convenient time and location; program staff made me feel welcomed, connected me to resources in a timely manner, treated me with respect, respected my cultural background / beliefs, spoke to me in a language that I understood)				
Referral/Linkage Total number of participants referred to:	Primary Care services	0	0	0	0
	Mental Health and/or substance use disorder services	0	0	0	0
	Other support services (e.g., health benefits enrollment, food resources, housing support)	0	0	60	60
	Total # of participants referred to any service.	0	0	0	0
	Timeliness2: Average interval (in days) between the referral and participation in treatment. Participation is defined as participating at least once in the treatment to which referred.	0	0	30	NA
Is anyone better off?					
Stigma	% and # of participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services.	0%	0%	90% 22	90% 46# reduced a
Knowledge	% and # of participants who reported increased knowledge of services (e.g., they learned new skills to help them in their mental wellness, how to define health/mental health needs, access culturally	0	0	90% (22)	90% (46)

	sensitive health/ mental health services.				
Access: Treatment Engagement % and # of participants who completed and engaged in treatment. Engagement is defined as participating at least once to which they were referred, including:	Primary Care Services	0	0	0	0
	Mental Health and / or substance use disorder services	0	0	0	0
	Other support Services (e.g., health benefit enrollment, food resources, housing support)	100 % (10)	100% (10)	100 (10)	100% (10)
	Access: Referral Outcome: % and # of participants who, at follow-up, reported improved outcomes a result of RISE's referral.	0 %	0 %	30%	30%
Analysis					
Access and Availability	• Across the CREO and RISE programs, there were 163 total referrals. • Across the CREO and RISE programs, 345 out of 353 (98%) of clients were satisfied with services.				
Impacts	• Across the CREO and RISE programs, 144 out of 162 clients (89%) reported a reduction in stigma.				

Program: Senior Peer Support Program Provider: YoloCares				
Performance Measure	Q1	Q2	Q3	Q4
Total FTEs:	1.75	1.75	1.75	.75
Volunteer Senior Peer Companions	5	5	6	18
# of older adults served by Senior Peer Companions	4	6	7	26
# of Family members receiving support from volunteers	2	2	2	12
# of volunteer Senior Peer Companions recruited	0	2	5	7
# of older adults referred to services	0	10	12	41
# of volunteer hours of service rendered to older adults and their families	37.25	47.95	50.75	252
# of volunteer hours spent in training for service	2 hours	8 hours	19 hours	119 hours
# and % of older adults who reported improvement in their overall mental wellness as a result of contact with Senior Peer Companion Program Volunteer	4 (100%)	6 (100%)	4 (100%)	11 (100%)
# and % of older adults who reported an ability to maintain level of self-care/ independence as a result of contact with Senior Peer Companion volunteers	4 (100%)	6 (100%)	4 (100%)	11 (100%)
# and % of above average Likert Scores provided by older adults engaged in this program/ or their family members on the efficacy of the Senior Peer Companion programs.	4 (100%)	6 (100%)	4 (100%)	11 (100%)
Analysis				
Access and Availability	• 63 total older adults were referred to services. • 148 volunteer hours spent in training for service.			
Impacts	• 25 (100%) older adults reported improvement in their overall mental wellness due to contact with Senior Peer Companion Program Volunteer. • 25 (100%) older adults reported an ability to maintain level of self-care/independence due to contact with Senior Peer Companion volunteers.			

APPENDIX C. Annual PEI Report (FY 22-23)

Prevention and Early Intervention

(July 1, 2022 to June 30, 2023)

Program: College Partnership Program Provider: CommuniCare+OLE Health Centers					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	135	166	146	90	537
New Clients: Not seen previously in this Fiscal Year)	38	44	26	8	116
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	24	19	12	55
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	13	0	0	13
Clients Served: Early Intervention	38	55	0	20	113
Clients Served By Age					
Children 0-15	0	0	0	0	0
Transition Age Youth 16-25	20	47	27	10	104
Adult 26-59	17	21	18	10	66
Older Adult 60+	1	0	0	0	1
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race					
American Indian or Alaska Native	3	2	1	0	6
Asian	1	2	3	1	7
Black or African American	1	3	1	2	7
Native Hawaiian or other Pacific Islander	0	0	0	0	0
White (includes Non-Hispanic/Latino)	17	27	11	8	63
Other (Includes Hispanic/Latino)	0	0	0	0	0
More than one race	1	2	1	0	4
Declined to State	9	0	0	0	9
Race not recorded /Field left blank	6	32	28	9	75
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican American/Chicano	0	0	0	0	0
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	19	30	19	8	76
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	6	6
Non-Hispanic or Non-Latino					
African	0	0	1	1	2
Asian Indian/South Asian	0	0	3	1	4
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0

Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	9	9	0	0	9
More than one ethnicity	0	2	1	0	3
Declined to state ethnicity	10	20	0	0	30
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Written Communication					
English	27	52	31	19	129
Spanish	11	16	14	1	42
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication					
English	27	52	31	19	129
Spanish	11	16	14	1	42
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sexual Orientation					
Gay or Lesbian	3	4	3	1	1
Heterosexual or Straight	21	24	14	8	67
Bisexual	1	7	4	1	13
Questioning or unsure of sexual orientation	0	2	1	1	4
Queer	0	0	0	0	0
Another Sexual Orientation	5	7	0	0	12
Declined to State	3	2	2	1	8
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	5	22	21	8	56
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	6	5	3	0	14
Communication Domain: Difficulty Seeing	0	0	0	0	0
Communication Domain: Difficulty hearing or having speech understood	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	0	0	0	0	0
Physical Mobility Domain: Physical or mobility issue	1	1	0	0	2
Chronic Health Condition: including but not limited to chronic pain	0	0	0	0	0
Other Disability:	4	4	3	0	11
No, Not disabled	23	39	13	7	82
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	9	24	29	13	75
Clients Served by Sex Assigned at Birth					
Males	9	14	9	7	39
Females	28	50	33	13	124
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	1	4	3	0	8
Clients Served by Gender Current Gender Identity					

Male	9	14	9	7	39
Female	25	47	31	12	115
Transgender	1	0	0	0	1
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	0	0	0	0	0
Another Gender Identity	3	4	2	0	9
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Declined to State	0	0	0	1	1
Not recorded/Field left Blank	0	3	3	0	6
Clients Served by Veterans Status					
Yes, Veteran	1	1	0	0	2
No, Not Veteran	27	42	13	7	89
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	10	25	30	13	78
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	0	0	0	0
Davis	7	8	11	3	29
Dunnigan	0	0	0	0	0
Esparto	0	1	0	0	1
Guinda	0	0	0	0	0
Knights Landing	3	2	1	0	6
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	0	0	0	0	0
Winters	1	0	1	0	2
Woodland	16	35	24	12	87
Yolo	1	0	0	0	1
Yolo County Unincorporated areas	0	0	0	0	0
Homeless	0	0	0	0	0
Out of County	10	14	9	4	37
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	8	1	0	9
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	38	68	45	20	171
Family Member of Mental Health Client/Consumer	0	0	0	0	0
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0	0	0	0	0
Outreach					
Number of outreach Events Held/Attended	9	55	4	14	82
Outreach Participant Demographics					
Total Outreach Participants	18	57	25	50	150
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	0	0	0	0
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	0	0	0	0	0

Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	9	57	4	0	70
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	30	49	45	20	144
Total SMI Participants Referred	0	0	0	2	2
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	4	5	0	0	9
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and Substance Use Treatment	0	0	0	0	0
Treatment/Program Client was Referred To					
Physical Health	5	2	0	0	7
Other community	21	32	0	0	53
Legal Services	0	2	0	0	2
Empower Yolo	0	5	0	0	5
Client Benefits Advocate	0	3	0	0	3
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	27	50	0	0	77
Participants who did not engage in treatment to which they were referred.	38	18	0	0	56
Participants for which referral engagement data is not available.	0	0	0	0	0
Average Duration of Untreated Mental Illness					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Unable to determine	0	0	0	0	0
Not Applicable	0	0	0	0	0
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0

10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not Recorded	0	0	0	0	0
Treatment not Completed: Referral Closed	0	0	0	0	0

What were the program's key successes in the previous quarter?
Q3: The site experienced an increase in drop-ins for services, and the behavioral health clinician was available to support with coping skills on managing the stress from school. The Behavioral Health and Primary Care teams organized and supported a Valentine's Day event centered on Healthy Heart, Healthy Love and Healthy Relationships. Following the leave of the primary BH clinician, the team quickly recruited and onboarded a new clinician who began seeing existing and new clients, as well as quickly built relationships with education staff on the campus. Q4: The team experienced greater and increased integration with the college including supporting partnerships with the Director of Retention and Student Life on a plan for the Fall semester and an invitation to participate on the advisory board for DSPS. Additionally, the team was present for WCC's Open House and supported with a mindfulness presentation for students during finals week. Lastly, two new EPSDT clients were identified and enrolled in the program for BH services.
What were some of the challenges or barriers this program encountered in the previous quarter?
Q3: The program continues to face challenges with having enough capacity for behavioral health services. This was especially apparent in Q3 due to the primary BH clinician leaving, which reduced capacity for a short time while another clinician was onboarded into the program to support. Q4: Continued challenges with the volume of behavioral health services and limited capacity with one part-time clinician.
What are the key activities you expect this program to achieve in the following quarter?
Q3 & Q4: The team hopes to increase access to behavioral health services for students and to serve a higher volume of students, as well as increase billing of Medi-Cal insurance. Q4: Start a new mindfulness group for students.
Are the program's services and activities to change in the following quarter? If so, how?
Q3: A new clinician is being onboarded into the program and establishing new relationships with school staff, as well as becoming acclimated to the school climate, culture, and nature of the role. Q4: The team doesn't anticipate any major changes in activities or services, however, if a new behavioral health clinician is hired, the team will have additional staff to support students and outreach activities, as well as be in multiple areas on campus.

Program: Cultural Competence Provider: County					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts			264	471	735
New Clients: Not seen previously in this Fiscal Year)					
Returning Clients: Returning from previous Quarter in same Fiscal Year					
Individual Family Members Served					
Clients Served: Prevention					
Clients Served: Early Intervention					
Clients Served By Age					
Children 0-15					
Transition Age Youth 16-25			10	17	27
Adult 26-59			233	416	699
Older Adult 60+			15	27	42
Declined to State			6	11	17
Not recorded /Field left blank					
Clients Race					
American Indian or Alaska Native			2	10	12
Asian			18	57	75
Black or African American			16	25	41
Native Hawaiian or other Pacific Islander			5		5
White (includes Non-Hispanic/Latino)			98	164	262
Other (Includes Hispanic/Latino)			117	188	305
More than one race			11	23	34
Declined to State				24	24
Race not recorded /Field left blank					
Clients Ethnicity					
Hispanic or Latino					
Caribbean			1	1	2
Central American			4	7	11
Mexican/Mexican American/Chicano			106	169	275
Puerto Rico			1	2	3
South American			2	2	4
Other			8	23	31
Declined to State					
Not recorded/Field left Blank					
Non-Hispanic or Non-Latino					
African					
Asian Indian/South Asian					
Cambodian					
Chinese					
Eastern European					
European					
Filipino					
Japanese					
Korean					
Middle Eastern					
Vietnamese					
Other					
More than one ethnicity					
Declined to state ethnicity					
Not recorded/Field left Blank					
Clients Served by Language Requested for Written Communication					

English			258	473	731
Spanish				2	2
Russian			1	1	2
Other (Not a county threshold language)			7	1	8
Declined to State					
Not recorded/Field left Blank					
Clients Served by Language Requested for Spoken Communication					
English			258	473	731
Spanish				1	1
Russian			1		1
Other (Not a county threshold language)			7	1	8
Declined to State					
Not recorded/Field left Blank					
Clients Served by Sexual Orientation					
Gay or Lesbian			9	11	20
Heterosexual or Straight			227	381	608
Bisexual			7	22	29
Questioning or unsure of sexual orientation			1	2	3
Queer			3	10	13
Another Sexual Orientation				3	3
Declined to State			16	38	54
Not Applicable: Minor exempt from answering this question			1		1
Not recorded/Field left Blank					
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated			14	42	56
Communication Domain: Difficulty Seeing					
Communication Domain: Difficulty hearing or having speech understood					
Communication Domain: Other					
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)					
Physical Mobility Domain: Physical or mobility issue					
Chronic Health Condition: including but not limited to chronic pain					
Other Disability:					
No, Not disabled			225	398	623
Declined to State			24	31	55
Not recorded/Field left Blank					
Clients Served by Sex Assigned at Birth					
Males			55	79	134
Females			202	375	577
Declined to State			7	15	22
Not recorded/Field left Blank					
Clients Served by Gender Current Gender Identity					
Male			53	76	129
Female			202	375	577
Transgender					
Genderqueer			1	4	5
Questioning or unsure of gender identity					
Another Gender Identity				1	1

Not Applicable: Minor exempt from answering this question			1		1
Declined to State			7	15	22
Not recorded/Field left Blank					
Clients Served by Veterans Status					
Yes, Veteran			11	10	21+
No, Not Veteran			250	447	697
Declined to State			3	16	19
Not Applicable: Minor exempt from answering this question					
Not recorded/Field left Blank					
Clients Served by City of Residence					
Brooks					
Clarksburg					
Davis			21	41	62
Dunnigan			1	1	2
Esparto			8	10	18
Guinda					
Knights Landing				2	2
Madison					
Sacramento [board and care]			12	21	33
West Sacramento			14	20	34
Winters			5	9	14
Woodland			50	162	212
Yolo			12	22	34
Yolo County Unincorporated areas			4		4
Homeless					
Out of County			82	142	224
Declined to State			2		2
Not recorded/Field left Blank					
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer			3	13	16
Family Member of Mental Health Client/Consumer			7	11	18
Not Applicable			n/a		
Prefer Not to Answer				23	23
Outreach					
Number of outreach Events Held/Attended					
Outreach Participant Demographics					
Total Outreach Participants					
Outreach Setting					
Church					
Clinic					
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					
Library					
Mental/Behavioral Health Care					
Other					
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School					
Senior Center					
Shelter					

Substance Use Treatment Location					
Support Group					
Number of Individuals Referred to Treatment					
Total Participants Referred					
Total SMI Participants Referred					
Kind of Treatment to which participants were referred					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and Substance Use Treatment					
Treatment/Program Client was Referred To					
Physical Health					
Other community					
Legal Services					
Empower Yolo					
Client Benefits Advocate					
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment					
Participants who did not engage in treatment to which they were referred.					
Participants for which referral engagement data is not available.					
Average Duration of Untreated Mental Illness					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Unable to determine					
Not Applicable					
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Participation in Treatment not Recorded					
Treatment not Completed: Referral Closed					

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

The following is a narrative description of Cultural Competence activities, both internal and community-based engagements during FY 2022-23:

- Cultural Competence Unit began planning in 2022 and implemented in 2023 a mandatory foundational Diversity, Equity, Inclusion, and Belonging training for leadership and all staff. Training was provided by PACEs Connection, a nationally recognized organization providing education on Trauma-Informed Agency and Diversity and Inclusion. Of note is the collection of unprecedented demographic data encapsulating staff diversity: identifying race/ethnicity, sexual orientation, disability, and Veteran status—which was established at 2.6% of HHSA employees.
- The Tangible Consultants DEI contract ended in 2022 and was not renewed.
- While DEIB staff training precluded a portion of our regularly scheduled Cultural Competence trainings, which were expanded to all HHSA staff, contracted providers, and interested stakeholders, the Cultural Competence unit offered an additional 3 Cultural Considerations training modules:
  - CLAS training
  - Cultural Considerations when engaging African American/Diaspora population
  - Cultural Considerations when engaging Russian/Ukrainian population
- Cultural Competence unit adopted the GARE/Race Forward membership when county Inclusion workgroup dissolved. This membership is valid for 1500 Yolo County employees.

In addition to these internal activities, the Cultural Competence Unit sought to increase engagement with youth, 0-25 years. To this end, the Cultural Competence Unit collaborated in the following events:

- African American Student Leadership Conference, approximately 150 participants. Provided student support and messaging
- Kifalme Youth Conference, a transition from the AA Student Leadership Conference, approximately 100 participants. Provided student support, messaging, and books for all attendees
- Annual Youth Justice Leadership Academy, 35 participants. Provided Calling In vs. Calling Out (Cancel) Culture workshop, support, and incentives.
- Provided LGBTQ+ student support in partnership with Davis Climate Coordinator and DJUSD administration, as needed, and supported Davis and Woodland PRIDE events.
- A partnership was also established with the Davis Library as we joined together to present the annual Early Juneteenth event on the UCD campus.

These activities can all be categorized as Prevention/Early Intervention activities designed to Reduce Stigma, increase Access and Linkage, and improve mental health and welling by educating and supporting staff and underserved populations. Given the Yolo County climate and environment, services focused on our LGBTQ+ community had added intention to address suicide rates and prevention.

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

During the 4th quarter we reached a high of 86% of staff and 75% of leadership participation in the DEIB trainings for our agency, it was extremely challenging at times due to short-staffing and staff capacity. Also, although this report represents the most intensive look at our diverse agency--there is still a significant difference between attendance and demographic form submissions.

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

Mary L. Stephens Library; Davis Phoenix Coalition; CommuniCare+OLE, Yolo Office of Education, UC Davis

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

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

In the third and fourth quarter of the 2022-23 Cultural Competence planning, our goals were to offer all staff the opportunity to participate in DEIB training at the leadership and line staff level in order that all may be included in the shared language, vision, and goals for our agency. We also offered CLAS training to staff and contracted providers in acknowledgement that we had experienced a "knowledge drain" during the pandemic and high-turnover rates experienced. This has allowed us to collect unprecedented demographic data--even though not all staff turned in the demographic information as requested. These trainings will continue through the first and second quarter of the FY2023-24

Program: Early Childhood Mental Health Access & Linkage Provider: First 5 Yolo					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	1655	1721	1420	1266	7433
New Clients: Not seen previously in this Fiscal Year)	448	417	272	234	1738
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	121	124	122	1738
Individual Family Members Served	448	417	272	234	2486
Clients Served: Prevention	368	337	228	182	1371
Clients Served: Early Intervention	80	80	44	52	256
Clients Served By Age					
Children 0-15	425	388	243	204	1260
Transition Age Youth 16-25	0	0	0	0	0
Adult 26-59	0	0	0	0	0
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	23	29	29	30	111
Clients Race					
American Indian or Alaska Native	1	1	0	1	3
Asian	18	21	11	11	61
Black or African American	5	7	7	5	24
Native Hawaiian or other Pacific Islander	0	3	0	0	3
White (includes Non-Hispanic/Latino)	73	33	30	14	150
Other (Includes Hispanic/Latino)	134	150	60	82	426
More than one race	16	41	22	18	97
Declined to State	9	8	21	0	38
Race not recorded /Field left blank	192	153	121	103	569
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	1	3	2	1	7
Mexican/Mexican American/Chicano	53	53	22	34	162
Puerto Rico	0	1	0	0	1
South American	2	1	4	0	7
Other	0	5	0	0	5
Declined to State	76	90	31	61	258
Not recorded/Field left Blank	0	0	0	0	0
Non-Hispanic or Non-Latino					
African	2	1	0	0	3
Asian Indian/South Asian	2	4	2	1	9
Cambodian	0	0	0	0	0
Chinese	0	0	3	3	6
Eastern European	0	1	0	1	2
European	8	5	4	1	18
Filipino	3	1	1	1	6
Japanese	0	0	0	0	0
Korean	2	1	0	5	8
Middle Eastern	0	0	0	0	0
Vietnamese	1	0	1	3	5
Other	2	5	0	0	7
More than one ethnicity	40	42	28	13	123
Declined to state ethnicity	64	51	21	22	158
Not recorded/Field left Blank	192	153	153	88	586
Clients Served by Language Requested for Written Communication					

English	233	204	111	77	625
Spanish	96	119	51	77	343
Russian	1	2	0	0	3
Other (Not a county threshold language)	7	11	10	8	36
Declined to State	0	2	14	0	16
Not recorded/Field left Blank	111	79	86	72	348
Clients Served by Language Requested for Spoken Communication					
English	239	192	113	75	619
Spanish	93	120	51	79	343
Russian	1	4	0	0	5
Other (Not a county threshold language)	5	20	10	8	43
Declined to State	0	2	14	0	16
Not recorded/Field left Blank	110	79	84	72	345
Clients Served by Sexual Orientation					
Gay or Lesbian	0	0	0	0	0
Heterosexual or Straight	0	0	0	0	0
Bisexual	0	0	0	0	0
Questioning or unsure of sexual orientation	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	448	417	272	234	1371
Not recorded/Field left Blank	0	0	0	0	0
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	35	38	37	16	126
Communication Domain: Difficulty Seeing	0	0	4	0	4
Communication Domain: Difficulty hearing or having speech understood	10	13	10	5	38
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	9	4	4	3	20
Physical Mobility Domain: Physical or mobility issue	0	0	0	0	0
Chronic Health Condition: including but not limited to chronic pain	12	8	6	4	30
Other Disability:	4	13	2	4	23
No, Not disabled	279	290	140	143	852
Declined to State	2	10	10	0	22
Not recorded/Field left Blank	132	81	90	75	378
Clients Served by Sex Assigned at Birth					
Males	184	176	97	73	530
Females	162	155	94	90	501
Declined to State	37	0	35	33	105
Not recorded/Field left Blank	65	86	46	38	235
Clients Served by Gender Current Gender Identity					
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	0	0	0	0	0
Another Gender Identity	0	0	0	0	0

Not Applicable: Minor exempt from answering this question	448	417	272	234	1371
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	448	417	272	234	1371
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	1	2	0	3
Davis	38	62	42	26	168
Dunnigan	3	2	0	5	10
Esparto	15	4	4	10	33
Guinda	0	0	0	0	0
Knights Landing	5	13	1	3	22
Madison	10	6	1	15	32
Sacramento [board and care]	0	0	0	0	0
West Sacramento	50	26	31	9	116
Winters	29	21	10	5	65
Woodland	166	181	82	57	486
Yolo	0	1	2	0	3
Yolo County Unincorporated areas	0	2	2	1	5
Homeless	0	0	0	0	0
Out of County	16	17	10	29	72
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	116	81	85	74	356
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	0	0	0	0	0
Family Member of Mental Health Client/Consumer	0	0	0	0	0
Not Applicable	448	417	272	234	1371
Prefer Not to Answer	0	0	0	0	0
Outreach					
Number of outreach Events Held/Attended	50	50	43	25	168
Outreach Participant Demographics					
Total Outreach Participants	666	2507	625	1060	4858
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	5	0	0	0	5
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	44	48	43	20	155
Primary Health Care	1	2	0	2	5
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	0	0	0	3	3
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0

Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	63	51	39	57	210
Total SMI Participants Referred	63	51	39	57	210
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	63	51	39	57	210
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and Substance Use Treatment	0	0	0	0	0
Treatment/Program Client was Referred To					
Alta Regional Center	53	41	25	34	153
Mental Health	3	5	6	10	24
In Home Therapy for Caregivers	0	0	3	10	13
Psychological Evaluation	7	5	5	3	20
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	0	0	3	10	13
Participants who did not engage in treatment to which they were referred.	0	0	0	0	0
Participants for which referral engagement data is not available.	63	51	36	47	197
Average Duration of Untreated Mental Illness					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Unable to determine	63	51	39	57	210
Not Applicable	0	0	0	0	0
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not Recorded	63	51	39	57	210
Treatment not Completed: Referral Closed	0	0	0	0	0
What were the program's key successes in the previous quarter?					

Help Me Grow Yolo continues to collaborate with agencies to provide developmental screenings to families. Some of these agencies include (but are not limited to) Woodland Haven, YMCA CDC Winters, YMCA CDC Woodland, DJUSD, and WJUSD state preschools, Adriana's Daycare Center

Ongoing partnering with Yolo County Office of Education to support developmental screening and monitoring for children enrolled in Head Start programs and progress towards the Early Care and Early Learning Roadmap to the Future Project. Including an in service on what the ASQ screeners are and how to use them.
Increased the number of children eligible for ongoing services with the RC by sharing the need for concurrent insurance referrals with local doctor's offices.
Partnering with Developmental Pediatrician to offer free ASD evaluation for children who have been waiting an unexpectedly long time for an evaluation.
Help Me Grow Yolo continues to provide, typically, monthly in-person Family Fun Events to educate caregivers on child development as well as offer the materials needed to complete the developmental screenings during the group.

Partnered to provide a large in-person event, in partnership with our parent agency Northern California Children's Therapy Center: Spring Eggstravaganza. Partner organizations were included in the event and provided resource information for families.
Help Me Grow Yolo was able to continue providing developmental playgroups in-person.

As First 5 Yolo continues to offer diapers and wipes to families in need, Help Me Grow Yolo staff continues distributing these essential items.

Help Me Grow Yolo continued this year's Sutter Resident precept program hosting one third-year Family Resident per month for a tour and detailed information on programs offered by Northern California Children's Therapy Center's Help Me Grow Yolo. This quarter we were also able to offer this tour to Partnership's Outreach Specialist.

A Help Me Grow Yolo team member is the current co-chair for the Yolo Family Strengthening Network collaborative meeting held by Yolo County Children's Alliance.

In addition to our events, Help Me Grow Yolo attended an in-person outreach event provided by another agency: UC Davis Parent Resource Fair.

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

As intake and treatment wait lists continue to lengthen, Help Me Grow Yolo staff continue to need more time to directly serve clients, affecting the amount of time that could be spent on outreach to bring in new clients, resulting in less clients served than pre-pandemic. The pandemic kept some school districts and the Regional Center from staying on their referral timelines. While assessments have resumed, this left a gap in services for 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 while they wait for services to begin. To better manage workflow, Help Me Grow Yolo had to adjust follow-up timelines.

Help Me Grow Yolo has continued outreach safely, connecting with providers and community-based organizations virtually, attending in-person events when scheduled. While event opportunities are increasing, they are still less frequent and less attended than pre-pandemic events.

Family needs have remained complex, since the start of the pandemic, because services are still impacted.

Families need assistance navigating the eligibility criteria of the impacted mental health sector. There is a triage system in place for Medi-Cal recipients, but it is unclear for private insurance companies. Even with a triage system in place, if there are a lot of people in crisis, those not in crisis do not get served (are waitlisted with waits over a year).

It has been reported that doctor's offices may have stopped making speech and psychological evaluation referrals because they feel the wait time is too long.

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

Alta California Regional Center (ACRC)	River Delta Unified School District (RDUSD)
Breastfeeding Coalition	Road 2 Resilience/R2R
Capital Pediatrics West Sacramento	Russell Park CDC (Campus Childcare Inc.)
Child Welfare Services (CWS)	Sacramento County Office of Education (SCOE)
Children's Home Society (CHS)	Sci Tech Academy
Children's Therapy Center (CTC)	Shores of Hope
Children's Therapy Center: Yolo Baby	Smile California
City of Woodland: Rec2Go	Sohaila Hamdard

City of Woodland: Fire Department Communicare Communicare In Home Therapy for Caregivers (IHT4C) Communicare Primary Care includes Davis Community Clinic Communicare's Creating Links to Resources and Opportunities (CREO) Communicare's Welcome Baby Davis Joint Unified School District (DJUSD) Davis Joint Unified State Preschool Davis Parent Nursery School (DPNS) Dignity Health Bronze Star (Common Spirit) Dignity Health Gibson (Common Spirit) Dignity Healthcare Empower Yolo First 5 Yolo Health Education Council Healthy Families Yolo County (HFYC) previously Step by Step/Paso a Help Me Grow Sacramento County International House Davis James Marshall Parent Nursery School June Cares Kaiser Permanente Medical Group Korematsu State Preschool La Rue Park (Campus Childcare Inc.) Dr. Linda Copeland Maternal Child Adolescent Health HHSA MILE Preschool 2 of 4 sites MIND Institute Air-B Mind the Gap (MTG) Mosaic Children's Museum Northern Valley Indian Health Agency Partnership Health Plan of California Precious Pumpkins Precious Pumpkins Childcare Programa de Educacion Migrante (Migrant Education Program) Resilient Yolo RISE	St. John's Preschool State Council on Developmental Disabilities (SCDD) SunRISE CDC Sutter Davis Family Practice Travis Unified School District UC Davis Center for Child and Family Studies (CCFS) UC Davis Early Academic Outreach Program UC Davis Medical Group UCD Chicano/a Studies Dept Warmline Family Resource Center Washington Unified: Preschool Evaluations/Special Ed Welcome Baby WestEd WIC Solano Winters Healthcare Winters Joint Unified Special Education Woodland Haven Woodland Joint Special Education Woodland Joint Unified School District (WJUSD) Woodland Joint Unified WJUSD State Preschool Woodland Public Library YC Oral Health Advisory Committee YMCA/CDC Winters YMCA/CDC Woodland Yolo CASA Yolo County Childcare Planning Council (LPC) Yolo County Children's Alliance Yolo County Health and Human Services Yolo County HHSA Nurse Home Visiting Yolo County Libraries Yolo County Office of Education: Head Start Yolo Crisis Nursery (YCN) Yolo Early Start Team (YES team)
What are the key activities you expect this program to achieve in the following quarter?	
"Help Me Grow Yolo will continue to modify the services provided to support families appropriately through reopening after the COVID-19 pandemic. This includes: -Meet families where they are at -Attending community events -New outreach to Yolo County businesses to offer support for their staff that are parents. -Serve as Centralized community Access Point (CAP) for referrals from medical providers after concerning ACEs screenings - Keep offering Developmental Playgroups in-person where several families and children with different needs are taking advantage of them. - Provided an 8-week series to offer developmental screenings and support caregivers in learning more play skills, "Play with Me 0-2". Series was in partnership with the Children's Mental Health (CMH) team from Yolo County Health and Human Services Agency.	
Are the program's services and activities to change in the following quarter? If so, how?	
"Help Me Grow Yolo will continue providing services and activities supporting families, healthcare providers, childcare and development providers, and community-based organizations by connecting families to resources and increasing their knowledge and understanding of child development.	

Program: Early Childhood Mental Health Access & Linkage: In Home Therapy for Caregivers Provider: First 5 Yolo					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	36	60	104	90	290
New Clients: Not seen previously in this Fiscal Year)	6	7	4	7	24
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	5	11	9	25
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	0	0	0	0
Clients Served: Early Intervention	6	7	4	7	24
Clients Served By Age					
Children 0-15	0	0	0	0	0
Transition Age Youth 16-25	1	0	0	1	2
Adult 26-59	5	7	4	6	22
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race					
American Indian or Alaska Native	0	0	0	0	0
Asian	2	1	2	0	5
Black or African American	0	0	1	0	1
Native Hawaiian or other Pacific Islander	0	0	0	0	0
White (includes Non-Hispanic/Latino)	1	0	0	0	1
Other (Includes Hispanic/Latino)	3	6	1	7	17
More than one race	0	0	0	0	0
Declined to State	0	0	0	0	0
Race not recorded /Field left blank	0	0	0	0	0
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	0	0	0	2	2
Mexican/Mexican American/Chicano	3	6	2	5	16
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Non-Hispanic or Non-Latino					
African	0	0	1	0	1
Asian Indian/South Asian	0	1	0	0	1
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	1	0	0	0	1
Filipino	0	0	0	0	0
Japanese	1	0	0	0	1
Korean	1	0	1	0	2
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	0	0	0	0	0
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0

Clients Served by Language Requested for Written Communication					
English	3	5	3	4	15
Spanish	3	1	1	3	8
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	1	0	0	1
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication					
English	3	5	3	4	15
Spanish	3	1	1	3	8
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	1	0	0	1
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sexual Orientation					
Gay or Lesbian	0	0	0	0	0
Heterosexual or Straight	5	7	3	6	21
Bisexual	0	0	1	1	2
Questioning or unsure of sexual orientation	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	1	0	0	0	1
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	1	1	0	0	2
Communication Domain: Difficulty Seeing	0	0	0	0	0
Communication Domain: Difficulty hearing or having speech understood	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	0	0	0	0	0
Physical Mobility Domain: Physical or mobility issue	0	0	0	0	0
Chronic Health Condition: including but not limited to chronic pain	0	1	0	0	1
Other Disability:	0	0	0	0	0
No, Not disabled	5	6	4	7	22
Declined to State	1	0	0	0	1
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sex Assigned at Birth					
Males	0	0	0	0	0
Females	6	7	4	7	24
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Gender Current Gender Identity					
Male	0	0	0	0	0
Female	6	7	4	7	24
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0

Questioning or unsure of gender identity	0	0	0	0	0
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status					
Yes, Veteran	0	0	0	1	1
No, Not Veteran	6	7	4	6	23
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	0	0	0	0
Davis	2	0	2	2	6
Dunnigan	0	0	0	0	0
Esparto	0	1	0	0	1
Guinda	0	0	0	0	0
Knights Landing	0	0	0	0	0
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	1	2	1	0	4
Winters	0	0	0	0	0
Woodland	3	3	1	5	12
Yolo	0	1	0	0	1
Yolo County Unincorporated areas	0	0	0	0	0
Homeless	0	0	0	0	0
Out of County	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	6	7	4	6	23
Family Member of Mental Health Client/Consumer	0	0	0	1	1
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0	0	0	0	0
Outreach					
Number of outreach Events Held/Attended	2	2	2	2	8
Outreach Participant Demographics					
Total Outreach Participants	27	35	30	22	114
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	10	0	0	10
Law Enforcement Departments	10	25	0	0	35
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	5	0	5
Other	17	0	0	12	29
Primary Health Care	0	0	0	10	10
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0

School	0	0	0	0	0
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	25	0	25
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	0	0	0	0	0
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	0	0	0	0	0
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and Substance Use Treatment	0	0	0	0	0
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	0	0	0	0	0
Participants who did not engage in treatment to which they were referred.	0	0	0	0	0
Participants for which referral engagement data is not available.	0	0	0	0	0
Average Duration of Untreated Mental Illness					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	1	0	0	0	1
Unable to determine	5	3	0	4	12
Not Applicable	0	4	4	3	11
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	0	3	0	0	3
1-2 Months	0	1	1	4	6
2-3 Months	3	0	2	3	8
3-4 Months	2	0	1	0	3
4-5 Months	1	0	0	0	1
5-6 Months	0	1	0	0	1
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	1	0	0	1
9-10 Months	0	0	0	0	0
10-11 Months	0	2	0	0	2
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment Not Recorded	0	0	0	0	0
Treatment not Completed: Referral Closed	0	0	0	0	0

Successes, Challenges, and Program Updates
What were the program's key successes in the previous quarter?
1) The number of clients served, number of sessions completed, and engagement numbers continue to remain high or improve. 2) increased funding at the end of the quarter allowed staff to engage most of the clients who had been on the waitlist. 3) Staff for this program along with staff from R2R were able to attend the Perinatal Support International conference to deepen their expertise in assessing for and treating Perinatal Mood and Anxiety Disorder
What were some of the challenges or barriers this program encountered in the previous quarter?
The key challenge with this contract is engaging referrals in a timely manner. Throughout the year the program ran a waitlist. While referrals to other providers / services were offered, some clients opted to wait for care with this program. Barriers to quick engagement continue to be staff availability. In this last quarter the program was provide additional funds to cover the cost of staffing to take on all cases remaining on the program waitlist
Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?
We continue to partner with Help Me Grow to identify families who will benefit from counseling support. In this quarter we also received referrals from WIC, Nurse Home Visiting, CCHC IBH and YCCA. All referrals that were not generated by HMG were or will be linked to HMG.
What are the key activities you expect this program to achieve in the following quarter?
The program's key goal is to reduce wait times between referral and engagement in treatment. With funding in place, we are working to identify additional staff who can take on a few clients and increase access more nimbly and as need arises.
Are the program's services and activities to change in the following quarter? If so, how?
The key activity this quarter will be to grow program staff resources. We have three staff currently offering services in the program but due to individual schedule conflicts, availability does not always match client need and we are hoping to be able to better accommodate client needs with a deeper team operating within the same FTE.

Program: Early Signs Training and Assistance Provider: Yolo County HHSA					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	31	80	103	21	235
New Clients: Not seen previously in this Fiscal Year)	31	80	103	21	235
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	0	0	0	
Individual Family Members Served	31	80	103	21	235
Clients Served: Prevention		80	103	21	204
Clients Served: Early Intervention					
Clients Served By Age					
Children 0-15				2	2
Transition Age Youth 16-25	1	9	15	4	29
Adult 26-59	25	69	80	15	189
Older Adult 60+	3	1	7		11
Declined to State		1	1		2
Not recorded /Field left blank					
Clients Race					
American Indian or Alaska Native	2	3	4		9
Asian		4	10	1	15
Black or African American	2	6	8	5	21
Native Hawaiian or other Pacific Islander		1	3		4
White (includes Non-Hispanic/Latino)	13	18	32	4	67
Other (Includes Hispanic/Latino)		43	41	10	94
More than one race					
Declined to State			3	1	4
Race not recorded /Field left blank					
Clients Ethnicity					
Hispanic or Latino					
Caribbean			1		1
Central American			6	1	7
Mexican/Mexican American/Chicano	15	42	37	8	102
Puerto Rico		2			2
South American					
Other				1	1
Declined to State		3			3
Not recorded/Field left Blank					
Non-Hispanic or Non-Latino					
African					
Asian Indian/South Asian					
Cambodian					
Chinese					
Eastern European	2				2
European	4	2			6
Filipino					
Japanese					
Korean					
Middle Eastern		2			2
Vietnamese					
Other	1	3	3		7
More than one ethnicity	1				1
Declined to state ethnicity					
Not recorded/Field left Blank					
Clients Served by Language Requested for Written Communication					
English	29	74	104	20	227

Spanish		1	1	1	3
Russian					
Other (Not a county threshold language)					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Language Requested for Spoken Communication					
English	29	72	104	20	225
Spanish		2	1	1	4
Russian					
Other (Not a county threshold language)					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Sexual Orientation					
Gay or Lesbian	1	3	2	1	7
Heterosexual or Straight	28	66	79	12	185
Bisexual			12	3	15
Questioning or unsure of sexual orientation				1	1
Queer		2	2	4	8
Another Sexual Orientation			1		1
Declined to State		1	6		7
Not Applicable: Minor exempt from answering this question			3		3
Not recorded/Field left Blank					
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	2	3	8	2	15
Communication Domain: Difficulty Seeing					
Communication Domain: Difficulty hearing or having speech understood					
Communication Domain: Other					
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)					
Physical Mobility Domain: Physical or mobility issue					
Chronic Health Condition: including but not limited to chronic pain					
Other Disability:					
No, Not disabled	26	77	86	19	208
Declined to State			1		1
Not recorded/Field left Blank					
Clients Served by Sex Assigned at Birth					
Males	3	10	23	6	42
Females	26	70	83	15	194
Declined to State					
Not recorded/Field left Blank					
Clients Served by Gender Current Gender Identity					
Male	3	10	22	6	41
Female	26	70	83	13	192
Transgender				2	2
Genderqueer			2		2
Questioning or unsure of gender identity					
Another Gender Identity					

Not Applicable: Minor exempt from answering this question					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Veterans Status					
Yes, Veteran		2	1		3
No, Not Veteran	27	77	104	21	229
Declined to State					
Not Applicable: Minor exempt from answering this question					
Not recorded/Field left Blank		1			1
Clients Served by City of Residence					
Brooks					
Clarksburg					
Davis	2	9	14		25
Dunnigan					
Esparto	2		1	1	4
Guinda					
Knights Landing		1			1
Madison	1			1	2
Sacramento [board and care]	2	9	9	6	26
West Sacramento	1	8	8	5	22
Winters		5	2		7
Woodland	12	17	28	4	61
Yolo		5	5	1	11
Yolo County Unincorporated areas					
Homeless					
Out of County	8	23	36	3	70
Declined to State			1		1
Not recorded/Field left Blank		2			2
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer					
Family Member of Mental Health Client/Consumer					
Not Applicable					
Prefer Not to Answer					
Outreach					
Number of outreach Events Held/Attended					
Outreach Participant Demographics					
Total Outreach Participants					
Outreach Setting					
Church					
Clinic					
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					
Library					
Mental/Behavioral Health Care					
Other					
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School					
Senior Center					
Shelter					

Substance Use Treatment Location					
Support Group					
Number of Individuals Referred to Treatment					
Total Participants Referred					
Total SMI Participants Referred					
Kind of Treatment to which participants were referred					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and Substance Use Treatment					
Treatment/Program Client was Referred To					
Physical Health					
Other community					
Legal Services					
Empower Yolo					
Client Benefits Advocate					
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment					
Participants who did not engage in treatment to which they were referred.					
Participants for which referral engagement data is not available.					
Average Duration of Untreated Mental Illness					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Unable to determine					
Not Applicable					
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Participation in Treatment not Recorded					
Treatment not Completed: Referral Closed					
What were the program's key successes in the previous quarter?					

A new outreach specialist was hired in May 2022 who began training in the prevention and early intervention curricula and the program resumed weekly community offerings in FY 22-23. Q1-Q4. New staff have successfully attained trainer certification in QPR, Mental Health First Aid (Adult & Youth) and trained 252 individuals under the Early Signs Training and Assistance Program. This is the total number of participants who attended the training course, which may differ from the number of demographic forms completed which are accounted for in this table. Trainings were cut short due to staff Disaster Service Worker reassignment in April 2023 which effectively ended trainings for the FY. Trainings resumed in July 2023.
What were some of the challenges or barriers this program encountered in the previous quarter?
Quarter 1: One of the challenges that we encountered was technology related. If the trainee is not tech savvy, issues arise using the MHFA website because it can be difficult to navigate. Staff are providing additional technical assistance and email prompt narrative to navigate users through MHFA registration. Quarter 2-Q4: An additional challenge that we are encountering is that people sign up for the free trainings but often do not complete the pre-course work, try to do it at the last minute, or are no shows at the trainings. Staff have worked to increase communication and flexibility in re-scheduling to ensure the community gets the level of support needed to increase attendance. Additionally, there was a training that had to be canceled due to a weather-related power outage in this quarter.
Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?
Quarter1: We partnered with WIC to offer training to staff. Quarter2: We partnered with District Attorney Victim Service's, Yolo County Children's Alliance, and CommuniCare+OLE. Quarter3: We partnered with CommuniCare+OLE, Children's Alliance, Yolo Cares, Yolo County HHSA.
What are the key activities you expect this program to achieve in the following quarter?
Quarter 1: Additional community outreach and relationship building with existing community programs/departments/ and local providers. Quarter 2: Staff increased community awareness of MHSA trainings by providing monthly training schedules sent through partner distribution channels Quarter 3: Staff re-assigned, per disaster work, to Department Operations Center (DOC) work as of 4/10/23. Trainings paused until 7/1/23 upon staff return.
Are the program's services and activities to change in the following quarter? If so, how?
Quarter 1: Staff received training on QPR curriculum and onboarding with agency. Quarter 2: Staff began providing QPR trainings and received MHFA trainer certification Quarter 3/4: Staff began providing MHFA trainings, in addition to QPR, and extended relationship building with community partners and began attending the Yolo County Cultural Competence Committee meetings who maintain a broad coalition. Quarter 3: Staff re-assigned, per disaster work, to Department Operations Center (DOC) work as of 4/10/23. Trainings paused until 7/1/23 upon staff return.

Program: K-12 School Partnership Programs: Davis Catchment Provider: CommuniCare+OLE Health Centers					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	229	484	756	630	2099
New Clients: Not seen previously in this Fiscal Year)	54	53	68	37	184
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	39	87	120	32
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	0	20	20	40
Clients Served: Early Intervention	54	92	155	157	216
Clients Served By Age					
Children 0-15	26	54	105	99	137
Transition Age Youth 16-25	28	38	50	58	79
Adult 26-59	0	0	0	0	0
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race					
American Indian or Alaska Native	0	1	3	4	4
Asian	2	3	6	4	8
Black or African American	2	3	4	4	5
Native Hawaiian or other Pacific Islander	0	1	2	4	4
White (includes Non-Hispanic/Latino)	9	26	39	41	64
Other (Includes Hispanic/Latino)	0	0	0	0	0
More than one race	3	5	7	10	14
Declined to State	32	0	0	0	0
Race not recorded /Field left blank	6	53	94	90	117
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican American/Chicano	0	0	0	0	0
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	10	27	36	36	54
Declined to State	30	45	83	82	106
Not recorded/Field left Blank	6	0	0	0	0
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	8	20	36	39	56
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0

Clients Served by Language Requested for Written Communication					
English	28	76	136	147	205
Spanish	11	15	15	10	11
Russian	0	0	0	0	0
Other (Not a county threshold language)	2	1	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	13	0	4	0	0
Clients Served by Language Requested for Spoken Communication					
English	28	76	136	147	205
Spanish	11	15	15	10	11
Russian	0	0	0	0	0
Other (Not a county threshold language)	2	1	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	13	0	4	0	0
Clients Served by Sexual Orientation					
Gay or Lesbian	0	1	2	4	4
Heterosexual or Straight	5	13	19	25	35
Bisexual	3	5	5	3	10
Questioning or unsure of sexual orientation	2	3	7	7	9
Queer	0	0	0	0	0
Another Sexual Orientation	7	7	9	9	15
Declined to State	3	5	12	9	14
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	34	58	101	100	129
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	0	1	1	2	2
Communication Domain: Difficulty Seeing	0	0	0	0	0
Communication Domain: Difficulty hearing or having speech understood	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	0	0	0	0	0
Physical Mobility Domain: Physical or mobility issue	0	0	0	0	0
Chronic Health Condition: including but not limited to chronic pain	0	0	0	0	0
Other Disability:	0	0	0	0	0
No, Not disabled	0	4	11	18	26
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	54	87	143	137	188
Clients Served by Sex Assigned at Birth					
Males	9	24	52	60	79
Females	35	45	74	79	113
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	10	23	29	18	24
Clients Served by Gender Current Gender Identity					
Male	8	22	47	56	74
Female	31	39	65	70	97
Transgender	1	3	6	6	8
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	0	0	0	0	24

Another Gender Identity	4	3	4	5	10
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Declined to State	1	2	3	2	3
Not recorded/Field left Blank	9	23	30	18	0
Clients Served by Veterans Status					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	54	92	155	157	216
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	0	0	0	0
Davis	48	79	137	141	188
Dunnigan	0	0	0	0	0
Esparto	0	0	0	0	0
Guinda	0	0	0	0	0
Knights Landing	0	0	0	0	0
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	0	0	1	1	1
Winters	0	1	1	1	2
Woodland	4	9	11	10	19
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	0	0	1	0	1
Homeless	0	0	0	0	0
Out of County	2	3	4	4	5
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	54	92	155	157	216
Family Member of Mental Health Client/Consumer	0	0	0	0	0
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0	0	0	0	0
Outreach					
Number of outreach Events Held/Attended	0	1	1	1	3
Outreach Participant Demographics					
Total Outreach Participants	0	60	20	20	100
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	0	0	0	0
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	0	0	0	0	0
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	0	1	1	1	3
Senior Center	0	0	0	0	0

Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	5	3	18	27	49
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	0	1	5	8	7
Substance Use Treatment	0	1	0	0	0
Both Behavioral/Mental Health and Substance Use Treatment	0	0	0	0	0
Treatment/Program Client was Referred To					
Empower Yolo	3	0	2	6	14
Other Community	2	0	15	11	34
Mental Health (County)	0	1	0	1	2
Medical Services	0	1	0	1	2
Legal Services	0	1	0	0	1
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	54	92	155	157	216
Participants who did not engage in treatment to which they were referred.	0	0	0	0	0
Participants for which referral engagement data is not available.	0	0	0	0	0
Average Duration of Untreated Mental Illness					
Less than 1 month	54	92	155	157	216
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Unable to determine	0	0	0	0	0
Not Applicable	0	0	0	0	0
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not Recorded	0	0	0	0	0

Treatment not Completed: Referral Closed	0	0	0	0	0

Successes, Challenges, and Program Updates
What were the program's key successes in the previous quarter?
The team facilitated the immigration group for children at Montgomery Elementary school. The team was supportive during multiple crisis needs at schools, supporting students and staff on site. There was also a collaborative effort to improve our referral system and flows to better serve and meet the needs of students with individualized interventions. As the end of the school year approached, providers supported several transitions as students graduated, successfully completed therapy, and/or made a plan to continue with therapy services over the summer. Over Summer school, the team also provided SEL groups to students attending the summery school program.
What were some of the challenges or barriers this program encountered in the previous quarter?
The team continues to work on balancing referrals where long term support is needed and maintaining capacity for new referrals while increasing and leveraging Medi-Cal funds.
Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?
DJUSD, Yolo County HHSA, CCHC Youth Services, Center for DBT. The team consistently collaborates with the education counselors on site at various schools to facilitate the referrals and overall coordination of care.
What are the key activities you expect this program to achieve in the following quarter?
Hire additional providers. Support educational staff in continuing to submit referrals for students. Improve referral flows and tracking of students, as well as types of insurances to support the direction of service delivery.
Are the program's services and activities to change in the following quarter? If so, how?
The team does not anticipate any major changes with service delivery or scope of work.

Program: K-12 School Partnership Programs: Rural Catchment Area Provider: Rural Innovations in Social Economics, Incorporated					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	293	207	214	189	903
New Clients: Not seen previously in this Fiscal Year)	117	78	72	63	330
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	0	2	0	2
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	0	0	0	0
Clients Served: Early Intervention	0	0	0	0	0
Clients Served By Age					
Children 0-15	94	74	69	57	294
Transition Age Youth 16-25	23	4	5	6	38
Adult 26-59	0	0	0	0	0
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race					
American Indian or Alaska Native	3	0	1	0	4
Asian	0	0	1	0	1
Black or African American	3	2	3	0	8
Native Hawaiian or other Pacific Islander	0	0	0	0	0
White (includes Non-Hispanic/Latino)	51	43	40	15	149
Other (Includes Hispanic/Latino)	56	28	29	45	158
More than one race	0	0	0	0	0
Declined to State	2	0	0	0	2

Race not recorded /Field left blank	2	5	0	3	10
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican American/Chicano	68	41	32	45	186
Puerto Rico	0	0	0	1	1
South American	0	0	0	2	2
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	7	7
Non-Hispanic or Non-Latino					
African	4	2	3	0	9
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	2	4	0	0	6
Filipino	0	0	1	1	2
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	1	0	0	0	1
Vietnamese	0	0	0	0	0
Other	10	2	2	0	14
More than one ethnicity	0	0	2	0	2
Declined to state ethnicity	1	0	2	1	4
Not recorded/Field left Blank	31	29	32	6	98
Clients Served by Language Requested for Written Communication					
English	114	76	73	53	316
Spanish	3	2	1	9	15
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	1	1
Clients Served by Language Requested for Spoken Communication					
English	114	76	73	53	316
Spanish	3	2	1	9	15
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	1	1
Clients Served by Sexual Orientation					
Gay or Lesbian	2	0	1	0	3
Heterosexual or Straight	42	26	21	15	104
Bisexual	1	0	2	0	3
Questioning or unsure of sexual orientation	0	0	0	1	1
Queer	2	0	1	0	3
Another Sexual Orientation	1	0	0	0	1
Declined to State	10	1	5	2	18
Not Applicable: Minor exempt from answering this question	58	50	44	44	196
Not recorded/Field left Blank	1	1	0	1	3
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	21	8	7	4	40

Communication Domain: Difficulty Seeing	1	0	0	1	2
Communication Domain: Difficulty hearing or having speech understood	1	0	1	0	2
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	14	7	6	1	28
Physical Mobility Domain: Physical or mobility issue	0	0	0	1	1
Chronic Health Condition: including but not limited to chronic pain	0	0	0	0	0
Other Disability:	0	1	0	1	2
No, Not disabled	90	45	43	25	203
Declined to State	1	1	24	33	59
Not recorded/Field left Blank	5	24	0	1	30
Clients Served by Sex Assigned at Birth					
Males	54	42	38	29	163
Females	62	36	36	33	167
Declined to State	1	0	0	1	2
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Gender Current Gender Identity					
Male	18	14	15	8	55
Female	36	12	15	12	75
Transgender	1	0	1	0	2
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	1	0	0	0	1
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	56	47	35	42	180
Declined to State	5	5	8	0	18
Not recorded/Field left Blank	0	0	0	1	1
Clients Served by Veterans Status					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	56	25	29	20	130
Declined to State	1	0	1	0	2
Not Applicable: Minor exempt from answering this question	59	52	42	42	195
Not recorded/Field left Blank	1	1	2	1	5
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	0	1	0	1
Davis	0	0	0	0	0
Dunnigan	0	0	0	0	0
Esparto	33	29	26	13	101
Guinda	0	1	1	0	2
Knights Landing	3	1	3	0	7
Madison	3	1	0	1	5
Sacramento [board and care]	0	0	0	0	0
West Sacramento	0	0	0	0	0
Winters	68	41	43	46	198
Woodland	6	4	0	0	10
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	4	1	0	3	8
Homeless					
Out of County					
Declined to State					

Not recorded/Field left Blank					
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	69	23	29	5	126
Family Member of Mental Health Client/Consumer	3	4	4	4	15
Not Applicable	39	35	30	11	115
Prefer Not to Answer	6	16	11	43	76
Outreach					
Number of outreach Events Held/Attended	5	5	8	6	24
Outreach Participant Demographics					
Total Outreach Participants	59	65	206	75	405
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	2	0	0	0	2
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	3	5	8	6	22
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	0	0	0	0	0
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	117	78	74	63	332
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	92	57	47	14	210
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and Substance Use Treatment	0	0	0	0	0
Treatment/Program Client was Referred To					
Winters Educational/Essential Youth Groups	25	0	18	36	79
Esparto Educational/Essential Youth Groups	0	21	9	13	43
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	106	62	64	59	291
Participants who did not engage in treatment to which they were referred.	11	16	10	4	41
Participants for which referral engagement data is not available.	0	0	0	0	0
Average Duration of Untreated Mental Illness					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	1	1	0	0	2

5-6 Months	1	0	0	0	1
6-7 Months	4	1	0	0	5
7-8 Months	6	0	0	0	6
8-9 Months	14	0	0	0	14
9-10 Months	3	0	0	0	3
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	1	0	0	0	1
Unable to determine	8	7	18	2	35
Not Applicable	79	69	56	61	265
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	106	62	64	59	291
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not Recorded	11	16	10	4	41
Treatment not Completed: Referral Closed	0	0	0	0	0

Successes, Challenges, and Program Updates
What were the program's key successes in the previous quarter?
A key success for the 22-23 fiscal year was that we served 903 total clients, that is an average of 225 total clients per quarter. We also served 330 new clients for the 22-23 year and averaged 82.5 new clients per quarter. Another of the key successes was that we were able to serve 294 (0-15) students with an average of 73 students served per quarter. We also were able to serve 186 (Averaged 46.5 per quarter) Mexican/Mexican American/Chicano students thus serving this Key (ethnic) population. We also served 40 students with disabilities for the 22/23 year and averaged 10 a quarter. Some general successes to report throughout the 2022-2023 fiscal year, is that RISE received two hundred ten referrals for mental health counseling. And RISE also provided nontherapeutic services and mentoring to one hundred twenty-two students at both Esparto and Winters Unified School Districts. RISE also continued seeing people from the most rural parts of Yolo county with a total of 23 clients seen from Clarksburg, Guinda, Madison, Knights landing, and Yolo County Unincorporated areas.
What were some of the challenges or barriers this program encountered in the previous quarter?
The fourth quarter challenges continued to be, the lack of contact with parents and follow up by the parent, for the referral specialist after the mental health referral was made. RISE Mental Health program works with principals and school counselors during the summer. Hence, both parties understand the process for students to receive counseling services in hopes parents comprehend the following steps after they submit the referral to their child's school. More parent education and communication pipelines will need to be explored.
Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?
Yes, we continued partnerships with Esparto and Winters Unified School Districts. Throughout the summer RISE mental health director and clinicians will be meeting with principals and school counselors to have a clear understanding of expectations, changes, and or improvements for the 2023-2024 school year.
What are the key activities you expect this program to achieve in the following quarter?
We expect a higher number of mental health referrals because of school returning for the fall. RISE mental health clinicians will also work with teachers at the beginning of the school year to create healthy choices and/or coping skills for students as transition into the new school year. We expect to continue working with the school districts to improve our ability to report data used in these reports.
Are the program's services and activities to change in the following quarter? If so, how?

We expect an increased number of referrals due to school returning from the summer, caused by students feeling anxious returning to school and the new transition and routine. We also expect to be able to collect more data to improve our reporting.

Program: K-12 Partnership Programs: Woodland Catchment Area Provider: CommuniCare+OLE Health Centers					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	298	527	455	258	1538
New Clients: Not seen previously in this Fiscal Year)	57	54	18	20	116
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	39	60	43	0
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	0	33	0	0	0
Clients Served: Early Intervention	57	60	78	63	152
Clients Served by Age					
Children 0-15	33	66	45	43	109
Transition Age Youth 16-25	24	27	33	20	43
Adult 26-59	0	0	0	0	0
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race					
American Indian or Alaska Native	2	1	3	2	3
Asian	0	0	0	1	1
Black or African American	1	2	1	2	4
Native Hawaiian or other Pacific Islander	0	0	0	0	0
White (includes Non-Hispanic/Latino)	23	32	34	31	55
Other (Includes Hispanic/Latino)	0	0	0	0	0
More than one race	2	1	1	1	4
Declined to State	24	0	0	0	0
Race not recorded /Field left blank	5	57	39	26	85
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican American/Chicano	0	0	0	0	0
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	27	34	42	32	65
Declined to State	12	0	17	19	59
Not recorded/Field left Blank	5	0	0	0	0
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0

Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	13	20	19	12	28
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	0	39	0	0	0
Clients Served by Language Requested for Written Communication					
English	51	86	75	63	121
Spanish	6	7	3	0	31
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication					
English	51	86	75	63	121
Spanish	6	7	3	0	31
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sexual Orientation					
Gay or Lesbian	1	1	2	3	3
Heterosexual or Straight	25	28	31	23	50
Bisexual	3	5	6	3	7
Questioning or unsure of sexual orientation	4	4	5	3	7
Queer	0	0	0	0	0
Another Sexual Orientation	1	2	2	3	3
Declined to State	2	6	5	2	8
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	21	47	27	26	74
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	0	0	0	0	
Communication Domain: Difficulty Seeing	0	0	0	0	0
Communication Domain: Difficulty hearing or having speech understood	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	0	0	0	0	0
Physical Mobility Domain: Physical or mobility issue	0	0	0	0	0
Chronic Health Condition: including but not limited to chronic pain	0	0	0	0	0
Other Disability:	0	0	0	0	0
No, Not disabled	14	15	12	10	21
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	43	78	66	53	131
Clients Served by Sex Assigned at Birth					
Males	26	30	35	22	59
Females	27	29	43	40	80
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	4	34	0	1	13
Clients Served by Gender Current Gender Identity					

Male	28	31	35	21	59
Female	21	22	36	34	69
Transgender	0	1	2	2	3
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	3	0	0	1	13
Another Gender Identity	1	1	1	1	1
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Declined to State	0	4	4	4	7
Not recorded/Field left Blank	4	34	0	0	0
Clients Served by Veterans Status					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	57	93	78	63	152
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	0	0	0	0
Davis	3	1	2	2	4
Dunnigan	0	0	0	0	0
Esparto	0	0	0	1	1
Guinda	0	0	0	0	0
Knights Landing	0	1	2	2	2
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	1	6	3	2	8
Winters	0	0	1	1	2
Woodland	52	83	65	52	130
Yolo	1	2	1	0	2
Yolo County Unincorporated areas	0	0	0	0	0
Homeless	0	0	0	0	0
Out of County	0	0	3	3	3
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	1	0	0
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	57	93	78	63	152
Family Member of Mental Health Client/Consumer	0	0	0	0	0
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0	0	0	0	0
Outreach					
Number of outreach Events Held/Attended	0	0	0	0	0
Outreach Participant Demographics					
Total Outreach Participants	0	0	0	0	0
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	0	0	0	0
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	0	0	0	0	0

Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	0	0	0	0	0
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	2	3	11	8	24
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	0	0	5	6	11
Substance Use Treatment	0	0	0	1	1
Both Behavioral/Mental Health and Substance Use Treatment	0	0	5	0	5
Treatment/Program Client was Referred To					
Other community	2	0	8	1	11
Empower Yolo	0	1	1	0	2
Dental	0	1	0	0	1
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	1	93	78	63	235
Participants who did not engage in treatment to which they were referred.	0	0	0	0	0
Participants for which referral engagement data is not available.	0	0	0	0	0
Average Duration of Untreated Mental Illness					
Less than 1 month	1	93	78	63	235
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Unable to determine	0	0	0	0	0
Not Applicable	0	0	0	0	0
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0

More than 12 Months	0	0	0	0	0
Participation in Treatment not Recorded	0	0	0	0	0
Treatment not Completed: Referral Closed	0	0	0	0	0

What were the program's key successes in the previous quarter?
The team was tasked with responding to a burst of referrals between May and April and support clients in becoming connected/linked to mental health services.
What were some of the challenges or barriers this program encountered in the previous quarter?
The contract coming to an end in June, which required many students needing coordination of care and linkage to other resources in a short amount of time while the team was experiencing multiple shifts due to providers transitioning into other roles and jobs.
Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?
CCHC Integrated Behavioral Health, WJUSD, Northern Valley Indian Health
What are the key activities you expect this program to achieve in the following quarter?
The team and agency will remain available for ongoing coordination and linkage needs to support with a closed loop referral process
Are the program's services and activities to change in the following quarter? If so, how?
The contract ended 6/30/23 and CCHC will no longer be accepting referrals under the WJUSD contract.

Program: K-12 School Partnerships Program: West Sacramento Catchment Provider: Victor Community Support Services					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	1980 - revised from Q1 submission	4444	4583	4341	15348
New Clients: Not seen previously in this Fiscal Year)	603	990	833	1418	3844
Returning Clients: Returning from previous Quarter in same Fiscal Year	n/a	423	158	200	781
Individual Family Members Served	0	11	14	12	37
Clients Served: Prevention	531	1207	728	1376	3318
Clients Served: Early Intervention	72	206	263	242	526
Clients Served by Age					
Children 0-15	70	125	207	84	486
Transition Age Youth 16-25	2	9	5	12	28
Adult 26-59					0
Older Adult 60+					0
Declined to State					0
Not recorded /Field left blank					0
Clients Race					
American Indian or Alaska Native	2		2		4
Asian	1	4	11		16
Black or African American	5	6	22		33
Native Hawaiian or other Pacific Islander			3		3
White (includes Non-Hispanic/Latino)	6	38	50		94
Other (Includes Hispanic/Latino)	26	48	78		152
More than one race	2	16	11		29
Declined to State	13	3	16		32
Race not recorded /Field left blank	17	19	19	96	151
Clients Ethnicity					
Hispanic or Latino					
Caribbean		1	3		4
Central American			0		0
Mexican/Mexican American/Chicano	7	35	21		63

Puerto Rico			0		0
South American			1		1
Other			5		5
Declined to State			0		0
Not recorded/Field left Blank	19	0	25		44
Non-Hispanic or Non-Latino					
African	5	3	22		30
Asian Indian/South Asian	1		6		7
Cambodian					0
Chinese					0
Eastern European	1	4	4		9
European	6	11	2		19
Filipino			3		3
Japanese			2		2
Korean					0
Middle Eastern		3			3
Vietnamese					0
Other	8	13	26		47
More than one ethnicity	2	16	13		31
Declined to state ethnicity	13	3	16		32
Not recorded/Field left Blank	10	45	43	96	194
Clients Served by Language Requested for Written Communication					
English	69	126	200	96	491
Spanish	3	4	2		9
Russian					0
Other (Not a county threshold language)		1			1
Declined to State					0
Not recorded/Field left Blank		3	10		13
Clients Served by Language Requested for Spoken Communication					
English	69	126	200	96	422
Spanish	3	4	2		9
Russian					0
Other (Not a county threshold language)		1			1
Declined to State					0
Not recorded/Field left Blank		3	10		13
Clients Served by Sexual Orientation					
Gay or Lesbian	1	0			1
Heterosexual or Straight	1	17	37		55
Bisexual	7	3	2		12
Questioning or unsure of sexual orientation	1	1	1		3
Queer	1	1			2
Another Sexual Orientation		1			1
Declined to State		4	11		15
Not Applicable: Minor exempt from answering this question	61	79	161	96	397
Not recorded/Field left Blank		28			28
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	4	8	8		20
Communication Domain: Difficulty Seeing	2				2
Communication Domain: Difficulty hearing or having speech understood	1		1		2
Communication Domain: Other					0
Mental Domain: Not including mental illness (including but not limited to	1				1

learning disabilities, developmental disabilities, or dementia)					
Physical Mobility Domain: Physical or mobility issue	1				1
Chronic Health Condition: including but not limited to chronic pain					0
Other Disability:		1			1
No, Not disabled	7	8	18		33
Declined to State	10	10	4		24
Not recorded/Field left Blank	51	108	182	96	437
Clients Served by Sex Assigned at Birth					
Males	13	38	72	16	139
Females	21	48	77	16	162
Declined to State		7	7		14
Not recorded/Field left Blank	38	41	56	64	199
Clients Served by Gender Current Gender Identity					
Male	14	30	20	16	80
Female	22	42	20	16	100
Transgender	1	2			3
Genderqueer	1				1
Questioning or unsure of gender identity	1				1
Another Gender Identity	1				1
Not Applicable: Minor exempt from answering this question	34		97	64	195
Declined to State		7	7		14
Not recorded/Field left Blank		53	68		121
Clients Served by Veterans Status					
Yes, Veteran					0
No, Not Veteran					0
Declined to State					0
Not Applicable: Minor exempt from answering this question	72	125	212	96	505
Not recorded/Field left Blank		9			9
Clients Served by City of Residence					
Brooks					0
Clarksburg					0
Davis					0
Dunnigan					0
Esparto					0
Guinda					0
Knights Landing					0
Madison					0
Sacramento [board and care]		1			1
West Sacramento	13	29	34		76
Winters					0
Woodland					0
Yolo					0
Yolo County Unincorporated areas					0
Homeless					0
Out of County					0
Declined to State					0
Not recorded/Field left Blank	59	104	178	96	437
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	19	1	0		20
Family Member of Mental Health Client/Consumer		0	0		0
Not Applicable		0	0		0

Prefer Not to Answer		20	11		31
Not recorded/Field left Blank - added because option was not included here	53	113	201	96	463
Outreach					
Number of outreach Events Held/Attended	6	4	2	3	15
Outreach Participant Demographics					
Total Outreach Participants	27	28	11	13	79
Outreach Setting					
Church					0
Clinic					0
Cultural Organization					0
Faith-Based Organization					0
Family Resource Center					0
Law Enforcement Departments					0
Library					0
Mental/Behavioral Health Care					0
Other	2	1	1		4
Primary Health Care					0
Public Transit Facility					0
Recreation Center					0
Residence					0
School	4	3	1	3	11
Senior Center					0
Shelter					0
Substance Use Treatment Location					0
Support Group					0
Number of Individuals Referred to Treatment					
Total Participants Referred	0	0	0	0	0
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and Substance Use Treatment					
Treatment/Program Client was Referred To					
Physical Health					
Other community					
Legal Services					
Empower Yolo					
Client Benefits Advocate					
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment					
Participants who did not engage in treatment to which they were referred.					
Participants for which referral engagement data is not available.					
Average Duration of Untreated Mental Illness					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					

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

What were the program's key successes in the previous quarter?
In Q4 we saw an improvement in communication with school social workers through collaborative meetings. Throughout the quarter there was a steady flow of referrals and Tier 3 services were able to continue into the summer months. In June, Tier 1 services, Second Step, were offered and began at the four school sites who are operating the Expanded Learning Opportunities Program (ELOP).
What were some of the challenges or barriers this program encountered in the previous quarter?
In Q4 we had anticipated an increase in referrals as schools headed toward summer break, however we saw a decrease in Tier 3 referrals in May/June. We continue to discuss ways to improve the engagement phase internally and with WUSD partners, especially how to maintain client services when schools are not in session.
Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?
In this quarter, we continued to partner with the Yolo County Youth and Family Services Network and the Yolo/Yuba/Sutter/Colusa County SEL Community of Practice. We worked closely with Yolo County Office of Education, Yolo County K12 Partnership providers and school districts to maintain up to date information and seek support for implementing the contract. WUSD school staff and administration continue to partner with us to advertise our available services and get them scheduled in a timely manner to meet student needs.
What are the key activities you expect this program to achieve in the following quarter?
We are in the process of filling FSC and clinician vacancies, so we hope our team and our capacity to serve will continue to grow in the next quarter. K-12 supervisor team is creating a training program to offer to school administrators and social workers at the beginning of the school year. The goal of the training is to build knowledge and understanding of what services the K-12 team provides.
Are the program's services and activities to change in the following quarter? If so, how?
Tier 1 and 2 services will remain low over the summer and will gradually increase as the school year starts in August. It is also anticipated that Tier 3 level services will increase in September once students and school social workers have returned from the summer break. The VCSS K-12 team will continue to be available for any and all services requested throughout the remainder of the summer and the beginning of the school year.

Program: Latinx Outreach/Mental Health Promotores Provider: CommuniCare+OLE Health Centers					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	713	504	693	518	2428
New Clients: Not seen previously in this Fiscal Year)	28	17	35	36	116
Returning Clients: Returning from previous Quarter in same Fiscal Year	84	59	56	62	261
Individual Family Members Served					0
Clients Served: Prevention	1	3	4	0	8
Clients Served: Early Intervention	27	14	31	36	108
Clients Served by Age					
Children 0-15	0	0	0	0	0
Transition Age Youth 16-25	2	3	5	11	21
Adult 26-59	25	14	29	82	150
Older Adult 60+	1	0	1	5	7
Declined to State	0	0	0	0	
Not recorded /Field left blank	0	0	0	0	62
Clients Race					
American Indian or Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Black or African American	0	0	0	0	0
Native Hawaiian or other Pacific Islander	0	0	0	0	0
White (includes Non-Hispanic/Latino)	0	0	0	0	0
Other (Includes Hispanic/Latino)	23	10	27	96	156
More than one race	1	0	1	2	4
Declined to State	4	7	7	0	18
Race not recorded /Field left blank	0	0	0	0	0
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	2	3	2	2	9
Mexican/Mexican American/Chicano	19	13	29	28	89
Puerto Rico	0	0	0	0	0
South American	7	1	4	5	17
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	0	0	0	0	0
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Written Communication					

English	0	0	0	0	0
Spanish	28	17	35	36	116
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication					
English	0	0	0	0	0
Spanish	28	17	35	36	116
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sexual Orientation					
Gay or Lesbian	0	0	0	1	1
Heterosexual or Straight	13	4	34	33	84
Bisexual	0	0	1	1	2
Questioning or unsure of sexual orientation	1	0	0	1	2
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	14	13	0	0	27
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	1	0	1	2	4
Communication Domain: Difficulty Seeing	0	0	0	0	0
Communication Domain: Difficulty hearing or having speech understood	0	0	0	0	0
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	0	0	1	0	1
Physical Mobility Domain: Physical or mobility issue	0	0	0	2	2
Chronic Health Condition: including but not limited to chronic pain	1	0	0	0	1
Other Disability:	0	0	0	0	0
No, Not disabled	27	17	34	34	112
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sex Assigned at Birth					
Males	8	7	15	11	41
Females	20	10	20	25	75
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Gender Current Gender Identity					
Male	8	7	18	12	45
Female	20	10	17	24	71
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	0	0	0	0	0
Another Gender Identity	0	0	0	0	0

Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by City of Residence					
Brooks	0	0	2	0	2
Clarksburg	0	0	0	0	0
Davis	5	2	3	7	17
Dunnigan	1	0	0	0	1
Esparto	0	1	0	1	2
Guinda	0	0	0	0	0
Knights Landing	0	0	0	0	0
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	9	1	10	9	29
Winters	0	0	1	0	1
Woodland	13	13	16	18	60
Yolo	0	0	0	1	1
Yolo County Unincorporated areas	0	0	0	0	0
Homeless	0	2	3	0	5
Out of County	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	28	17	35	0	80
Family Member of Mental Health Client/Consumer	0	3	0	0	3
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0	0	0	0	0
Outreach					
Number of outreach Events Held/Attended	30	36	33	35	134
Outreach Participant Demographics					
Total Outreach Participants	970	1,692	1,688	1,751	6,101
Outreach Setting					
Church	156	0	0	0	156
Clinic	0	17	0	117	134
Cultural Organization	238	650	798	561	2247
Faith-Based Organization	0	0	0	0	0
Family Resource Center	23	80	108	152	363
Law Enforcement Departments	0	0	15	0	15
Library	0	0			0
Mental/Behavioral Health Care	42	54		38	134
Other	293	400	334	428	1455
Primary Health Care	0	0			0
Public Transit Facility	0	0			0
Recreation Center	0	0	200	83	283
Residence	0	0			0
School	80	272	79	135	566
Senior Center	0	0			0
Shelter	0	0			0

Substance Use Treatment Location	0	0			0
Support Group	117	219	154	237	727
Number of Individuals Referred to Treatment					
Total Participants Referred	3	3	2	1	9
Total SMI Participants Referred	1	0	3	0	4
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	1	2	3	0	6
Substance Use Treatment	3	1	2	1	7
Both Behavioral/Mental Health and Substance Use Treatment	0	1	0	0	1
Treatment/Program Client was Referred To					
Spanish SUD Group	3	1	2	1	7
Psychiatry	1	1	3	0	5
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	3	3	4	1	11
Participants who did not engage in treatment to which they were referred.	1	2	1	0	4
Participants for which referral engagement data is not available.	0	0	0	0	0
Average Duration of Untreated Mental Illness					
Less than 1 month	0	0	0	0	0
1-2 Months	2	0	0	3	5
2-3 Months	0	1	3	14	18
3-4 Months	0	0	3	2	5
4-5 Months	0	0	1	5	6
5-6 Months	4	2	6	5	17
6-7 Months	2	3	5	0	10
7-8 Months	1	1	5	4	11
8-9 Months	6	0	4	3	13
9-10 Months	1	2	1	0	4
10-11 Months	0	1	0	0	1
11-12 Months	6	2	3	0	11
More than 12 Months	6	5	4	0	15
Unable to determine	0	0	0	0	0
Not Applicable	0	0	0	0	0
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	26	17	35	35	113
1-2 Months	2	0	0	1	3
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0
9-10 Months	0	0	0	0	0
10-11 Months	0	0	0	0	0
11-12 Months	0	0	0	0	0
More than 12 Months	0	0	0	0	0
Participation in Treatment not Recorded	0	0	0	0	0
Treatment not Completed: Referral Closed	0	1	0	0	1
What were the program's key successes in the previous quarter?					

Successes include reaching a broader range of people including those who are staying in the local migrant centers. We continue to receive referrals from several organizations with a trend in clients from probation. Our numbers of men served is holding steady.
What were some of the challenges or barriers this program encountered in the previous quarter?
Challenges continue to be problems with food insecurity and housing. Many clients are experiencing discrimination and are taken advantage of by exploiters. We work closely with Legal services to address this and try to bring as much education to the community as possible.
Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who?
We continue to collaborate with the following community organizations such as Time of Change, Yolo Cares, the UC Davis Mind Institute, UC Davis, local school districts and Woodland Community College's Dream Center, the Mexican Consulate, and several Elementary schools. We are offering a Grief Group with Yolo Cares and a Relationship/Communication Group with Time of Change. Our Promotores Team also spent several days at the local Migrant Centers providing education and support to our Mobile Medicine Team.
What are the key activities you expect this program to achieve in the following quarter?
Key activities we are trying to address in the following quarters are focusing on substance use as a primary issue. We have had several requests from parents in the community to do some education for them. For the last several months we've focused primarily on mental health however we plan to shift this due the volume of requests and since we have established ourselves as presenters in the schools to Spanish speaking parents. We will be creating new materials and education on SUD issues in Spanish.
Are the program's services and activities to change in the following quarter? If so, how?
Services will not change. We will continue to expand our outreach and begin to provide more community events to promote mental health.

Program: Latino Promotores Program Provider: RISE, Incorporated					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	50	97	67	50	264
New Clients: Not seen previously in this Fiscal Year)	0	63	0	0	63
Returning Clients: Returning from previous Quarter in same Fiscal Year	50	34	67	50	201
Individual Family Members Served	0	0	0	0	0
Clients Served: Prevention	50	97	67	50	264
Clients Served: Early Intervention	0	0	0	0	0
Clients Served by Age					
Children 0-15	0	2	0	0	2
Transition Age Youth 16-25	30	6	2	0	38
Adult 26-59	20	89	65	50	224
Older Adult 60+	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race					
American Indian or Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Black or African American	0	0	0	0	0
Native Hawaiian or other Pacific Islander	0	0	0	0	0
White (includes Non-Hispanic/Latino)	0	0	0	0	0
Other (Includes Hispanic/Latino)	50	97	67	50	234
More than one race	0	0	0	0	0
Declined to State	0	0	0	0	0
Race not recorded /Field left blank	0	0	0	0	0
Clients Ethnicity					
Hispanic or Latino					

Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican American/Chicano	50	97	67	50	264
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	0	0
Cambodian	0	0	0	0	0
Chinese	0	0	0	0	0
Eastern European	0	0	0	0	0
European	0	0	0	0	0
Filipino	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	0	0	0	0	0
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	0	0	0	0	0
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Written Communication					
English	0	8	2	0	10
Spanish	50	89	65	50	254
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication					
English	0	8	2	0	10
Spanish	50	89	65	50	254
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sexual Orientation					
Gay or Lesbian	0	0	0	0	0
Heterosexual or Straight	50	97	67	50	264
Bisexual	0	0	0	0	0
Questioning or unsure of sexual orientation	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	0	0	0	0	0
Communication Domain: Difficulty Seeing	0	0	0	0	0
Communication Domain: Difficulty hearing or having speech understood	0	0	0	0	0

Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	0	0	0	0	0
Physical Mobility Domain: Physical or mobility issue	0	0	0	0	0
Chronic Health Condition: including but not limited to chronic pain	0	0	0	0	0
Other Disability:	0	0	0	0	0
No, Not disabled	50	97	67	50	264
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sex Assigned at Birth					
Males	45	62	37	25	169
Females	5	35	30	25	95
Declined to State	0	0		0	0
Not recorded/Field left Blank	0	0		0	0
Clients Served by Gender Current Gender Identity					
Male	45	62	37	25	169
Female	5	35	30	25	95
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	0	0	0	0	0
Another Gender Identity	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status					
Yes, Veteran	0	0	0	0	0
No, Not Veteran	50	97	67	50	264
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	0	0	0	0
Davis	0	0	0	0	0
Dunnigan	0	0	0	0	0
Esparto	45	91	67	50	253
Guinda	0	0	0	0	0
Knights Landing	0	0	0	0	0
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	0	0	0	0	0
Winters	0	5	0	0	0
Woodland	5	1	0	0	0
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	0	0	0	0	0
Homeless	0	0	0	0	0
Out of County	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	0	0	0	0	0

Family Member of Mental Health Client/Consumer	0	0	0	0	0
Not Applicable	0	0	0	0	0
Prefer Not to Answer	0		0	0	0
Outreach					
Number of outreach Events Held/Attended	5	6	5	7	23
Outreach Participant Demographics					
Total Outreach Participants	230	166	181	412	989
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	0	0	0	0
Cultural Organization	0	0	0	0	0
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	0	0	0	0
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	230	166	181	412	989
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	0	0	0	0
Residence	0	0	0	0	0
School	0	0	0	0	0
Senior Center	0	0	0	0	0
Shelter	0	0	0	0	0
Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	0	0	0	0	0
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	0	0	0	0	0
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and Substance Use Treatment	0	0	0	0	0
Treatment/Program Client was Referred To					
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	0	0	0	0	0
Participants who did not engage in treatment to which they were referred.	0	0	0	0	0
Participants for which referral engagement data is not available.	0	0	0	0	0
Average Duration of Untreated Mental Illness					
Less than 1 month	0	0	0	0	0
1-2 Months	0	0	0	0	0
2-3 Months	0	0	0	0	0
3-4 Months	0	0	0	0	0
4-5 Months	0	0	0	0	0
5-6 Months	0	0	0	0	0
6-7 Months	0	0	0	0	0
7-8 Months	0	0	0	0	0
8-9 Months	0	0	0	0	0

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

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

The main successes in the previous quarter were the ability of the Latino Promotores to continuously conduct Farmworker Outreach events. The Latino Promotores continued researching Mental Health wellness and practices, in both English and Spanish. Conversations with farm-working individuals continued, allowing them to become familiar with the idea of Mental Health and the importance of taking care of their well-being and incorporate practices that can benefit them. There were exciting reactions and positive interactions from the farmworkers in our regions of Esparto, Capay Valley, and Winters. The services were provided in a professional manner, focusing on the key themes and relevance to the community's needs. Also, the Farmworker Appreciation events continued, and there was an abundance of positive interaction and collaboration from our agricultural community. Farmworkers became more knowledgeable of support services and resources that exist at hand for their well-being. The relationships were strengthened and empowered even more due to the consistent outreach and community events, building strong bonds with one another, and creating emotions of eagerness to want to become more involved in their community.

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

Some of the challenges and barriers that this program encountered during the fourth quarter was the opportunity to conduct more farmworker appreciation events. During this quarter there was 1 farmworker appreciation event that was coordinated. There was somewhat of a barrier in terms of reaching out to farmworkers more frequently as was usually done in each quarter. The reason being is because during this quarter farm workers were transitioning into their peak season of harvest, so they are basically slammed with work and in terms of scheduling outreach visits with the farms, some were postponed or pushed back until the harvest slows down. Despite these challenges the Latino Promotores was quite persuasive and worked around to schedule and host as many outreach visits as possible to spread resources and services in several locations.

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

The Latino Promotores continued to partner with a variety of organizations to connect farmworkers to more resources and services. Some of the organizations that the Latino Promotores partnered with, were interested in collaborating for the benefit of the farmworkers. There were agencies like Catholic Charities that provided immigration and legal assistance, plus disaster prevention overview. CommuniCare+OLE Health Centers has been a strong collaborator, passing along information on General Health and Mental Health Services. Also, the agency Vision Y Compromiso has been a new collaborator that has helped spread awareness of mortgage assistance programs that exist to help community members. Overall partnership with these agencies has been a success and will continue in future quarters.

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

The key activities that I expect to achieve in the following quarter are to conduct more farmworker appreciation events and workshops. This allows for farmworkers to become informed about a variety of services and resources that are at hand for them. The Latino Promotores will continue to collaborate with other organizations and conduct outreach, which in return can create more of a representation of resources for our farmworkers. By doing this the relationships between the promotores and the farmworkers will strengthen and develop positive outcomes. In return Farmworkers will become more appreciative of services and develop more confidence in reaching out when needed for assistance.

Are the program's services and activities to change in the following quarter? If so, how?
For the most part, the programs services and activities continue but there will be more consistent outreach happenings once the harvest slows down. More resources and services will be provided to the farmworkers with more announcements on forms of assistance happening in benefit for them. Workshops will be happening real soon where a variety of agencies will attend and present briefly the services that they offer. Making sure that there is a specific focus on Mental Health and ensuring that those themes are highlighted. The overall goal is to work towards empowering our farm working community and allowing them to develop more self-confidence in themselves to become informed on new knowledge and ways they can incorporate better practices in their Mental and overall well-being.

Program: Free Haircare for Yolo County Adults Living with Mental Illness Provider: The ClipDart Giveback					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts			54	96	150
New Clients: Not seen previously in this Fiscal Year)			54	12	66
Returning Clients: Returning from previous Quarter in same Fiscal Year					
Individual Family Members Served			31	36	67
Clients Served: Prevention					
Clients Served: Early Intervention					
Clients Served By Age					
Children 0-15			0	0	0
Transition Age Youth 16-25					
Adult 26-59			27	30	57
Older Adult 60+			4	6	10
Declined to State					
Not recorded /Field left blank					
Clients Race					
American Indian or Alaska Native					
Asian			1	1	2
Black or African American			1	2	3
Native Hawaiian or other Pacific Islander					
White (includes Non-Hispanic/Latino)			27	31	58
Other (Includes Hispanic/Latino)			2	3	5
More than one race					
Declined to State					
Race not recorded /Field left blank					
Clients Ethnicity					
Hispanic or Latino					
Caribbean					
Central American					
Mexican/Mexican American/Chicano			2	2	4
Puerto Rico				1	1
South American					
Other					
Declined to State					
Not recorded/Field left Blank					
Non-Hispanic or Non-Latino					
African					
Asian Indian/South Asian					
Cambodian					
Chinese			1	1	2
Eastern European					
European			27	30	57
Filipino					
Japanese					
Korean					
Middle Eastern					
Vietnamese					
Other					
More than one ethnicity					
Declined to state ethnicity					
Not recorded/Field left Blank					
Clients Served by Language Requested for Written Communication					

English			31	36	67
Spanish					
Russian					
Other (Not a county threshold language)					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Language Requested for Spoken Communication					
English			31	36	67
Spanish					
Russian					
Other (Not a county threshold language)					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Sexual Orientation					
Gay or Lesbian			1	1	2
Heterosexual or Straight			29	33	62
Bisexual			1	1	2
Questioning or unsure of sexual orientation					
Queer					
Another Sexual Orientation					
Declined to State					
Not Applicable: Minor exempt from answering this question				1	1
Not recorded/Field left Blank					
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated			1	1	2
Communication Domain: Difficulty Seeing					
Communication Domain: Difficulty hearing or having speech understood					
Communication Domain: Other					
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)					
Physical Mobility Domain: Physical or mobility issue					
Chronic Health Condition: including but not limited to chronic pain			1	1	2
Other Disability:					
No, Not disabled			30	34	64
Declined to State					
Not recorded/Field left Blank					
Clients Served by Sex Assigned at Birth					
Males			20	25	45
Females			11	11	22
Declined to State					
Not recorded/Field left Blank					
Clients Served by Gender Current Gender Identity					
Male			20	25	45
Female			11	11	22
Transgender					
Genderqueer					
Questioning or unsure of gender identity					

Another Gender Identity					
Not Applicable: Minor exempt from answering this question					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Veterans Status					
Yes, Veteran			1	1	2
No, Not Veteran			30	35	65
Declined to State					
Not Applicable: Minor exempt from answering this question					
Not recorded/Field left Blank					
Clients Served by City of Residence					
Brooks					
Clarksburg					
Davis			54	96	150
Dunnigan					
Esparto					
Guinda					
Knights Landing					
Madison					
Sacramento [board and care]					
West Sacramento					
Winters					
Woodland					
Yolo					
Yolo County Unincorporated areas					
Homeless					
Out of County					
Declined to State					
Not recorded/Field left Blank					
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer			54	96	150
Family Member of Mental Health Client/Consumer					
Not Applicable					
Prefer Not to Answer					
Outreach					
Number of outreach Events Held/Attended			15	18	33
Outreach Participant Demographics					
Total Outreach Participants			54	96	150
Outreach Setting					
Church					
Clinic					
Cultural Organization					
Faith-Based Organization					
Family Resource Center					
Law Enforcement Departments					
Library					
Mental/Behavioral Health Care			15	18	33
Other					
Primary Health Care					
Public Transit Facility					
Recreation Center					
Residence					
School					
Senior Center					

Shelter					
Substance Use Treatment Location					
Support Group					
Number of Individuals Referred to Treatment					
Total Participants Referred			0	0	0
Total SMI Participants Referred			0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health					
Substance Use Treatment					
Both Behavioral/Mental Health and Substance Use Treatment					
Treatment/Program Client was Referred To					
Physical Health					
Other community					
Legal Services					
Empower Yolo					
Client Benefits Advocate					
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment					
Participants who did not engage in treatment to which they were referred.					
Participants for which referral engagement data is not available.					
Average Duration of Untreated Mental Illness					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Unable to determine					
Not Applicable					
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month					
1-2 Months					
2-3 Months					
3-4 Months					
4-5 Months					
5-6 Months					
6-7 Months					
7-8 Months					
8-9 Months					
9-10 Months					
10-11 Months					
11-12 Months					
More than 12 Months					
Participation in Treatment not Recorded					

Treatment not Completed: Referral Closed					

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

Q3: Before the start of our program, our participants expressed that they did not have access to proper, frequent hair care. The ClipDart Giveback's program helped eliminate our participants' health disparity gap within haircare. This quarter, we were able to foster an everlasting, positive impact on the mental wellness, justice, equity, diversity, inclusion and culture of our partner organizations and Davis as a whole. Our program has helped our participants relieve the heightened stressors within their life in a healthy manner. A key success indicator for our program is retention rate or how often our participants come back to a following appointment. During Q3, more than half of our participants received hair care two out of the three months. Also, every month we increase the number of participants. Further, five new participants joined their first appointment in March due to referrals from our current participants. Overall, the improvement within their clients' mental wellness helped (1) build individual and organizational resilience which is needed to alleviate the many stressors of the COVID-19 pandemic (2) establish a comprehensive foundation when faced with crisis (3) promote individual expression (4) develop their interpersonal and professional skills.

Q4: Like Q3, all our participants except one received hair care at least two out of the three months with most participants receiving hair care all three months. Also, the number of participants increased from Q3 to Q4 by 42 participants. Further, during Q4, we had twelve participants who joined their first appointment due to referrals from our current participants. Overall, the improvement within their clients' mental wellness helped (1) build individual and organizational resilience which is needed to alleviate the many stressors of the COVID-19 pandemic (2) establish a comprehensive foundation when faced with crisis (3) promote individual expression (4) develop their interpersonal and professional skills.

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

Q3: There were a few challenges that our team faced in the previous quarter. During January and February, Stylist 1 provided hair care to the residents of our partner organizations. Through her work she was able to cultivate a genuine, valuable relationship with our participants. Unfortunately, during March, one of our hair professionals named Stylist 1 had a car accident a week before her scheduled appointments at our partner organizations. Since Stylist 1 gained our participant's trust, it was difficult for our participants to agree to receiving hair care from another hair professional. However, this challenge made our team and partnership stronger. After various interviews, we decided to replace Stylist 1 with another hair professional named Stylist 2. Stylist 2 empathized with their situation, which helped the residents feel more comfortable with her service. All of Stylist 1's "clients" received hair care from Stylist 2 except for a few residents who were not available for the appointment. Also, since our service is more intimate and hands-on than many other basic needs services, it was more difficult in January to have residents participate in our program than it was in March. Further, it was a challenge to refer participants to specific providers for a Prevention Program, Early Intervention program, and/or a program providing treatment beyond early onset. This was mainly since our program is in partnership with adult residential facilities for Yolo County clients diagnosed with serious mental illness. So, when needed, the facilities recommend providers themselves rather than our team of hair professionals.

Q4: There were a few challenges that our team faced in Q4. In mid-May, a ClipDart team member and the mother of the Founder/CEO passed away at a young age. This was devastating for our team's morale. So, it was mentally taxing to continue work as usual especially when considering how emotionally invested we must be to perform our specific services. Also, there were a few events that needed to be rescheduled at the last minute due to the host having an emergency. Cancellations are always a challenge because our hair professionals have cleared their schedule at their barbershop or hair salon to attend these events. Our hair professionals rely on these events financially. So, when a host cancels an event, our hair professional is not able to earn income for that day. Lastly, like Q3, it was a challenge to refer participants to specific providers for a Prevention Program, Early Intervention program, and/or a program providing treatment beyond early onset. This was mainly since our program is in partnership with adult residential facilities for Yolo County clients diagnosed with serious mental illness. So, when needed, the facilities recommend providers themselves rather than our team of hair professionals.

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

Q3: Yes, we partnered with Homestead Cooperative, Pacifico Cooperative, and Pine Tree Gardens West which are adult residential facilities for Yolo County clients diagnosed with serious mental illness. We provided on-site haircare at these three residential facilities.

Q4: Yes, we partnered with Homestead Cooperative, Pacifico Cooperative, and Pine Tree Gardens West which are adult residential facilities for Yolo County clients diagnosed with serious mental illness. We provided on-site haircare at these three residential facilities.

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

Q3: For Q4, we expect our program to improve retention rate, total amount of participants, and total amount of unique participants. Aside from metrics, we expect to improve our relationship with our participants and partner organizations through continually learning their hair care needs from their perspective and conducting more face-to-face outreach.

Q4: For Q1 FY 23-24, we expect our program to improve retention rate, total amount of participants, and total amount of unique participants. Aside from metrics, we expect to improve our relationship with our participants and partner organizations through continually learning their hair care needs from their perspective and conducting more face-to-face outreach.

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

Q3: Each month, we are increasing in participants and those who are interested in participating. Therefore, we expect to add more work hours to a few of our scheduled appointments to meet the demand.

Q4: Each quarter, we are increasing in participants and those who are interested in participating. Therefore, we expect to add more work hours to a few of our scheduled appointments to meet the demand. Also, we are looking to host a back-to-school giveback event for youth where free haircuts and other essential services are provided.

Disclaimer: Free Haircare for Yolo County Adults living with Mental Illness program didn't start till Jan 1st, 2023 therefore we do not have any data available for Q1 & Q2.

Program: Senior Peer Companions Provider: YoloCares					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Full Year
Clients Served					
Total Client Contacts	12	25	32	78	216
New Clients: Not seen previously in this Fiscal Year)	4	6	4	27	41
Returning Clients: Returning from previous Quarter in same Fiscal Year	0	4	8	12	12
Individual Family Members Served	2	0	0	12	14
Clients Served: Prevention	3	4	8	16	31
Clients Served: Early Intervention	4	6	4	4	18
Clients Served By Age					
Children 0-15	NA	NA	NA	NA	NA
Transition Age Youth 16-25	NA	NA	NA	NA	NA
Adult 26-59	NA	NA	NA	NA	NA
Older Adult 60+	4	6	4	27	41
Declined to State	0	0	0	0	0
Not recorded /Field left blank	0	0	0	0	0
Clients Race					
American Indian or Alaska Native	0	0	1	1	2
Asian	0	0	0	4	4
Black or African American	0	0	0	0	0
Native Hawaiian or other Pacific Islander	0	0	0	0	0
White (includes Non-Hispanic/Latino)	3	5	1	20	29
Other (Includes Hispanic/Latino)	0	0	2	3	5
More than one race	0	0	0	1	1
Declined to State	0	0	0	0	0
Race not recorded /Field left blank	1	1	0	0	2
Clients Ethnicity					
Hispanic or Latino					
Caribbean	0	0	0	0	0
Central American	0	0	0	0	0
Mexican/Mexican American/Chicano	0	0	2	3	5
Puerto Rico	0	0	0	0	0
South American	0	0	0	0	0
Other	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	1	1	0	0	2
Non-Hispanic or Non-Latino					
African	0	0	0	0	0
Asian Indian/South Asian	0	0	0	1	1
Cambodian	0	0	0	0	0
Chinese	0	0	0	1	1
Eastern European	0	0	0	0	0
European	0	3	0	1	4
Filipino	0	0	0	0	0
Japanese	0	0	0	1	1
Korean	0	0	0	0	0
Middle Eastern	0	0	0	1	1
Vietnamese	0	0	0	0	0
Other	0	1	1	0	0
More than one ethnicity	0	0	0	0	0
Declined to state ethnicity	0	0	0	0	0
Not recorded/Field left Blank	1	1	0	0	2
Clients Served by Language Requested for Written Communication					

English	4	6	4	25	39
Spanish	0	0	0	2	2
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Language Requested for Spoken Communication					
English	4	6	4	25	39
Spanish	0	0	0	2	2
Russian	0	0	0	0	0
Other (Not a county threshold language)	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Sexual Orientation					
Gay or Lesbian	0	0	0	1	1
Heterosexual or Straight	3	6	4	25	38
Bisexual	0	0		0	0
Questioning or unsure of sexual orientation	0	0	0	0	0
Queer	0	0	0	0	0
Another Sexual Orientation	0	0	0	0	0
Declined to State	1	0	0	1	2
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness					
Yes, Disability Indicated	3	4	3	24	34
Communication Domain: Difficulty Seeing	1	2	3	7	13
Communication Domain: Difficulty hearing or having speech understood	2	1	2	5	10
Communication Domain: Other	0	0	0	0	0
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	1	1	2	8	12
Physical Mobility Domain: Physical or mobility issue	1	1	3	10	15
Chronic Health Condition: including but not limited to chronic pain	1	1	1	6	9
Other Disability:	0	0	0	0	0
No, Not disabled	0	1	1	3	5
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	1	1	0	0	2
Clients Served by Sex Assigned at Birth					
Males	1	2	2	6	11
Females	2	4	2	21	29
Declined to State	1	0	0	0	1
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Gender Current Gender Identity					
Male	1	2	2	6	11
Female	3	4	2	21	30
Transgender	0	0	0	0	0
Genderqueer	0	0	0	0	0
Questioning or unsure of gender identity	0	0	0	0	0
Another Gender Identity	0	0	0	0	0

Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Veterans Status					
Yes, Veteran	0	2	0	1	3
No, Not Veteran	4	4	4	26	38
Declined to State	0	0	0	0	0
Not Applicable: Minor exempt from answering this question	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by City of Residence					
Brooks	0	0	0	0	0
Clarksburg	0	0	0	0	0
Davis	1	3	1	11	16
Dunnigan	0	0	0	0	0
Esparto	0	0	0	1	1
Guinda	0	0	0	0	0
Knights Landing	1	0	0	0	1
Madison	0	0	0	0	0
Sacramento [board and care]	0	0	0	0	0
West Sacramento	0	1	3	2	6
Winters	0	0	0	0	0
Woodland	2	2	0	13	17
Yolo	0	0	0	0	0
Yolo County Unincorporated areas	0	0	0	0	0
Homeless	0	0	0	0	0
Out of County	0	0	0	0	0
Declined to State	0	0	0	0	0
Not recorded/Field left Blank	0	0	0	0	0
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	4	3	3	9	19
Family Member of Mental Health Client/Consumer	0	0	0	0	0
Not Applicable	0	3	1	18	22
Prefer Not to Answer	0	0	0	0	0
Outreach					
Number of outreach Events Held/Attended	0	8	5	5	18
Outreach Participant Demographics					
Total Outreach Participants	0	27,167	980	521	28,668
Outreach Setting					
Church	0	0	0	0	0
Clinic	0	2	0	0	2
Cultural Organization	0	1	1	0	2
Faith-Based Organization	0	0	0	0	0
Family Resource Center	0	0	0	0	0
Law Enforcement Departments	0	0	0	0	0
Library	0	0	0	0	0
Mental/Behavioral Health Care	0	0	0	0	0
Other	0	0	3	2	5
Primary Health Care	0	0	0	0	0
Public Transit Facility	0	0	0	0	0
Recreation Center	0	1	0	0	1
Residence	0	2	0	0	2
School	0	0	1	0	1
Senior Center	0	2	0	3	5
Shelter	0	0	0	0	0

Substance Use Treatment Location	0	0	0	0	0
Support Group	0	0	0	0	0
Number of Individuals Referred to Treatment					
Total Participants Referred	0	0	0	0	0
Total SMI Participants Referred	0	0	0	0	0
Kind of Treatment to which participants were referred					
Behavioral/Mental Health	0	0	0	0	0
Substance Use Treatment	0	0	0	0	0
Both Behavioral/Mental Health and Substance Use Treatment	0	0	0	0	0
Treatment/Program Client was Referred To					
Treatment Follow Through					
Participants who followed through on referral and engaged in treatment	NA	NA	NA	NA	NA
Participants who did not engage in treatment to which they were referred.	NA	NA	NA	NA	NA
Participants for which referral engagement data is not available.	NA	NA	NA	NA	NA
Average Duration of Untreated Mental Illness					
Less than 1 month	NA	NA	NA	NA	NA
1-2 Months	NA	NA	NA	NA	NA
2-3 Months	NA	NA	NA	NA	NA
3-4 Months	NA	NA	NA	NA	NA
4-5 Months	NA	NA	NA	NA	NA
5-6 Months	NA	NA	NA	NA	NA
6-7 Months	NA	NA	NA	NA	NA
7-8 Months	NA	NA	NA	NA	NA
8-9 Months	NA	NA	NA	NA	NA
9-10 Months	NA	NA	NA	NA	NA
10-11 Months	NA	NA	NA	NA	NA
11-12 Months	NA	NA	NA	NA	NA
More than 12 Months	NA	NA	NA	NA	NA
Unable to determine	NA	NA	NA	NA	NA
Not Applicable	NA	NA	NA	NA	NA
Average Interval between the referral and participation in treatment/referred service					
Less than 1 month	NA	NA	NA	NA	NA
1-2 Months	NA	NA	NA	NA	NA
2-3 Months	NA	NA	NA	NA	NA
3-4 Months	NA	NA	NA	NA	NA
4-5 Months	NA	NA	NA	NA	NA
5-6 Months	NA	NA	NA	NA	NA
6-7 Months	NA	NA	NA	NA	NA
7-8 Months	NA	NA	NA	NA	NA
8-9 Months	NA	NA	NA	NA	NA
9-10 Months	NA	NA	NA	NA	NA
10-11 Months	NA	NA	NA	NA	NA
11-12 Months	NA	NA	NA	NA	NA
More than 12 Months	NA	NA	NA	NA	NA
Participation in Treatment not Recorded	NA	NA	NA	NA	NA
Treatment not Completed: Referral Closed	NA	NA	NA	NA	NA

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

Q1:

- YoloCares successfully recruited a bilingual (Spanish/English) coordinator who will oversee the SPC program. She has been fully onboarded and trained as of the end of Q1.
- Though the program was greatly reduced and even on a complete hold in the previous fiscal year Q4, volunteer retention was 75%.
- The Volunteer Manager, Social Worker, and SPC Coordinator worked together to redesign the internal infrastructure of the program. This has resulted in two major improvements to program efficiency:
    - The volunteer intake process has been streamlined to align with intake and onboarding for all YoloCares volunteers. This provides a larger pool of potential SPC volunteers.
    - The social worker onboards potential clients and then refers them, either to the Volunteer Manager for SPC, to other YoloCares programs as needed, or to external mental health resources when appropriate.

Q2:

- New leadership created a strong connection with the community healthcare organization CommuniCare+OLE of Woodland. Through this relationship, we were able to distribute information about the program and its services to the Spanish speaking community of Woodland.
- Began an ongoing outreach effort to Yolo County spaces frequented by older adults and/or those that provide mental health services: Woodland Senior Center, Davis Senior Center, CommuniCare+OLE of Davis. Informational material was distributed.
- Marketing and educational materials were updated to reflect the current standing of the program and were translated into Spanish for our ongoing outreach efforts to Spanish speaking communities.
- Designed and distributed an outreach postcard sent to over 27,000 older adults of Yolo County age 55 and older for both client and volunteer recruitment.
- Recruited (10) new clients, admitted (6), (4) are awaiting onboarding, and (2) have been successfully paired.
- Recruited (5) new volunteers and are all in different stages of onboarding.
    - By integrating the program with our larger YoloCares Citizens Who Care volunteer program, we were able to pull (2) volunteers from the larger volunteer pool.
- Volunteer retention from Q1 remains 100%.
- Developed a dashboard for accurate and timely data collection to satisfy grant requirements.
- A comprehensive handbook detailing policies and procedures, as well as a toolkit focusing on topics such as: grief and loss, aging, communication and listening styles, and maintaining personal self-care was developed.
- A focus group was held with existing Senior Peer Companions to express gratitude, receive feedback, and provide supplemental education. Companions were provided a space to collaborate with other volunteers and were given an open-ended question survey to frankly share opinions anonymously.
    - The survey with the Senior Peer Companions also gave us the ability to measure whether volunteerism supported prevention of mental health issues for the volunteer pool. This is an aspect of the program's purpose we wish to devote more attention to – the volunteers gain a great deal through this work, and some have indicated that their own mental health and sense of wellbeing has been enhanced through volunteerism.
- Redesigned our approach to measuring program success with clients by presenting survey questions as warm and empathic conversations to display a genuine interest in performance. The survey results included more heartfelt narratives and concerns were addressed to maintain trust with clients.
- The intake process was finalized to streamline interdepartmental onboarding needs of Patient Access, Medical Records, and the larger Volunteer Department. A clear welcome packet was designed to include the approved referral and intake forms, educational materials, and necessary consent forms.

Q3:

- A clear Standard Operating Procedure manual has been created for a new incoming SPC Coordinator to transition into role.
- A "Perfect Visit" template was created in reference to YoloCares "Perfect Visit" template for new volunteers to adhere to. The purpose is for volunteers to follow the blueprint to maintain a consistent quality of visit.
- To address DEI efforts, the SPC Program has partnered with the *Life Transitions Project* to engage in more diverse outreach activities. The SPC program was able to provide outreach at Pow Wows and a town where we have less engagement, Esparto, CA.
- Successfully onboarded (2) volunteers, paired (1), (the other volunteer had a medical emergency), and (3) are in different stages of onboarding process.
- Volunteer retention continues to be 100% since Q1.
- Established Mental Health First Aid provided by Yolo County as the designated training source for new SPC volunteers. The training covers potential situations and crisis intervention training like what SPC volunteers might encounter in the field.

- Met with the Program Director of HOPE COOPERATIVE of Yolo County to establish referral process, provide marketing materials, and discuss range of services.
- Onboarded (3) non-White clients, (1) Native American and (2) Mexican- Americans. Able to provide community resources while a volunteer is matched.
- Graduated a client from services who felt they had gained the necessary tools to maintain independence.

Q4:

- LCSW hired to coordinate SPC program beginning 4/17/2023.
- Combined our previous CWC program clients (27) with our SPC program clients (12) as we were serving the same population of seniors coping with life transitions, isolation, and other mental health challenges in both programs.
- Successfully onboarded and paired 7 new volunteers and clients, including 2 volunteers who speak Spanish.
- Expanded our SPC Volunteer pool to include those under 60 years of age, which has been received well and allowed us to pair SPC clients with volunteers in a timely manner.
- Volunteer retention continues to be 100% since Q1.
- Met with the Program Director of HOPE COOPERATIVE of Yolo County to establish referral process, provide marketing materials, and discuss range of services.
- Onboarded 4 non-White clients, 1 Native American, 3 Mexican- Americans and 4 Asian. Able to provide community resources while a volunteer is matched.
- Attended 5 outreach events, including 2 Senior Resources Fairs in Woodland and West Sacramento.
- Established a connection with the Retired Public Employees Association, Chapter 43, and have scheduled a presentation in August 2023 of our SPC program to recruit volunteers and clients.
- Collaborated with a current SPC Volunteer to formulate an outreach strategy to recruit recently retired government employees who may benefit from (and benefit others with) volunteer activity.
- Collaborated with Yolo County IHSS who agreed to include our SPC brochure with all IHSS consumers 60 years and older requesting Public Authority Registry Referrals.
- Connected with a Chaplain at Sutter Davis who offered to share information and brochures about SPC with patients who may benefit from our services.

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

Q1:

- As the program rebuilds, we need to recruit more volunteers. The client demand is currently larger than the trained and available volunteer pool. Volunteer companions are usually hesitant to take on more than one client. Recruitment will be addressed in Q2.
- Along with recruitment, volunteer training needs to be further developed. Volunteer confidence and knowledge will be addressed in Q2.
- Program materials are outdated and need to be rebranded for the new program name and look. This began in Q2, once our new coordinator was onboard and assessed the current program needs.

Q2:

- As the program continues to build and expand, we need to recruit more volunteers. The client demand is larger than the trained and available volunteer pool. Volunteer demand will continue to be an ongoing effort through Q3 with a special focus on volunteer recruitment.
- Along with recruitment, volunteer training needs to be further developed so volunteers can better identify mental health needs. Supplemental in-person training has been given to mitigate this need. Volunteer training will be further addressed in Q3.
- Intake is a lengthy process (approximately 2.5 hours of both direct and indirect intake steps. We are reassessing our onboarding process and which staff members can help with this process, since we anticipate periods of increased intake, especially around mailings.

Q3:

- As the program continues to build and expand, we need to recruit more volunteers. The client demand is larger than the trained and available volunteer pool. Volunteer demand will continue to be an ongoing effort through Q4 with a special focus on volunteer recruitment.
- In compliance with the organization's The Joint Commission Accreditation, all volunteers are required to go through an extensive onboarding process. We have found that community members are interested in offering their services but are turned away by the lengthy process to become a volunteer. Strategic planning to support prospective volunteers will be addressed in Q4 through collaboration with the Director of Community Programs. (Current volunteers are more hospice focused.)

- Our SPC Coordinator resigned the position for a new opportunity elsewhere. However, a current YoloCares employee, an LCSW, has taken the SPC Coordinator job. She is in the process of onboarding (her first day in her new role was April 17, 2023. Her experience as an LCSW brings knowledge and skills that will help the client assessment process, as well as resource and referral navigation. Since she already knows the YoloCares agency and is familiar with SPC, we expect the onboarding process to be relatively smooth.

Q4:

- In light of rapid program growth, we need to recruit more volunteers, especially in West Sacramento. The client demand is larger than the trained and available volunteer pool. Volunteer demand will continue to be an ongoing effort into the new fiscal year with a special focus on volunteer recruitment.
- In compliance with the organization's The Joint Commission Accreditation, all volunteers are required to go through an extensive onboarding process. We have found that community members are interested in offering their services but are turned away by the lengthy process to become a volunteer. We have partially addressed this issue by limiting the number of 'Teaching Transitions' modules SPC volunteers need to complete in comparison to volunteers for Hospice.
- Our previous SPC Coordinator spoke Spanish, so we have had to rely on other Spanish speaking staff to communicate with Spanish speaking clients. We have onboarded (2) volunteers who speak Spanish and will continue to address this issue.

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

Q1:

- - YoloCares social workers maintained the integrity of the program and ensured proper support for both clients and volunteers during the fallow period between coordinators.
- Hope Cooperative and YoloCares exchange program referrals as appropriate.

Q2:

- YoloCares' Patient Access, Medical Records and the Volunteer department have been integral to streamlining the uptick in the intake process.
- YoloCares Palliative Social Worker who maintained the program between coordinators was a key element to the training of the new coordinator regarding the intake process.

Q3:

- YoloCares' Patient Access, Medical Records and the Volunteer department have remained consistent through the client onboarding process.
- YoloCares' *Life Transitions Project* was integral to bridging the program with resources and opportunities to connect with indigenous communities. Through this partnership, SPC was able to attend cultural events.
- Partnership with HOPE Cooperative has been reestablished and will become a referral source for Yolo County residents.
- Mental Health First Aid offered by Yolo County, provided our current SPC volunteers with training to better prepare them when meeting with clients experiencing a crisis.

Q4:

- YoloCares' Patient Access, Medical Records and the Volunteer department have all been active in the client onboarding process.
- Partnership with HOPE Cooperative has been reestablished and will become a referral source for Yolo County residents.
- Working in conjunction with YoloCares' Galileo Place Adult Day Program and Saturday Club has increased support for SPC clients and their families.
- Collaboration with Yolo Healthy Aging Alliance continues to support clients. YHAA was able to assist one of our wheelchair-bound clients with having a ramp installed so she could go outside her home.

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

Q1:

- Begin outreach (presentations, luncheons, booting) to churches, community centers and other centers of senior activity in our service area. (Q2 START – ongoing effort)
- Update marketing/ educational materials (Q2)
- Connect with community spaces to build trust/ relationships to recruit new volunteers:
    - Dropping off educational materials, VO brochures, and explaining who we are.
- Design and distribute an outreach postcard to be sent to 8,000 seniors in Yolo County.
- Recruit five (5) new clients and five (5) new volunteers.
- Smartsheet development for data collection to reflect grant requirements.

- Develop toolkit & resource manual for anticipated volunteers/existing volunteers.
- Focus groups with existing SPC volunteers for feedback/needs:
    - Ways they think we can recruit more volunteers,
    - A small event to treat the longstanding volunteers to show appreciation.
- Reevaluating performance measures
    - Conduct survey like genuine conversation to show client interest in how we are doing – get more personal narratives to measure direct impact.
    - Add in volunteer experience as well to calculate prevention.
- Restructure & solidify intake process as a part of the larger VO program.
    - Create an efficient and clear intake form that will meet the needs of grant reporting for accurate data that reflects the community served.

Q2:

- To address the training needs of the existing and incoming volunteers, we will implement a 16–24-hour training course, spread over the course of weeks, focusing on older adult mental health, aging and grief and loss.
- Community engagement will be a key focus in collaboration with the *Life Transitions* research team, as the SPC Coordinator will serve as the liaison for further connections to the rural and Native American communities to help address barriers to care for those populations.
    - Outreach will include community events and (2-3) presentations at independent senior living facilities, churches, support groups and other centers of senior activity in Yolo County.
- Recruit at least (1) Spanish speaking client and (2) Spanish speaking volunteers outside of the main service area of Davis.
- Continue to foster relationship with CommuniCare+OLE of Woodland to create a future partnership and referral source.
- Focus on DEI efforts for program to reach marginalized communities of Yolo County in need of free peer support (including *Life Transitions Project*).
- Successfully pair all currently awaiting clients with volunteers.
- Meet on a bi-monthly basis with current Senior Peer Companions to address needs, concerns, and provide support as needed with clients.
- Check in with clients monthly by phone and in-person every other month to determine any new medical diagnosis, changes in ability to perform ADLs and general wellbeing.

Q3:

- Continue to use a combination of Mental Health First Aid provided by Yolo County and the Perfect Visit template as the designated training tool for new SPC volunteers. (Perfect Visit template attached with this report package.)
- Further develop the relationship with HOPE Cooperative as referrals begin to come in.
- Continue to collaborate with the *Life Transitions Project* for culturally diverse outreach events.
- Create a strategic plan to address staggered volunteer recruitment efforts.
- Maintain current clients by providing social support through volunteer visits and providing resources as needed.
- Onboard the new SPC Coordinator.

Q4:

- Outreach to retired employees to recruit SPC volunteers.
- Focus on training and education for new and current SPC volunteers on topics related to mental health in the elderly; and collaborate with the trainings offered through Yolo County MHSA PEI.
- Continue implementing the Perfect Visit template for new SPC volunteers. (Perfect Visit template was attached with Q3 report package in April 2023.)
- Further develop the relationship with HOPE Cooperative as referrals begin to come in.
- Continue to collaborate with the *Life Transitions Project* for culturally diverse outreach events.
- Create a strategic plan to address staggered volunteer recruitment efforts.
- Maintain current clients by providing social support through volunteer visits and providing resources as needed.

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

- Services and activities are not expected to change. Internal structure to support services and activities is going through the above-listed changes.

APPENDIX D. Listening Session Findings

Understanding Community Perceptions

Community Mental and Emotional Well-being

- *Emotional Distress*

This theme encapsulates the high levels of psychological strain expressed by participants. The frequent use of words such as "anxious," "desperate," and "stressed" indicates a pervasive atmosphere of emotional distress.

- *Systemic Frustration*

Participants' frustration was not only personal but was deeply entwined with systemic issues. It's clear from the data that there's a significant challenge in how systemic structures impact individuals, particularly those in caretaking roles, leading to exhaustion that might not be immediately evident.

- *Survival Mode*

This theme reflects a state of basic existence or 'survival mode' that participants find themselves in, following a financial crisis precipitated by the COVID pandemic. The struggle to fulfill basic needs takes precedence over seeking additional services.

Supporting Quotes:

"Families have to live with other families to meet needs."

"Seeking services isn't the first thing. They need to fulfill basic needs first."

Mental Health and Substance Use Misconceptions and Stereotypes

- *Cultural Perceptions of Mental Health*

This theme refers to the varying perceptions and misconceptions about mental health within different cultural backgrounds. In some communities, discussing MH is considered a sign of weakness or is associated with a lack of strength, leading to a cultural stigma that prevents open dialogue and acknowledgment of mental health issues. The narrative across different cultural contexts, particularly within Latinx and Asian communities, illustrates a deep-rooted aversion to discussing and acknowledging MH issues.

Supporting Quotes:

"Growing up in a Hispanic community, you don't really believe in mental health."

"In the Japanese community it's shameful to express feelings, you hide it."

"Being that I come from a Hispanic background, we have this idea that we have to be strong."

- *Educational Barriers and Misinformation*

A lack of appropriate education and the presence of misinformation contribute to misconceptions about MH. Language barriers, insufficient information, and entrenched stereotypes, such as MH issues equating to 'craziness' or homelessness being seen merely as a problem rather than a symptom of larger issues, compound the stigma and prevent effective communication and understanding.

"Disinformation is a problem. Whether it's about program elements or about mental health frameworks/perspectives."

"What they mistakenly think is that MH is what you see on the street, people walking on the street flailing their hands."

- *Stigma and Fear of Acknowledgment*

Fear and shame surrounding MH contribute to a reluctance to acknowledge the need for help. Stigma attached to MH issues prevents individuals from seeking help or even having serious discussions about possible solutions, thereby inhibiting proactive approaches to MH and substance use issues.

Supporting Quotes:

"There's a lot of fear and shame that keeps people from accepting help or following through with help."

"People are afraid to have a serious conversation about what we can do to solve the problem."

Identifying Needs

Mental Health and Substance Use Challenges/Issues in the Community

- *Challenges in Engaging with Mental Health and Substance Use Treatment*

Engagement with mental health and substance use treatment is complex, as individuals often exhibit resistance to acknowledging their problems and accepting help. This is compounded by societal stigma, a lack of trust in providers, and a general unwillingness to engage with services, whether due to addiction, mental illness, or the denial of issues.

Supporting Quotes:

"How do you engage people that aren't cooperative?"

"What I see every day is the lack of willingness to engage in services."

"They don't trust anybody."

- *Family and Community Impact on Mental Health and Substance Use*

The impact of mental health and substance use issues is not limited to the individual; it extends to their families and communities. There is a noticeable gap in family involvement in treatment, issues with parental rights, and community challenges like homelessness that intersect with mental health and addiction. Moreover, there is a need for targeted substance use treatment models, especially for youth, which are currently insufficient.

Supporting Quotes:

"Schools are very concerned about children using substances."

"There is a lack of providers that can provide a model of SUD treatment."

"There's no parent component during treatment."

Groups Needing Extra Support

- *Non-English Speakers (Cultural and Linguistic Barriers to Service Access)*

This theme highlights the challenges faced by non-English speaking populations and those from diverse cultural backgrounds, including Latinx communities and undocumented individuals, in accessing mental health services. Language barriers and a lack of culturally sensitive services exacerbate these challenges, necessitating education and resources in native languages and culturally appropriate approaches. Participants pointed out that certain communities, particularly where there is a strong cultural stigma associated with mental health, or language barriers exist, require additional support to comfortably access services.

"Education is needed, preferably in their own language, where it can be broken down for them."

- *Vulnerable Populations with Specific Needs*

Specific groups such as seniors, transgender individuals, low-income families, and those experiencing housing instability have distinct needs that are not adequately met by current service structures. These populations require targeted support services that address not only their mental health needs but also the multifaceted aspects of their circumstances.

Participants identified various vulnerable groups that struggle with unique challenges, such as isolation, gender identity, financial hardship, and the transition to adulthood, which necessitate tailored support strategies.

- *Systemic Issues in Continuity of Care*

This theme encompasses the systemic issues contributing to gaps in mental health service provision, such as the lack of follow-up care for those released from incarceration, the unhoused population, college students transitioning from high school, and new parents. The need for continuity of care is crucial to prevent further deterioration of mental health and substance use conditions. Participants expressed concern over systemic gaps that leave individuals without necessary support during critical transition periods, leading to a lack of continuity in care.

Supporting Quotes:

"Kids that are 5150, it's very hard to find hospitals locally."

"Anyone being released from jail."

Access to Services

Accessibility of Support/Barriers

- *Systemic and Bureaucratic Challenges*

This theme captures the structural and systemic hurdles within health care systems, including insurance complexities, limited-service capacity, and long wait times for appointments, which deter or delay individuals from receiving care. Participants have indicated that navigating the healthcare system is a formidable process, fraught with bureaucratic red tape that is particularly challenging for those unfamiliar with it.

Supporting Quotes:

"People don't know how to fill out paperwork."

- *Cultural and Language Disparities*

This theme refers to the cultural stigmas and language barriers that prevent certain populations from accessing services. These include feelings of shame in discussing mental health in some cultures, the lack of multilingual services, and a general distrust of online resources among newcomers.

- *Socioeconomic Constraints*

Financial hardship and socioeconomic status are significant barriers to accessing mental health and substance use services. The costs associated with care, whether hidden or explicit, can make it unfeasible for those already under financial strain. Participants highlighted the economic challenges faced by individuals seeking mental health services, particularly those in lower socioeconomic brackets, undocumented populations, and those prioritizing basic needs over health care due to financial crises.

Supporting Quotes:

"Financial hardship for housing might be at the top of their list rather than paying for MH services."

"Hidden costs. People with SMI are already strapped financially."

"But we're on survival mode."

- *Logistical Obstacles*

Practical issues such as transportation difficulties and the availability of services pose important barriers as well. For some, physical access to services is a challenge, while for others, there is a lack of awareness or understanding of how to utilize telehealth options.

Supporting Quotes:

"There is a lack of transportation throughout the county."

"Telehealth is an option but what about the seniors that can't get on the internet?"

- *Lack of Specialized Services and Providers*

There is a reported shortage of specialized services and providers, especially for those with developmental issues, specific mental illnesses, or substance use disorders. The scarcity of qualified clinicians and targeted programs, such as those for substance use, exacerbates the difficulties faced by individuals in need of these services.

- *Lack of Effective Outreach and Public Education*

Another recurrent theme is the inadequate outreach and public education on mental health and substance use services. There is a need for better communication and dissemination of information to raise awareness and understanding of available services. Participants indicated that enhancing public education and outreach efforts could bridge the gap between services and those who need them but are unaware of how to access them.

Supporting Quotes:

"There's people that need help and those that can provide, but we need to have better outreach."

"We need more public education on existing resources."

"People want help, they're just not aware."

Cultural Sensitivity in Services

- *Culturally Sensitive Education*

This theme involves creating educational materials and programs in the native languages of the communities being served. It emphasizes the importance of cultural sensitivity and gradual familiarization processes, which respect the pace at which individuals become comfortable discussing mental health.

- *Multilingual Service Provision*

This theme stresses the need for mental health services to be available in multiple languages to address language barriers that can prevent non-English speakers from accessing care.

- *Inclusive Provider Representation*

The theme suggests that having service providers who represent or share the cultural and ethnic backgrounds of the clients they serve could lead to more inclusive and understanding care environments.

- *Reframing Terminology and Perceptions*

The recommendation here is to change the narrative around mental health and substance use by reframing the terminology used. By addressing the root causes (upstream) rather than just the symptoms (downstream), a more holistic and inclusive approach to care can be developed.

"Terminology is extremely needed."

"Our own language drives a narrative that might not be helpful."

- *Outreach to Marginalized Groups*

This theme identifies the importance of proactive outreach efforts targeted at marginalized groups, such as immigrants and those with uncertain immigration statuses, to prevent feelings of alienation and to avoid "dead ends" in service access.

Recommendations for Improved Access

- *Enhanced Educational Outreach*

Developing educational initiatives that effectively communicate the availability and benefit of mental health services to potential consumers, especially before they interact with the criminal justice system. Participants stressed the need for educational programs that can preemptively engage individuals and alter long-standing cultural mentalities towards mental health.

"The most challenging part is the educational component and how you get that out."

"We have to do a better job of educating the public."

- *Community Outreach and Peer Support*

Expanding outreach efforts and establishing peer-led support systems to provide relatable assistance and help overcome barriers of stigma and insight. Participants repeatedly highlighted the effectiveness of peer support and the necessity for better community outreach to bridge the gap between service providers and those in need.

- *Culturally Competent Services*

As previously mentioned, emphasizing the importance of cultural competence in service provision, including having staff from similar backgrounds as the patients to build trust and respect cultural nuances.

Supporting Quotes:

"Being patient in general... Having staff from a similar background will build trust."

- *Innovative Service Models*

Recommending the adoption of innovative models for mental health care, such as therapeutic communities or consistent long-term care teams that provide a holistic and integrative approach to mental health and substance use disorders.

Supporting Quotes:

"What I would like to see is a consistent therapist over a long period of time, consistent medical care."

"In Denmark they have villages for people with MH problems, what if we had something like that?"

- *Integration of Services with Community Institutions*

Integrating mental health services with other community institutions like schools or community-based organizations can help make these services more accessible and less intimidating for those in need.

Supporting Quotes:

"Having services on school grounds/site is important."

"We need to partner with organizations that have experiences with different populations."

- *Technology and Information Dissemination*

There is a necessity for leveraging technology to disseminate information about services more broadly and to create centralized information systems that compile service options.

MHSA FUND ALLOCATION

- *Lobbying for Policy Changes*

This theme encompasses the advocacy efforts aimed at influencing policy decisions, particularly concerning conservatorship laws. It reflects participants' considerations on how to balance individual freedoms with the need for a humane approach to care for those who might not engage voluntarily with services or who make choices that lead to instability.

Supporting Quotes:

"Lobby politicians over conservatorship laws. We see people who are stabilized, and they choose to do something that causes them to derail."

"Resources go to people not engaging in services/not accepting resources."

- *Enhancing Support for Caregivers and Therapists*

This theme identifies the need for bolstered support mechanisms for those who provide direct care and assistance, including caregivers and mental health professionals. It emphasizes the necessity of resources and education to decrease stigma and promote mental health proactively.

Certainly, let's identify another theme based on the fragmented text provided:

- *Building Supportive Communities*

This theme revolves around creating supportive structures within communities, emphasizing the role of schools and local organizations in fostering a supportive environment. It includes the integration of mental health services in educational settings, outreach to undocumented populations, and the establishment of community resources for families and individuals facing mental health challenges.

Supporting Quotes:

"Establishing community-based support systems, with schools as central nodes for resources and mental health services."

"We need collaborations with the county, and local non-profits. Specifically, the undocumented population, if funding was provided to those agencies, or even starting partnerships, would help that community."

Based on the fragments available, I can propose one more theme:

- *Comprehensive Continuum of Care*

This theme involves the development of a complete range of services that address the various needs of individuals with mental health issues. It highlights the necessity for a spectrum of resources, from educational programs to residential treatment facilities, and underscores the importance of easy access to and transition between services. Acknowledging the gaps in current services, stakeholders suggest the need for a more comprehensive continuum of care.

Supporting quotes:

"Developing a full spectrum of mental health services that are easily accessible and interconnected."

APPENDIX E. Documentation and Information Resources