2022–
2023

Yolo County MHSA

Annual Update

c.a.r.e. CONSULTING GROUP

Contents

County Board of Supervisors Adoption Letter

County Board of Supervisors Adoption Letter

County Board of Supervisors Adoption Letter

Acronyms

AA	Adult and Aging Branch
AB2265	State Senate 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-3	Ages & Stages Questionnaires Third Generation
ASQ SE	Ages & Stages Questionnaires Social-Emotional
ASQ	Ages & Stages Questionnaires
BBS	Board of Behavioral Sciences
BOS	Board of Supervisors
CalAIM	California Advancing and Innovating Medi-Cal
CBT	Cognitive Behavioral Therapy
CC	Cultural Competency
CCHC	CommuniCare Health Centers
CEWG	Community Engagement Work Group
CFTN	Capital Facilities and Technology
CHB	Community Health Branch
CIT	Crisis Intervention Team
CLAS standards	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 Illness
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
IBH	Integrated Behavioral Health
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 School Services Act
MHSOAC	Mental Health Services Oversight and Accountability Committee

MMH	Maternal Mental Health
MyAvatar	HHSA's electronic behavioral 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
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
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TAY	Transition-Age Youth
UC Davis ORALE	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

MHSA County Compliance Certification

County: Yolo

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2022.

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

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

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, Interim Mental Health Director (530) 661-2978 Karleen.Jakowski@yolocounty.org	Chad Rinde, CFO (530) 666-8050 Chad.Rinde@yolocounty.org
Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695	

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

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

Karleen Jakowski, LMFT

Local Mental Health Director (PRINT) Signature Date

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

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

Chad Rinde

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

* Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

MHSA Guiding Principles

Update 2022–2023

The MHSA principles that guide Yolo County's planning and implementation activities are described briefly here.[1]

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.

1. Sources: California Code of Regulations: https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I694558A0D-45311DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)

Executive Summary

Update 2022–2023

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

This document is the Yolo County MHSA Annual Program Update for fiscal year (FY) 2022–2023. It provides updated information on the Yolo County MHSA 2020–2023 Three-Year Program & Expenditure Plan (this can be accessed here) for the coming FY 2022–2023.

This plan is organized into sections:

- Executive Summary
- Accomplishments
- Community Planning Process
- Demographic Update
- System Capacity Assessment
- Overall Summary of Program and Budget Updates
- Detailed Individual Program Descriptions and Updates for 2022–2023
- Detailed Budget Update for the period 2020–2023

This plan update includes the following attachments:

- Attachment 1: Community Proposals
- Attachment 2: Prevention and Early Intervention 3-Year Evaluation Report 2018-2021
- Attachment 3: Community Feedback & County Response
- Attachment 4: MHSA Contractor List
- Appendix: Innovations Plan 2021–2024 and Evaluation Report 2020–2021

The most significant changes reported here are primarily increased MHSA revenue:

- Due to increased tax revenue, Yolo County is projected to receive an additional $6,300,000 in MHSA funding for the 2020–2023 three-year planning period.
- Funding has been allocated for the following new Community Services and Supports programs:
  - Co-Occurring Disorder Assessment and Intake AB-2265, $525,650
  - Public Guardian Case Managers, $246,667
  - Supportive Housing and Social Services Coordination, $100,000
  - FSP Contract Augmentation for Cost-of-Living Allowance, $1,400,000
  - Children & TAY FSP, $407,000
  - Peer- and Family-Led Support Services, $70,000
  - Dignity Health: Yolo Adult Day Health Center, $151,000
  - Mental Health Crisis Services & Crisis Intervention Team Training to Integrate into Crisis Now, $952,000
  - Pine Tree Gardens Transition Support Position, $67,626
- Funding has been allocated for the following new Prevention and Early Intervention programs:
  - Community Outreach and Engagement Campaign to Destigmatize Housing, $300,000
  - American Rescue Plan Match for Mental Health Projects, $500,000
  - Mobile Hair Professionals to Support Mental Health Wellness and Connections, $7,500
  - Senior Peer Support Program, $51,600
  - The K-12 School Partnerships program was allocated an additional $3,370,156 ($2,000,000 is MHSA, the balance is other leveraged funding)
  - Latinx Outreach/Mental Health Promotores Program, $100,000
  - Public Media Campaigns, $300,000
  - Youth First-Episode Psychosis program is still operational but is no longer funded by MHSA. The description is still included in this plan.

287

PEOPLE PROVIDED LINKAGES TO SERVICES, SCREENED FOR TRAUMA AND WHOLE-PERSON NEEDS

41

INDIVIDUALS PERMANENTLY HOUSED IN THE NEW WEST CAPITAL "NO PLACE LIKE HOME" UNITS

- Funding has been allocated for Innovations to plan and implement collaborative strategies to move from the current crisis system to one with high fidelity to the Crisis Now model:
  - Crisis Now, $5,973,930
  - Planning and Stakeholder Input Process for Crisis System Redesign and Implementation, $614,000
- The Crisis Now Innovation Proposal is included with this report as part of the public comment period. Thereafter, this proposal will be submitted to the Mental Health Services Oversight & Accountability Commission for approval.
- The Peer-Run Housing investment opportunity did not come to fruition as described in the previous FY, and these funds are being rebudgeted.
- Funding has been allocated for Capital Facilities and Technology:
  - Technology Support Services (tablets), $60,000
  - Netsmart IT Infrastructure, $70,000
  - Remaining unspent funds in CFTN, up to $500,000, will be considered for additional eligible investments including renovations and upgrades to facilities housing MHSA projects.

An analysis of evaluation data is included as an appendix (Evaluation Report 2020–2021) that relies on results-based accountability data, where available, and Attachment 2: Prevention and Early Intervention 3-Year Evaluation Report 2018–2021.

Evaluation work to assess the overall impact, success, and challenges of MHSA funding in Yolo County will continue, as will assessment, planning and implementation of a stronger and more effective system moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multiphase approach to continuous evaluation of the county MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the county strategic plan, HHSA's mission, and the results-based accountability framework.

Yolo County HHSA uses results-based accountability as the basis of evaluation to measure the impact of contract-based services provided under MHSA. The intent is to have this framework in place for all MHSA programs in the Three-Year Plan as part of the evaluation program initiatives. These are individualized for each contract and follow a general framework of: (1) How much did we do? (2) How well did we do? (3) Is anyone better off?

Accomplishments

Some of Yolo County MHSA's noteworthy accomplishments in FY 21/22 are noted here, listed by MHSA funding area.

Community Services and Supports

NAMI Yolo County hosted an in-person community engagement workshop: First Wednesday Gathering (the first since the start of the pandemic). This First Wednesday provided a suicide prevention workshop, where community members were trained in QPR—Question, Persuade, Refer. They also implemented the Basics Support Group, which caters to parents of children aged 12–20 years who are experiencing a mental health condition.

HHSA permanently housed 41 individuals in the new West Capitol No Place Like Home units.

HHSA co-responder clinicians responded to requests for service from community members in crisis within 25 minutes of the request (on average). Less than 20% of those served were detained on an involuntary hold or for legal

reasons, instead being linked to county or community services.

Turning Point Community Programs continues to provide intensive, community-based "wrap-like" services and 24/7 crisis support to children aged 0–15 through the Bridges Full-Service Partnership (FSP) program. This program can serve approximately 25 children at any point and served an average of 31 children each quarter during the first three quarters of FY 21/22 (this is a 33% increase compared to FY 20/21, in which approximately 23 children were served each quarter). The percentage of clients receiving these services who remained in their home without experiencing incarceration or psychiatric hospitalization has remained at or above 94% every quarter since Q1 20/21, including five straight quarters (Q2 20/21 through Q2 21/22), where zero clients experienced incarceration or psychiatric hospitalization.

Prevention and Early Intervention

The K-12 School Partnerships project was fully implemented during FY 21/22, and funding increases will allow for significant expansion of these services throughout Yolo County in the near future. This project leverages resources to expand access to mental health services for children throughout the county by supporting and further developing the existing array of tiered school-based services.

Through a partnership between First 5 Yolo, HHSA, and The Children's Therapy Center, Help Me Grow screened 562 children to check on their developmental, behavioral, physical, and social well-being and connect them to additional support as needed in a timely manner. This is a 75% increase compared to 20/21, indicating a return to prepandemic numbers. Eight families received in-home therapy. Eighty-eight developmental playgroups were offered to the community.

1,148

COMMUNITY MEMBERS IN CRISIS SERVED WITHIN

81% **SERVED WITHOUT INVOLUNTARY OR LEGAL HOLD**

Under the College Partnership program, CommuniCare Health Centers, in partnership with the educators and administrators at Woodland Community College, provided mental health and physical health services and resource navigation on-campus to students.

The Latino/a Integrated Behavioral Health Service (IBHS) program (offered by CommuniCare and RISE Inc.) provided linkages to primary care services, mental health and substance use disorder treatment, health benefits enrollment, community food resources, and housing supports for 287 community residents. They also screened these residents for a history of trauma and whole-person care needs.

YoloCares, which provides the Senior Peer Support Program, developed and administered a participant survey to better assess improvements in mood, changes in social circle, better stress management, and higher levels of self-care and independence because of program involvement.

562

CHILDREN SCREENED AND CONNECTED TO SUPPORTS

75%

INCREASE FROM 20/21

Impact of COVID-19

The impact of COVID-19 on all aspects of life continues to have enduring effects on this work. Yolo County Health and Human Services Agency (HHSA) holds an essential and central role in addressing the COVID-19 pandemic, which has included the reassignment of significant numbers of staff members to critical COVID-19 response activities. The Yolo County MHSA programming for 2021–2022 has been affected by the situation.

COVID-19 changed many lives in unpredictable and unexpected ways. This has included widespread job losses due to repeated and varying shelter shut-downs and business closures as well as changes and fluctuations in operational and work capacity due to remote schooling, COVID-19 exposures, and illness and death resulting from the pandemic. The enduring nature of this pandemic has created employment shortages and contributed to lower productivity due to illness.

Most recently, Yolo County has been impacted by the "Great Resignation." In addition to the loss of staff members, recruitment of new employees has been as significant a challenge. The county job vacancy rate is unprecedented.

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

For updated information on COVID-19 guidance, recommendations, and alerts, please visit:

https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/covid-19

How to Get Help in Yolo County

Update 2022–2023

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

Yolo County HHSA Directory Line

NEW: Yolo County Health and Human Services Agency Phone Line
Toll Free: (833) 744-HHSA (4472)
The new number provides access to services for callers who do not know how to reach the programs or services directly.

Access & Crisis Lines

24/7 Yolo County Mental Health Services
Deaf callers will need to call the toll-free number for behavioral health. California Relay Services: 711

Toll Free: (888) 965-6647
TDD: (800) 735-2929
Website: https://www.yolocounty.org/government/general-government-departments/health-human-services/mental-health

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

NAMI (National Alliance on Mental Illness), Yolo Message Line
Contact: (530) 756-8181

Suicide Prevention 24/7
Davis: (530) 756-5000
Woodland: (530) 666-7778
West Sacramento: (916) 372-6565

National Suicide Prevention Lifeline
(800) 273-(TALK) 8255

Nacional de Prevención del Suicidio
(888) 628-9454

Protective Services

Yolo County Adult Protective Services
Toll Free Adult Abuse Reporting 24/7 Intake Line: (888) 675-1115
Adult Abuse Reporting (24/7 Intake Line): (530) 661-2727
Locations:
25 N. Cottonwood Street
Woodland, CA 95695
Website: https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/adult-protective-services

Yolo County Child Welfare Services
Emergency: 911
Online Form: https://www.yolocounty.org/home/showpublisheddocument/55319/636743382093670000
Website: https://www.yolocounty.org/government/general-government-departments/health-human-services/children-youth/child-welfare-services-cws

CWS Reporting: (530) 669-2345
CWS Fax: (530) 661-6012

Emergency Child Respite Services

Yolo Crisis Nursery
Contact: (530) 758-6680
Email: info@yolocrisisnursery.org
Website: 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
Website: https://empoweryolo.org/crisis-support/

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

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

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

Empower Yolo, West Sacramento
Location: 1025 Triangle Court,
Suite 600
West Sacramento, CA 95465
Website: https://empoweryolo.org

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

Teen Line
Contact: 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

Website: https://www.teenline.org/

The Peer-Run Warm Line
Contact: 1-855-845-7415

Website: www.mentalhealthsf.org/peer-run-warmline/

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

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

SAMHA's Disaster Distress Line
Contact: 1-800-985-5990 or text TalkWithUs to 66746

Website: www.samhsa.gov/find-help/disaster-distress-helpline

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

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

MHSA Annual Update

2022–2023

Community Planning Process

Update 2022–2023

Community Engagement Process

Community engagement is an ongoing priority for all MHSA projects, programs, and innovations. In 2019, an extensive community planning process was undertaken to create the three-year MHSA plan (2020–2023). This 6-month planning process included three large MHSA educational sessions and 32 focus groups with more than 500 diverse participants, along with the development of the Community Engagement Work Group (CEWG), an ongoing advisory committee to guide the MHSA work. The goals of the community planning process were to:

1) Identify community issues related to mental illness
2) Analyze the mental health issues of the community
3) Identify and reevaluate priorities and strategies to meet those needs
4) Develop a structure for communication and engagement among the community, people served, service providers, and the county
5) Build alignment with the MHSA guiding principles:
    a. Community collaboration
    b. Cultural competence
    c. Client driven
    d. Family driven
    e. Wellness, recovery, and resilience focused
    f. Integrated service experience

The Local Mental Health Board, Board of Supervisors, and CEWG are all important entities in MHSA's efforts to maintain transparency and collaboration with the community. Meetings with all these groups are ongoing; MHSA was discussed in meetings hosted in late 2021 and early 2022.

Local Mental Health Board

The Local Mental Health Board meets monthly and convened in September, October, and December 2021 to receive updates on the MHSA fiscal overview and surplus, proposed spending plan and budget, and relevant programmatic updates. The group reconvened in January 2022 and conducted additional meetings in April and May. MHSA funding parameters including challenges and opportunities for the FY 2022–23 budget were discussed, along with proposed spending and additional proposals for the annual update.

Board of Supervisors

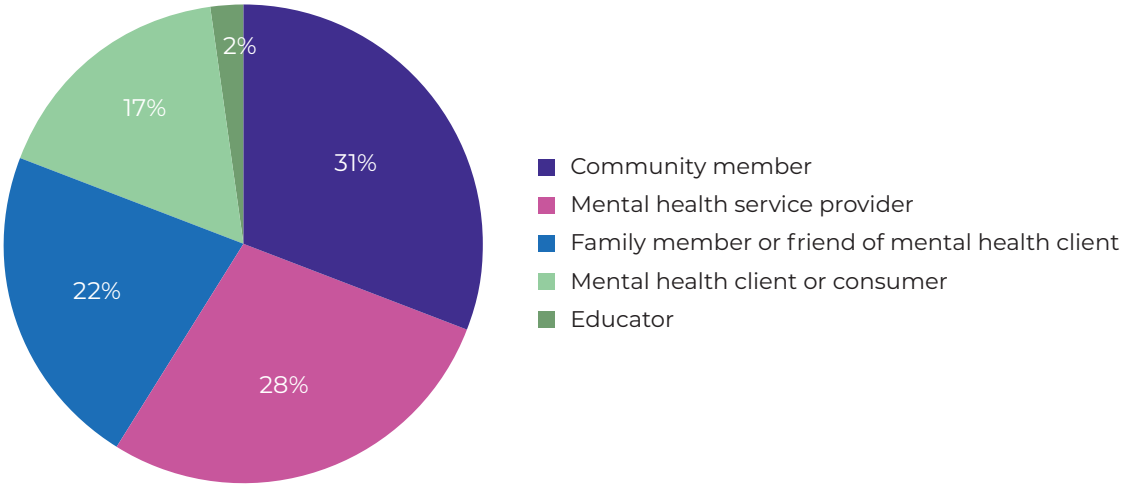
The Board of Supervisors meets twice a month and convened a Budget Ad Hoc Committee that met in November and December 2021 to review the MHSA surplus budget and spending plan. In January 2022, the board was presented with a spending plan and an update on the community engagement process, and in March 2022, the board was presented with an update on the mid-year spending plan. In May 2022, the board convened to review MHSA highlights, budget overview for FY 22-23, and the annual update process highlights and proposed spending.

Community Engagement Work Group

The CEWG generally meets monthly, is open to any stakeholder in Yolo County who wishes to participate, and serves as a partner to the HHSA. Stakeholders assist in the dissemination of information to the community and provide ongoing input to support the MHSA planning processes. CEWG meetings were hosted in September, October, and December 2021 and reconvened in February, March, and May 2022. The affiliation of meeting participants is shown in the pie chart.

Each monthly CEWG meeting incorporated a MHSA educational component, specific objectives, and discussion topics to create a forum for community participants to provide input, share ideas, identify community needs, and provide feedback and recommendations to inform the MHSA Annual Update process. Overall, the CEWG convened to recap the MHSA community planning process, review the MHSA evaluation components and timeline, and elicit MHSA feedback. The following table describes the CEWG meetings and topics during 2021–2022.

PARTICIPANT AFFILIATION



COMMUNITY ENGAGEMENT WORK GROUP (CEWG) MEETINGS AND TOPICS

Date	Topics discussed	Number of participants
September 30, 2021	▸ An overview of the MHSA 2021–22 Annual Report ▸ Components and timeline of the MHSA evaluation ▸ Review of results-based accountability ▸ Discussion of educational opportunities	18
October 21, 2021	▸ Overview of the MHSA regulations ▸ Description of the five MHSA components ▸ Discussion of focus group data ▸ Review of stakeholder surplus feedback ▸ MHSA financial update	19
December 16, 2021	▸ Discussion of surplus funding feedback and spending plan by component	15
February 10, 2022	▸ Annual update kick-off ▸ Mid-year spending plan update ▸ Gaps and needs discussion	30
March 31, 2022	▸ Interim mental health director introduction ▸ Continued annual update discussion ▸ Review of mid-year spending plan and remaining fund balance ▸ Review of community feedback ▸ Availability of capital facilities and technological needs ▸ Considerations, challenges, and opportunities for FY22-23 budget and beyond	39
May 12, 2022	▸ Annual update of proposed spending plan ▸ Review of additional proposals received status (Attachment 1: Community Proposals) ▸ California Department of Health Care Services clarifications	30

Demographic Update

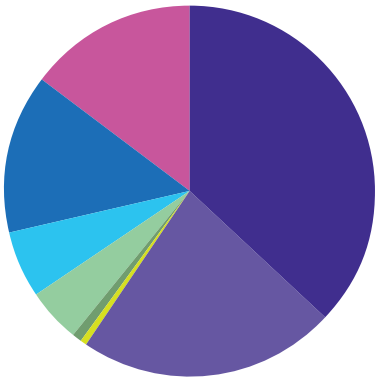
Update 2022–2023

Introduction

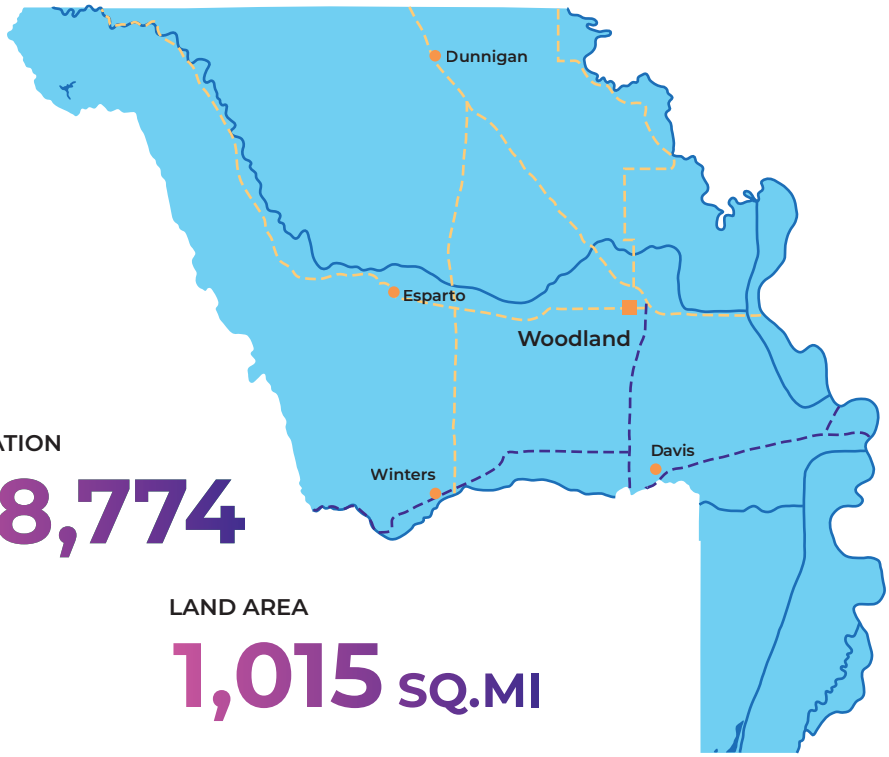
Yolo County is in Northern California and home to 218,774 people, according to recent estimates by the U.S. Census Bureau.

Yolo County is 93% urban and 7% rural. There are four incorporated cities in Yolo County—Davis, West Sacramento, Winters, and Woodland—where most of the population resides. In addition to these cities, there are several unincorporated communities—Brooks, Capay, Conaway, El Macero, Plainfield, Rumsey, and Zamora. Although a known agricultural area, UC Davis is also in Yolo County and has a population of approximately 35,000. The university creates a dichotomy in the region, bringing academics and students who specialize in medicine, law, and business management to Yolo County. UC Davis has the largest UC enrollment after UCLA and UC Berkeley. The demographics and health outcomes of the county can fluctuate regionally and seasonally with the influx and outflux of UC Davis affiliates.

RACE



- White, Not Hispanic or Latino **37%**
- White, Hispanic or Latino **23%**
- Asian **15%**
- Some Other Race **14%**
- Black or African American **6%**
- Two or More Races **5%**
- American Indian and Alaska Native **1%**
- Native Hawaiian and Other Pacific Islander **0.4%**



POPULATION

218,774

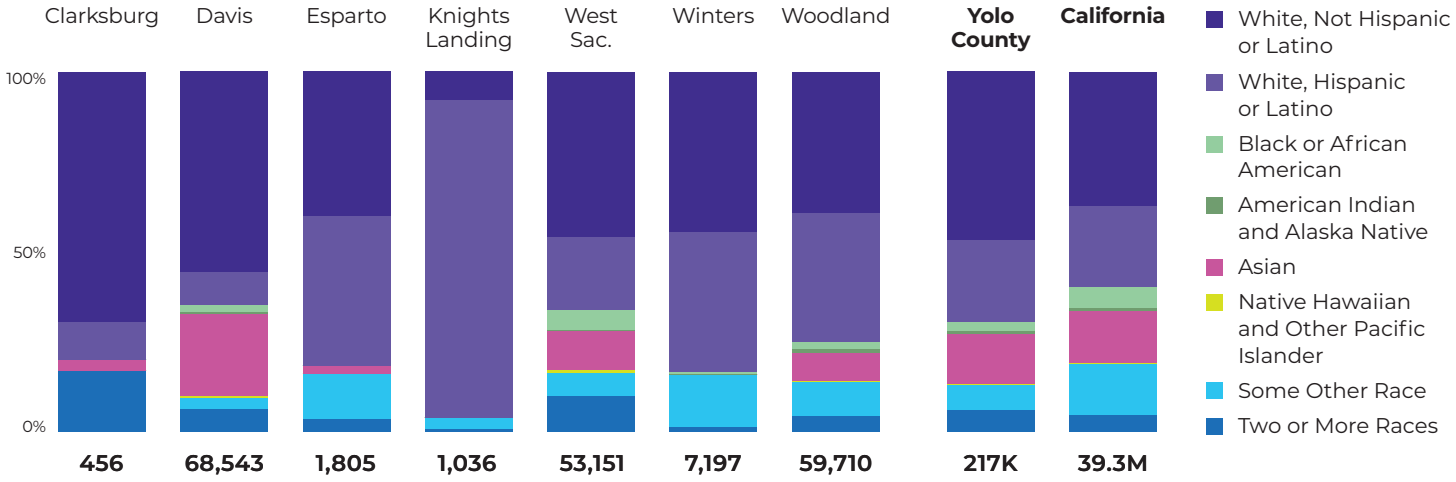
LAND AREA

1,015 SQ.MI

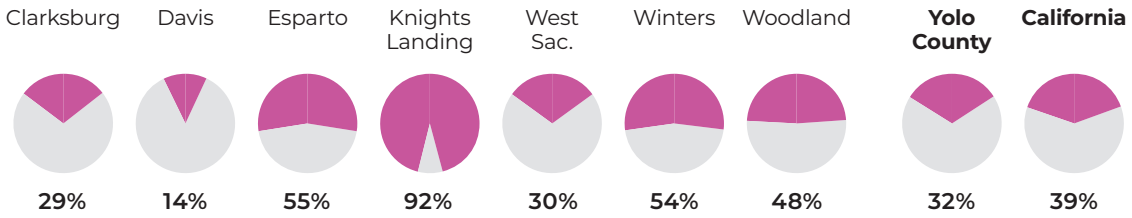
Updated demographic data for Yolo County's population is required by MHSA. The required information on race, ethnicity, gender, age, educational attainment, veteran status, language spoken at home, and median household income is included here. A brief snapshot of "How Healthy is Yolo County, California?" is also provided. This is done by including comparisons of Yolo County overall with California or the United States. It includes the following factors: life expectancy, racial disparity, adults with frequent mental distress, social equity, and youth who identify as LGBTQ.

2019 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES

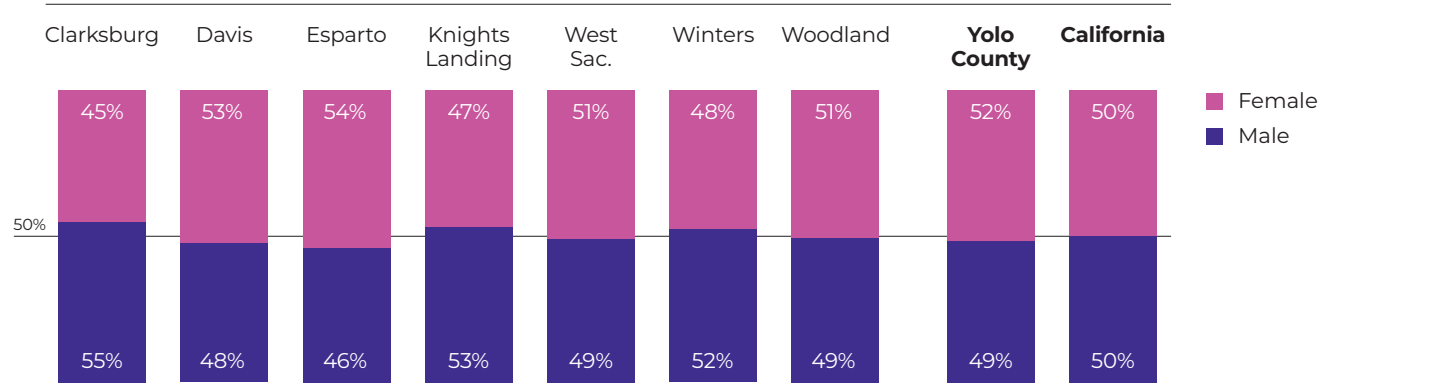
RACE AND TOTAL POPULATION



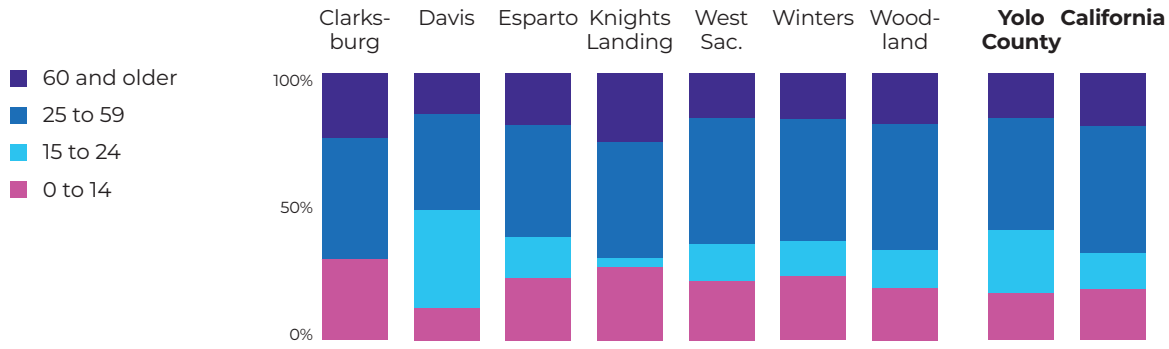
PERCENTAGE OF HISPANIC OR LATINO



SEX

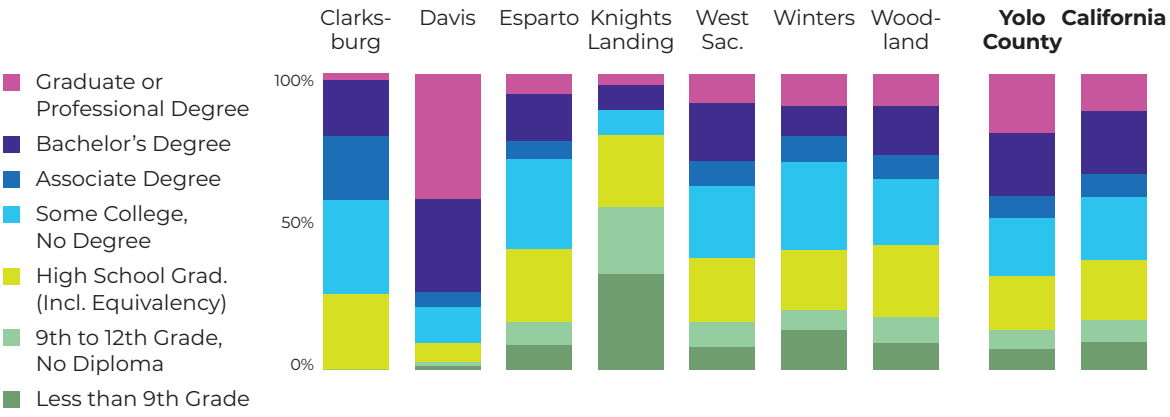


AGE



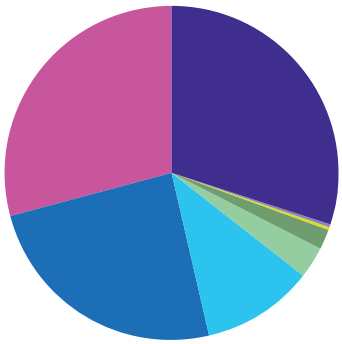
Rural communities, such as Esparto, Knights Landing, and Winters have larger percentage of younger people. Students of UC Davis contribute to the large share of population between 15 and 24 in Davis.

EDUCATIONAL ATTAINMENT (POPULATION 25 AND OLDER)



Davis leads in the share of population with graduate or professional degree; while Knights Landing has the largest share of people with less than 9th grade education.

DISTRIBUTION OF VETERANS IN YOLO COUNTY

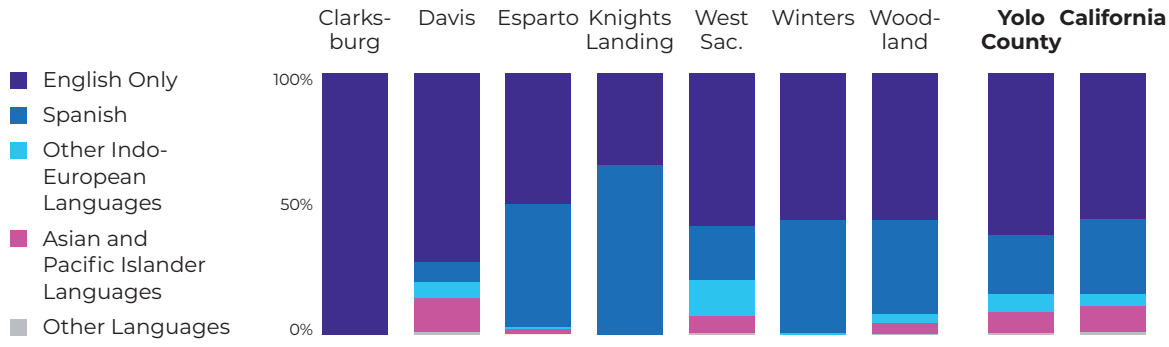


- Woodland **30%**
- West Sacramento **29%**
- Davis **25%**
- Yolo County (Other) **11%**
- Winters **3%**
- Esparto **2%**
- Knights Landing **0.2%**
- Clarksburg **0.1%**

TOTAL VETERANS

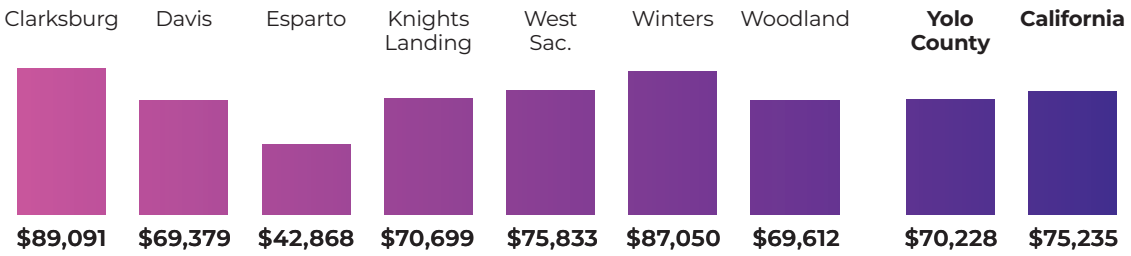
7,678

LANGUAGE SPOKEN AT HOME



English and Spanish are predominant, with Spanish being mostly preferred in rural communities. Asian languages are more popular in Davis than in any other city in Yolo County.

MEDIAN HOUSEHOLD INCOME



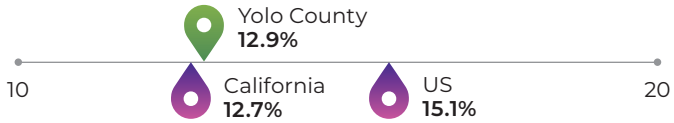
U.S. NEWS AND WORLD REPORT (2022): HOW HEALTHY IS YOLO COUNTY, CALIFORNIA?

LIFE EXPECTANCY, YEARS

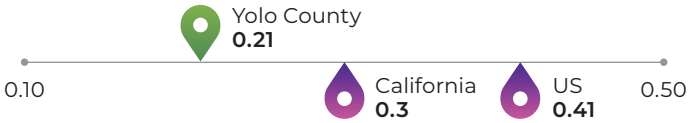
RACIAL DISPARITY IN POVERTY

Lower score on a scale of 0 to 1 indicates smaller gap in poverty rates across racial and ethnic groups

ADULTS WITH FREQUENT MENTAL DISTRESS



SOCIAL EQUITY



Lower score from 0 to 1 indicates a community is more racially and ethnically integrated

YOUTH WHO IDENTIFY AS LGBTQ, 2019

YOLO COUNTY

10.4%

CALIFORNIA

9.1%

Data Sources:

U.S. Census Bureau. (2022). *Quickfacts: Yolo County, California.* Quick Facts. Retrieved January 6, 2022, from https://www.census.gov/quickfacts/fact/map/yolocountycalifornia/PST045219

U.S. Census Bureau. (2022). *Demographic and Housing Estimates—Yolo County and County Subdivisions.* American Community Survey 2019 5-Year Estimates. Retrieved January 6, 2022, from https://data.census.gov/cedsci/table?g=0400000US06_0500000US06113_1600000US0613784%2C0618100%2C0622846%2C0686034%2C0686328&tid=ACSDP5Y2019.DP05

U.S. Census Bureau. (2022). *Selected Social Characteristics—Yolo County and County Subdivisions.* American Community Survey 2019 5-Year Estimates. Retrieved January 6, 2022, from https://data.census.gov/cedsci/table?g=0400000US06_0500000US06113_1600000US0613784%2C0618100%2C0622846%2C0686034%2C0686328&tid=ACSDP5Y2019.DP02

U.S. Census Bureau. (2022). *Selected Economic Characteristics—Yolo County and County Subdivisions.* American Community Survey 2019 5-Year Estimates. Retrieved January 6, 2022, from https://data.census.gov/cedsci/table?g=0400000US06_0500000US06113_0600000US0611393790_1600000US0618100%2C0622846%2C0686034%2C0686328&tid=ACSDP5Y2019.DP03

The Annie E. Casey Foundation. (2022). *Number of youth who identify as LGBTQ.* Kids Count Data Center. Retrieved January 6, 2022, from https://datacenter.kidscount.org/-data/tables/8971-number-of-youth-who-identify-as-lgbtq?loc=6&loct=5#detailed/5/1156-1213/false/1729/any/21344

System Capacity Assessment

Update 2022–2023

Yolo County HHSA's capacity to implement mental health programs and services are described here. The county services providers have strengths and limitations that affect their ability to meet the needs of racially and ethnically diverse populations. Most Yolo County residents (62.3%) only speak English; 22.2% speaks Spanish and 7.7% speaks an Asian or Pacific Islander language.

Bilingual Proficiency

The county's HHSA bilingual proficiency is reflected in its bilingual mental health staff count as follows:

- Korean: 1 staff member
- Mandarin: 2 staff members
- Russian: 1 staff member
- Vietnamese: 1 staff member
- Tagalog: 1 staff member
- Spanish: 10 staff members (the Yolo County network of providers has 34 bilingual Spanish-speaking staff members, including HHSA)

Source: Yolo MHP NACT [Network Adequacy Certification Tool] Data April 2021.

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

In regards to 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 when compared to other medium-size counties for all populations. 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 6.25% to Yolo County's rate of 7.43% (see table on the opposite page).

Strengths and Limitations

HHSA has made progress to increase the recognition and value of racial, ethnic, and cultural diversity despite civil unrest through several efforts from 2020 to present. The county strives to demonstrate equitable practices, policies, and programs across internal departments and throughout the community.

Strengths: The new Yolo County MHSA Three-Year Program and Expenditure Plan FY 2020-2023 increased investments in the Cultural Competence Program, and a new diversity, equity, and inclusion coordinator position was established to support this critical work in HHSA and in the community. Activities are underway in HHSA through the Mental Health Career Pathways and Central Regional WET Partnership Programs to strengthen workforce retention and recruit well-trained, diverse, and high-quality staff members in the county's mental health service delivery system. Additional efforts are being undertaken through developing policy and procedures to recruit a more diverse workforce. Mental health messaging is currently being developed in partnership with a liaison to the Russian- and Ukrainian-speaking communities to develop culturally and linguistically appropriate messaging to distribute in a multimedia mental health campaign. This trans-adapted messaging will include tips to combat worry, nervousness (anxiety), sadness, irritability (depression), etc., and how and where to get appropriate services if they need more help. Efforts will also include identifying trusted messengers (cultural brokers) to assist in delivering these messages. This project is part of a larger mental health stigma reduction effort.

Limitations: One limitation is limited Russian-speaking staff members. HHSA has bilingual staff members, but some of them (including Russian speaking) do not provide direct services. Service needs among our Russian community members and clients are being addressed by Communicare and Children's Alliance. Through collaborative work with community partners, HHSA's Cultural Competence program staff is building inroads for outreach to and a needs assessment for the Russian-speaking community along with creating Cultural Considerations workshops for the staff and community.

MEDI-CAL APPROVED CLAIMS DATA FOR YOLO COUNTY MHP CALENDAR YEAR 2020

	Yolo County			Average Medium-Size County	Statewide
	Average Number of Eligibles per Month	Number of Beneficiaries Served per Year	Percentage Receiving Services of Those Eligible*		
TOTAL					
	55,914	1,824	3.26%	3.87%	4.55%
AGE GROUP					
0–5	6,418	106	1.65%	1.11%	2.00%
6–17	13,477	647	4.80%	4.60%	6.22%
18–59	28,414	925	3.26%	4.40%	4.82%
60+	7,606	146	1.92%	2.95%	2.84%
GENDER					
Female	30,181	849	2.81%	3.64%	4.26%
Male	25,733	975	3.79%	4.13%	4.89%
RACE AND ETHNICITY					
White	13,706	700	5.11%	5.77%	6.27%
Hispanic/Latino	23,014	508	2.21%	2.74%	3.83%
African American	2,463	183	7.43%	6.25%	7.98%
Asian/Pacific Islander	4,153	51	1.23%	2.15%	2.13%
Native American	392	21	5.36%	5.85%	6.76%
Other	12,188	361	2.96%	4.63%	4.68%

* This is commonly referred to as "penetration rate"—a measure of the number of persons receiving mental health and substance use disorder services out of the Medi-Cal-eligible population.

Source: Behavioral Health Concepts (BHC) External Quality Review Organization (EQRO); YOLO MHP ACA Approved Claims CY 20 as of July 20, 2021

Program Summary Table

Update 2022–2023

Program Name	Status 22/23	Branch	Target Number FY22/23	Target Age	Page
Community Services & Supports (CSS) Plan					
Adult Wellness Services Program	Started	AA	285	26–59	30
Children's Mental Health Services	Started	CYF	90	0–20	33
Co-Occurring Disorder Assessment and Intake-AB2265	New	AA	750	16+	35
Community Based Drop-In Navigation Center	Started	AA	400	16+	36
Mental Health Crisis Services & Crisis Intervention Team Training	Started	AA	2,000	16+	38
Older Adult Outreach Assessment Program	Started	AA	60	60+	40
Pathways to Independence	Started	AA	75	16–25	42
Peer- and Family-Led Support Services	Started	AA	500	16+	45
Public Guardian Case Manager(s)	New	AA	145	18+	47
Supportive Housing and Social Service Coordination	New	AA	30	18+	49
Tele-Mental Health Services	Started	AA	600	16+	50
Prevention & Early Intervention (PEI) Plan					
American Rescue Plan Matching Funds for Mental Health Projects	New	CHB	N/A	16+	53
College Partnership	Started	CYF	175	16–25	54
Community Outreach and Engagement Campaign-Destigmatize Housing	New	AA	N/A	16+	56
Cultural Competence	Started	CHB	N/A	0+	58
Early Childhood Mental Health Access & Linkage Program	Started	CYF	2,400	0–5	60
Early Signs Training and Assistance	Started	CHB	300	16+	61
K-12 School Partnerships	Started	CYF	7,500	6–18	64
Latinx Outreach/Mental Health Promotores Program	Started	AA	200	16+	66
Maternal Mental Health Access Hub	Pending	CHB	TBD	0–59	68
Mobile Hair Professionals to Support Mental Wellness and Connections	New	AA	300	16+	69
Public Media Campaigns	New	CYF	N/A	4+	70
Senior Peer Support Program	Started	AA	100	60+	71
Youth Early Intervention FEP Program	Canceled	CYF	25	0–25	73

Program Name	Status 22/23	Branch	Target Number FY22/23	Target Age	Page
Innovation (INN) Plan					
Crisis Now	Pending	AA	5,000	18+	74
Crisis Now Learning Collaborative	Completed	AA	N/A	18+	76
Integrated Medicine into Behavioral Health	Canceled	N/A	N/A	N/A	
Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation	Started	N/A	N/A	18+	77
Workforce, Education, and Training (WET) Plan					
Central Regional WET Partnership	Started	AA	N/A	6+	78
Mental Health Career Pathways (BBS Clinical Supervision)	Started	AA	N/A	6+	79
Mental Health Professional Development	Started	AA	N/A	6+	80
Peer Workforce Development Workgroup	Started	AA	N/A	16+	81
Capital Facilities & Technological (CFTN) Plan					
IT Hardware/Software/Subscription Services	Started	AA	N/A	NA	82
Peer-Run Housing	Canceled	AA	N/A	N/A	
CSS; PEI; INN; WET					
Evaluation	Started	ALL	N/A	NA	84

Budget Summary Table

Update 2022–2023

Program Name	1-year budget 22/23	Revised 3-year budget 21/22	Revised 3-year budget 22/23	Change in 3-year budget
Community Services & Supports (CSS) Plan				
Adult Wellness Services Program	$7,484,590	$17,534,493	$19,649,774	$2,115,281
Children's Mental Health Services	$1,093,992	$2,108,945	$2,598,021	$489,076
Co-Occurring Disorder Assessment and Intake-AB2265	$525,650	$0	$525,650	$525,650
Community Based Drop-In Navigation Center	$1,180,165	$3,266,142	$3,271,731	$5,589
Older Adult Outreach Assessment Program	$1,990,811	$4,810,961	$5,141,062	$330,101
Mental Health Crisis Services & Crisis Intervention Team Training	$2,705,352	$5,226,235	$5,799,617	$573,382
Pathways to Independence	$2,651,634	$5,950,199	$6,466,179	$515,980
Peer and Family Led Support Services	$170,000	$300,000	$370,000	$70,000
Public Guardian Case Manager(s)	$246,667	$0	$246,667	$246,667
Supportive Housing and Social Service Coordination	$100,000	$0	$100,000	$100,000
Tele-Mental Health Services	$1,248,574	$4,157,433	$3,412,863	($744,570)
Prevention & Early Intervention (PEI) Plan				
American Rescue Plan Matching Funds for Mental Health Projects	$500,000	$0	$500,000	$500,000
College Partnership	$189,208	$514,133	$514,133	$0
Community Outreach and Engagement Campaign-Destigmatize Housing	$300,000	$0	$300,000	$300,000
Cultural Competence	$929,243	$2,516,942	$2,516,942	$0
Early Childhood Mental Health Access & Linkage Program	$400,000	$1,200,000	$1,200,000	$0
Early Signs Training and Assistance	$464,685	$1,079,073	$1,279,073	$200,000
K-12 School Partnerships	$3,868,705	$3,640,678	$7,010,834	$3,370,156
Latinx Outreach/Mental Health Promotores Program	$505,179	$1,172,172	$1,272,172	$100,000
Maternal Mental Health Access Hub	$100,000	$300,000	$300,000	$0
Mobile Hair Professionals to Support Mental Wellness and Connections	$7,500	$0	$7,500	$7,500
Public Media Campaigns	$300,000	$0	$300,000	$300,000
Senior Peer Support Program	$100,000	$146,800	$198,400	$51,600
Youth Early Intervention FEP Program	$0	$582,421	$352,421	($230,000)
Innovation (INN) Plan				
Crisis Now Learning Collaborative	$0	$1,640,679	$145,000	($1,495,679)
Crisis Now	$5,973,930	$0	$5,973,930	$5,973,930
Integrated Medicine into Behavioral Health	$0	$0	$0	$0
Planning and Stakeholder Input Process for Crisis System Redesign and Implementation	$500,000	$0	$614,000	$614,000

Program Name	1-year budget 22/23	Revised 3-year budget 21/22	Revised 3-year budget 22/23	Change in 3-year budget
Workforce, Education, and Training (WET) Plan				
Central Regional WET Partnership	$48,298	$130,486	$130,486	$0
Mental Health Career Pathways (BBS Clinical Supervision)	$69,369	$146,667	$146,667	$0
Mental Health Professional Development	$56,747	$167,422	$167,422	$0
Peer Workforce Development Workgroup	$3,614	$30,265	$30,265	$0
Capital Facilities & Technological (CFTN) Plan				
IT Hardware/Software/Subscription Services	$1,601,948	$3,708,405	$4,085,679	$377,274
Peer-Run Housing	$0	$500,000	$0	($500,000)
CSS; PEI; INN; WET				
Evaluation	$236,858	$572,174	$586,863	$14,689
Totals	**$35,552,719**	**$61,402,725**	**$75,213,351**	**$13,810,626**

The proposed funding and cost per client estimates are inclusive of all direct funding within the programs, including MHSA, Realignment, Federal Financial Participation (FFP) and other funding.

The complete budget can be found starting on page 86.

See Attachment 4: MHSA Contractor List on page 263 for details on contractors by program.

Community Services and Supports (CSS) Plan

Update 2022–2023

Community Services and Supports (AA) ● FSP ● Non-FSP

Program name: **Adult Wellness Services**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ● County

Program Description

The Adult Wellness Services Program includes the HHSA wellness centers, two contracted FSP programs by Telecare and 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. Additional supportive services are delivered in the two adult wellness centers, where consumers can gather and access an array of consumer-driven services and social and recreational programming. These wellness centers also provide access to case management, psychiatry, and the continuum of services across the county.

The adult FSP programs have been contracted to two county providers. Telecare operates Adult FSP, the Transition-Age Youth (TAY) FSP program including a TAY drop-in wellness space, MHSA housing, and the Assisted Outpatient Treatment Program (AOT). Hope Cooperative operates the Adult FSP, Older Adult FSP, and MHSA housing programs. The services also include an HHSA Forensics FSP Team that has 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 the client, 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.

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

Goal 1	Meet the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with serious mental illness who may be experiencing 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 promote wellness, recovery, and independent living.
Objective 2	Reduce the impact of living with serious mental illness (e.g., homelessness, incarceration, isolation).
Objective 3	Promote the development of life skills and opportunities for meaningful daily activities.

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$7,484,590	**285**	**$26,262**

UPDATE: During the pandemic, the Wellness Center went from in-person services to all virtual groups, trained its staff to use the technology, and purchased needed equipment to support remote services. In FY21/22, all TAY, adult, and older adult nonforensic FSP clients were transitioned to two external providers, each with 50 adult treatment slots. To ensure timeliness of services, the community suggested adding two mental health clinician positions to the HHSA Forensic Team this year to provide a specialty program intake and assessment hub to promote greater health and well-being and shorten the average length of stay in jail for people with behavioral health needs.

One-year pilot funding will be provided to the Adult Day Health Centers (ADHC) to start their Pathways program, a care coordination program for adults and older adults utilizing an interdisciplinary team of social workers, nurses, rehabilitation specialists, nutritionists, and activity specialists to provide robust support to individuals in the MHSA target population. ADHC will use this funding to hire community health workers, a program supervisor, and a social worker to add critical supports and enhancements to the existing ADHC supports. Pilot funding will allow ADHC to begin building a CalAIM model of care and contract with Partnership Health Plan to bring in funding to continue and expand the program.

The program intends to ramp up services to 60 individuals by the end of the first year. Additional funding will be added to TAY, adult, and older adult FSP provider contracts to add 20 more client service slots to each contract (for a total of 240 FSP slots) and cost of living adjustments (COLAs; 5%). In light of the current employment environment, COLAs are part of the county staff recruitment and retention effort to support contracted providers and attract qualified staff members to serve clients with the most need.

Although HHSA, North Valley Behavioral Health, the Save Pine Tree Gardens committee, and other stakeholders have allocated significant resources the past several years to Pine Tree Gardens, a gap in service needs for non-FSP clients residing at both PTG homes remains. To help close this gap, additional funding will be added to the current NVBH contract to add a case manager position to support non-FSP clients in both homes. Although the job duties and structure of the overall position will be finalized by HHSA and NVBH, it is intended for this positions to serve a variety of needs for the non-FSP clients at PTG and should be noted that similar supports are already in place and available for FSP clients of PTG homes. The envisioned duties include activities and support that help new PTG clients acclimate to their new homes through frequent connections to support their needs, ensure they get settled in, and build a plan around their needs while they're in the home, which could include activities of daily living, financial literacy, how to care for your space and your home, scheduling and time management, and medication management. For clients who find they are ready to move on to their next living situation, this position would support 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 the connections in the community to make them successful. The case manager would meet with the clients a few times after moving out of PTG to help support their stability and provide any additional resources needed. As with any position in this role, the work would be done with a trauma-informed, strength-based approach.

SERVICE CONTRACTORS

Telecare Corp & TLCS, Inc dba Hope Cooperative; Yolo Community Care Continuum; North Valley Behavioral Health

Community Services and Supports (CYF 0–20) ● FSP ● Non-FSP

Program name: **Children's Mental Health Services**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

Target Population: ● Children Aged 0–20 ○ Transitional-Age Youth Aged 16–25 ○ Adults Aged 26–59 ○ Older Adults Aged 60+

Administered by: ● Contractor ● County

Program Description

The Children's Mental Health Services Program provides a comprehensive blend of outreach and engagement, systems development, and contracted FSP services. A county-operated children's mental health program provides access, linkage, case management, and individual and family services for children and youth up to age 20. The Bridges FSP program is operated by Turning Point Community Programs and serves children and youth ages 0-15 with severe emotional disturbance who meet medical necessity for specialty mental health services and have unmet or undermet mental health treatment needs. Additionally, the Children's Mental Health Services Program provides services to children who are Latinx or English learners, which are delivered by bilingual–bicultural clinicians. Services are available to children countywide and include outreach to rural areas of the county, where a disproportionate number of Yolo County residents are English learners and experience poverty.

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

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

- Homelessness or insecure housing
- Foster placement (including children transitioning to less-restrictive environments)
- Involvement with the 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 Bridges FSP 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 as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- Providing navigation and linkages to families in need of resources in the community for mental health services through a family partner.
- Operating a 24-hour crisis phone line to provide support to the child or family from a person known to the family and familiar with the family's needs.
- Referring and linking clients to other community-based providers for other needed social services and primary care.
- Providing transportation to and from services.

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

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$1,093,992	**90**	**$12,155**

UPDATE: Yolo County will add funding to the existing Bridges FSP program that serves children and youth aged 0–15 with the intent of expanding the age range for program participants to 0–20, the number of youth who can be served by the program, and the scope of services by allowing the contractor to provide services that are not traditionally billable to Medi-Cal and allowing direct-to-client costs to support client needs.

Yolo will add one FTE behavioral health case manager to the county-operated children's mental health program through June 2023. This position will responsible for tracking, coordination, and linkage for children and youth who have experienced or are at risk of psychiatric hospitalization. The case manager will collaborate with emergency departments and psychiatric hospitals to ensure coordination of care during a crisis or hospitalization episode and provide case management and transition support posthospitalization with mental health service providers, schools, family, etc. in an effort to improve service delivery for youth who have experienced a crisis episode and reduce hospitalization incidents. This is a non-FSP position.

Further, the county will fund a 5% COLA for FSP provider contracts. In light of the current employment environment, COLAs are part of the county staff recruitment and retention efforts to support contracted providers in attracting qualified staff members to serve clients with the most need.

SERVICE CONTRACTOR

Turning Point Community Programs

Community Services and Supports (AA) ● FSP ● Non-FSP

Program name: **Co-Occurring Disorder Assessment and Intake – AB 2265**

Status: ○ Started ○ Pending ○ Canceled ● New 22/23

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

Administered by: ● Contractor ● County

Program Description

MHSA funds will be used to cover initial clinical assessments completed by the HHSA access team staff and CommuniCare Health Centers staff to determine if an individual has any co-occurring mental health and substance use disorders. This program will also cover subsequent referral activities and fund ongoing mental health treatment to persons assessed as having co-occurring disorders as long as 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 will be referred to substance use treatment and MHSA funding will no longer be 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, as well as any ongoing substance use disorder case management services provided by HHSA's internal substance use disorder staff, will be funded by MHSA via use of AB 2265 billing codes.

Yolo County has also arranged for CommuniCare Health Centers to provide in-person screening for co-occurring disorders during initial clinical assessments through the navigation center, referring those assessed as having co-occurring disorders to the appropriate treatment provider(s). This team will also be funded with MHSA via AB 2265 billing codes.

Goal 1	To increase the number of assessments completed for co-occurring disorders.
Goal 2	To increase the number of referrals to appropriate providers for the treatment of individuals with co-occurring disorders.
Objective 1	To provide assessments that address the presence of a co-occurring disorder to any client who requests county services.
Objective 2	To provide appropriate treatment, focused on the needs of individuals with co-occurring disorders.

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$525,650	**750**	**$701**

Community Services and Supports (AA) ● FSP ● Non-FSP

Program name: **Community-Based Drop-In Navigation Center**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

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

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

Key activities of the Community-Based Drop-In Navigation Center 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 supports.
- Providing resources and information on skills for daily living.
- Providing programs, services, group support, and socialization activities at the center.
- Referring and linking consumers to other community-based providers for general services, social services, and primary care.
- Assisting community members recently released from jail, hospitals, or other institutions who are not currently accessing services.

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.

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$1,180,165	**400**	**$2,950**

UPDATE: CommuniCare Health Center staffs the county's Davis behavioral health clinic, providing behavioral health services, access, and community resource navigation for all who request it. Three clinicians complete county behavioral health service screenings and full initial clinical assessments for serious mental illness services. Further, case management and peer staff members assist with resource linkages, system navigation, and transportation. The navigation service team also conducts assessments and provides services at the Davis Respite Center during business hours.

SERVICE CONTRACTOR

CommuniCare Health Centers

Community Services and Supports (AA) ○ FSP ● Non-FSP

Program name: **Mental Health Crisis Services and Crisis Intervention Team (CIT) Training**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ○ Contractor ● County

Program Description

Mental Health Crisis Services

Yolo County'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, including urgent psychiatric medication evaluations, in Davis, West Sacramento, and Woodland during regular business hours. Further, at any day or time, when a Yolo County Medi-Cal beneficiary, indigent individual, or existing Yolo County client is placed on an involuntary psychiatric hold by the local 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.

As of July 2021, 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 and to assess whether the person should be referred for immediate behavioral health intervention. Currently, five co-responder clinicians are embedded with the cites of Davis, Woodland, West Sacramento, and Yolo County probation and sheriff departments. Staff members provide phone and in-person responses to the community, when available, when a family member or loved one reports an individual in crisis. Postcrisis, a staff member follows up with any persons know to the county to have recently been in crisis to ensure effective service access and referral linkages.

Key activities of Mental Health Crisis Services support outcomes around:

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

CIT Training

Yolo County 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 mental health 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 county 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.

Key activities of the CIT trainings support outcomes around improved recognition of mental health needs in the community by law enforcement

professionals and by providing them with intervention tools to intervene appropriately by:

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

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

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$2,705,352	**2,000**	**$1,353**

UPDATE: The program supports the county's co-responder project, which pairs HHSA crisis clinicians with local law enforcement officers from four local agencies in responding to behavioral health crises in the community. Additional CIT training is being offered to law enforcement personnel countywide as of July 2021, coordinated by HHSA's crisis supervisor.

Crisis Now funding will be used to fill additional project needs and staffing to support the 24/7 call center. Additional funding has been added to this program to help support the enhanced crisis response, navigation, and coordination pieces of the Crisis Now project that will launch in 2023.

Community Services and Supports (AA) ● FSP ● Non-FSP

Program name: **Older Adult Outreach and Assessment Program**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ● County

Program Description

The Older Adult Outreach and Assessment Program provides a blend of 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 or co-occurring substance abuse problems or be experiencing the onset of mental illness. This program includes case management, psychiatric services, and a continuum of services across the county. Additionally, the program coordinates services with the Older Adult Senior Peer Support Program Volunteers PEI Program.

The adult FSP programs have been contracted to two county providers. Telecare operates Adult FSP, the TAY FSP program including a TAY drop-in wellness space, MHSA housing, and the AOT.Hope Cooperative operates the Adult FSP, Older Adult FSP, and MHSA housing programs.

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, and substance abuse 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, and linkages to other services.
- Educating consumers and families or other caregivers regarding mental health diagnosis and assessment, psychotropic medications and their expected benefits and side effects, services and 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 the HHSA Adult Protective Services staff.
- Coordinating with the Public Guardian's Office regarding conservatorship of consumers no longer capable of self-care.
- Coordinating with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- Coordinating with assisted-living opportunities to provide a smooth transition, when needed.
- Coordinating with the Senior Peer 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, or Medicare, and referrals to advocacy services.
- Referring and linking consumers to other community-based providers for other needed social services and primary care.
- Delivering mobile services, including assessment and treatment, to reach older adults who cannot access Yolo HHSA in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goal 1	Provide treatment and care that promote 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.

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$1,990,811	**60**	**$33,180**

UPDATE: During the pandemic, the Wellness Center went from in-person services to all virtual groups, trained its staff to use the technology, and purchased needed equipment to support remote services. In FY21/22, all TAY, adult, and older adult nonforensic FSP clients were transitioned to two external providers, each with 50 adult treatment slots. To ensure timeliness of services, the community suggested adding two mental health clinician positions to the HHSA Forensic Team this year to provide a specialty program intake and assessment hub to promote greater health and well-being and shorten the average length of stay in jail for people with behavioral health needs.

One-year pilot funding will be provided to the Adult Day Health Centers (ADHC) to start their Pathways program, a care coordination program for adults and older adults utilizing an interdisciplinary team of social workers, nurses, rehabilitation specialists, nutritionists, and activity specialists to provide robust support to individuals in the MHSA target population. ADHC will use this funding to hire community health workers, a program supervisor, and a social worker to add critical supports and enhancements to the existing ADHC supports. Pilot funding will allow ADHC to begin building a CalAIM model of care and contract with Partnership Health Plan to bring in funding to continue and expand the program.

The program intends to ramp up services to 60 individuals by the end of the first year. Additional funding will be added to TAY, adult, and older adult FSP provider contracts to add 20 more client service slots to each contract (for a total of 240 FSP slots) and cost of living adjustments (COLAs; 5%). In light of the current employment environment, COLAs are part of the county staff recruitment and retention effort to support contracted providers and attract qualified staff members to serve clients with the most need.

Although HHSA, North Valley Behavioral Health, the Save Pine Tree Gardens committee, and other stakeholders have allocated significant resources the past several years to Pine Tree Gardens, a gap in service needs for non-FSP clients residing at both PTG homes remains. To help close this gap, additional funding will be added to the current NVBH contract to add a case manager position to support non-FSP clients in both homes. Although the job duties and structure of the overall position will be finalized by HHSA and NVBH, it is intended for this positions to serve a variety of needs for the non-FSP clients at PTG and should be noted that similar supports are already in place and available for FSP clients of PTG homes. The envisioned duties include activities and support that help new PTG clients acclimate to their new homes through frequent connections to support their needs, ensure they get settled in, and build a plan around their needs while they're in the home, which could include activities of daily living, financial literacy, how to care for your space and your home, scheduling and time management, and medication management. For clients who find they are ready to move on to their next living situation, this position would support 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 the connections in the community to make them successful. The case manager would meet with the clients a few times after moving out of PTG to help support their stability and provide any additional resources needed. As with any position in this role, the work would be done with a trauma-informed, strength-based approach.

SERVICE CONTRACTORS

Telecare Corp & TLCS, Inc dba Hope Cooperative; Yolo Community Care Continuum; North Valley Behavioral Health

Community Services & Supports (AA) ● FSP ● Non-FSP

Program name: **Pathways to Independence**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ● County

Program Description

The Pathways to Independence program provides outreach and engagement, systems development, and FSP services for youth aged 16–25 who meet medical necessity for county mental health services. The Pathways to Independence program assists youth with access to behavioral support services including assessment; individual, group, and family therapy; medication support services; and case management assistance (which includes but is not limited to assistance with transportation, obtaining housing, fulfilling basic needs, developing social supports, care coordination, and 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 TAY and includes a wide array of services that support recovery, wellness, and resilience to assist youth with remaining safe, living independently, and making a successful transition to self-supportive adulthood. The program seeks to fully implement the transition to independence process 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 for the Pathways to Independence FSP program is Yolo County youth aged 16–25 who are unserved, underserved, or inappropriately served and experience barriers to accessing mental health treatment services. This 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 but this will be increased to 75 in FY22/23. The adult FSP programs have been contracted to two county providers. Telecare operates Adult FSP, the TAY FSP program including a TAY drop-in wellness space, MHSA housing, and the AOT. Hope Cooperative operates the Adult FSP, Older Adult FSP, and MHSA housing programs.

The Pathways to Independence program will continue to address the needs identified through this year's and prior year's needs assessment, which emphasize access to case management and psychiatry and a continuum of services across the county that include professional and peer support provided through the TAY wellness center in Woodland. As part of the process, stakeholders identified a need for increased support for young people who are entering the mental health system and need help navigating the service system.

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

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

health, education, job training, employment, housing, socialization, and independent living skills.

- Providing seamless linkages between the child, youth, and family mental health system and the adult and aging mental health system, as appropriate.
- Providing medication management services and nursing support, if needed.
- 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 as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- Transporting youth clients to and from mental health appointments or other program activities.
- Helping youth obtain a driver's license when appropriate.
- Providing a TAY-specific Wellness Center with youth-oriented programming.

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.

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$2,651,634	**75**	**$35,355**

UPDATE: During the pandemic, the Wellness Center went from in-person services to all virtual groups, trained its staff to use the technology, and purchased needed equipment to support remote services. In FY21/22, all TAY, adult, and older adult nonforensic FSP clients were transitioned to two external providers, each with 50 adult treatment slots. To ensure timeliness of services, the community suggested adding two mental health clinician positions to the HHSA Forensic Team this year to provide a specialty program intake and assessment hub to promote greater health and well-being and shorten the average length of stay in jail for people with behavioral health needs.

The program intends to ramp up services to 60 individuals by the end of the first year. Additional funding will be added to TAY, adult, and older adult FSP provider contracts to add 20 more client service slots to each contract (for a total of 240 FSP slots) and cost of living adjustments (COLAs; 5%). In light of the current employment environment, COLAs are part of the county staff recruitment and retention effort to support contracted providers and attract qualified staff members to serve clients with the most need.

Although HHSA, North Valley Behavioral Health, the Save Pine Tree Gardens committee, and other stakeholders have allocated significant resources the past several years to Pine Tree Gardens, a gap in service needs for non-FSP clients residing at both PTG homes remains. To help close this gap, additional funding will be added to the current NVBH contract to add a case manager position to support non-FSP clients in both homes. Although the job duties and structure of the overall position will be finalized by HHSA and NVBH, it is intended for this positions to serve a variety of needs for the non-FSP clients at PTG and should be noted that similar supports are already in place and available for FSP clients of PTG homes. The envisioned duties include activities and support that help new PTG clients acclimate to their new homes through frequent connections to support their needs, ensure they get settled in, and build a plan around their needs while they're in the home, which could include activities of daily living, financial literacy, how to care for your space and your home, scheduling and time management, and medication management. For clients who find they are ready to move on to their next living situation, this position would support 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 the connections in the community to make them successful. The case manager would meet with the clients a few times after moving out of PTG to help support their stability and provide any additional resources needed. As with any position in this role, the work would be done with a trauma-informed, strength-based approach.

SERVICE CONTRACTORS

Telecare Corp; Yolo Community Care Continuum; North Valley Behavioral Health

Community Services and Supports (AA) ○ FSP ● Non-FSP

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

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

Peer- and Family-Led Support Services are psychoeducation groups and other support groups targeting peers and families. The services help consumers: (1) understand the signs and symptoms of mental health and resources, (2) promote awareness of mental health resources and develop ways to support and advocate for an individual or loved one to access needed services, and (3) receive support to cope with the impact of mental health for an individual or 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 your caregiver; 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 appropriate.

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

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$170,000	**500**	**$340**

UPDATE: Provision of these services was hindered by COVID-19, although NAMI Yolo County moved some educational and support groups to online platforms. The contractor has significantly grown its educational class and support group offerings and will add 1.50 FTE to develop a pool of paid peers and staff members to facilitate support groups and mental health education. This will provide more consistency with available facilitators and peers and also offer an opportunity for peers to be employed and earn income for their important role and service.

SERVICE CONTRACTOR

NAMI Yolo County

Community Services and Supports (AA) ● FSP ● Non-FSP

Program name: **Public Guardian Case Managers**

Status: ○ Started ● Pending ○ Canceled ● New 22/23

Target Population: ○ Children Aged 0–5 ● Transitional-Age Youth Aged 18–25 ● Adults Aged 26–59 ● Older Adults Aged 60+

Administered by: ○ Contractor ● County

Program Description

Public guardians are court-appointed conservators for adults who are gravely disabled due to severe mental illness, incapable of accepting or unwilling to accept treatment voluntarily, and cannot 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 through the Superior Court for conservatorship and coordinates appropriate services, treatment, food, clothing, shelter, and estate management for conserved individuals.

Public guardians collaborate with other agencies, other county departments, private facilities and practitioners, and individuals to bring the 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 come from custody settings, the complexity of criminal justice involvement with behavioral health needs have made placements and ongoing support more challenging. To support this growing caseload, Public Guardian is adding two full-time behavioral health case managers 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 will ensure adequate in-person contact and follow-up that is not possible with the current staffing levels.

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, and conservatee 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.

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 assets of each conservatee.
Objective 1	Ensure each conservatee is receiving the appropriate level of care and all 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.

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$246,667	**145**	**$1,701**

Community Services and Supports (AA) ● FSP ● Non-FSP

Program name: **Supportive Housing and Social Services Coordination**

Status: ● Started ○ Pending ○ Canceled ● New 22/23

Target Population: ○ Children Aged 0–5 ● Transitional-Age Youth Aged 18–25 ● Adults Aged 26–59 ● Older Adults Aged 60+

Administered by: ● Contractor ○ County

Program Description

Individuals with severe mental illness, living independently in various housing settings, are often more successful when they have access to coordinated and supportive services in these settings. The presence of dedicated supportive housing or social service coordinators at both Pacifico and Homestead permanent supportive housing (PSH) programs in Davis and additional PSH units throughout the county will ensure residents have on-site access to the necessary supports and services to remain successfully housed and avoid homelessness.

These coordinators will provide PSH residents with:

- Case management
- Group counseling
- Initial and ongoing needs assessments
- Monthly individual check-ins
- Referrals to community resources
- Linkages to substance use disorder intervention services
- Coordination of access to various county, state, and federal eligibility programs
- Crisis intervention
- Assistance with activities of daily living

Goal 1	Ensure PSH residents remain successfully housed.
Goal 2	Support PSH residents in achieving and maintaining behavioral health and wellness.
Objective 1	Provide PSH residents with on-site access to social service supports, community resources, and referrals to address pre-existing and emerging needs.
Objective 2	Provide PSH residents with on-site access to routine and urgent behavioral health supports.

FY22/23 Budget	Number to be Served FY22/23	Cost per Person
$100,000	**30**	**$3,333**

Community Services and Supports (AA) ● FSP ● Non-FSP

Program name: **Tele-Mental Health Services**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ● County

Program Description

Yolo County mental health clinics currently use telepsychiatry to expand adult consumer access to a prescriber. Telepsychiatry appointments are supported by an in-clinic medical assistant and nursing staff. County prescribers use the tele-mental health software to serve HHSA clients' medication needs.

In addition to telepsychiatry, Yolo County provides adult community members in crisis who seek HHSA support with access to an HHSA prescriber via telehealth. Although this provider is housed on-site in one HHSA clinic, individuals in crisis at the other two county mental health walk-in clinics have access to these staff members via secure teleconferencing. Prescribers can provide medication evaluations, bridging medications (between existing psychiatric medication appointments with a routine provider), crisis evaluations, and prescriptions for psychiatric medication.

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

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

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$1,248,574	**600**	**$2,081**

UPDATE: During COVID-19, all HHSA mental health prescribing staff members use either phone or HIPAA-compliant electronic platforms to serve new and routine mental health clients. Three dedicated prescribers use the tele-mental health software to deliver services to clients in clinic.

SERVICE CONTRACTOR

Locum Tenens

Prevention and Early Intervention Program Plan

Update 2022–2023

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:

- Cultural Competence

EARLY INTERVENTION

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

Yolo County Programs/Strategies:

- K-12 School Partnerships
- College Partnership
- Senior Peer Support Program
- Maternal Mental Health Access Hub

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 & 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
- American Rescue Plan Matching Funds for Mental Health Projects
- Community Outreach and Engagement Campaign– Destigmatize Housing
- Mobile Hair Professionals to Support Mental Wellness and Connections
- Public Media Campaigns

SUICIDE PREVENTION

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

Yolo County Programs/Strategies:

- Early Signs Training and Assistance
- Cultural Competence

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

Prevention and Early Intervention (CHB) ● Under 25 ● Over 25

Program name: **American Rescue Plan Matching Funds for Mental Health Projects**

Status: ○ Started ○ Pending ○ Canceled ● New 22/23

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

Administered by: ○ Contractor ● County

Program Description

MHSA funding to match the $500,000 in local American Rescue Plan funds allocated for mental health services in the following categories:

Outreach & Engagement to Improve Mental Health and Well-Being (20% allocation; MHSA Match $100,000)

Fund the proposed Art and Mental Health project and Interactive Healing Arts project as a combined arts collaborative.

- Art and Mental Health (MHSA Match $65,000): This project is intended to be time limited as a direct response to the immediate and anticipated mental health impacts of the COVID-19 pandemic with the hope that a countywide proposal for mental health and art will be the product.
- Interactive Healing Arts Project (MHSA Match $35,000): The Interactive Healing Arts Project gives a voice, points to, and shares resources to help alleviate the toll on the county's collective mental health and thus, potentially contributes to health and economic recovery as a community.

Mini-Grant Education and Training (45% allocation; MHSA Match $225,000)

Fund a mini-grant program in which community-based organizations apply to provide support to disproportionately affected communities. Applicants can also apply for funding to provide trainings for staff, peer workforce, or the community.

Mini-Grant Direct Services (35%; MHSA Match $175,000)

Fund a mini-grant program in which community-based organizations apply to provide support or programming from individuals with lived experience.

Goal 1	To improve health outcomes for the community.
Objective 1	Provide tools and resources for mental health improvement and wellness.
Objective 2	Reduce stigma associated with seeking help and link residents to appropriate mental health services throughout Yolo County.

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$500,000	**TBD**	**TBD**

Prevention and Early Intervention (CYF 16–25) ● Under 25 ○ Over 25

Program name: **College Partnership**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

The College Partnership Program is a contracted service with CommuniCare Health Centers in collaboration between Woodland Community College and community-based organizations to provide engagement, access, and linkage services for college students who are at risk of, beginning to, or currently experiencing mental health problems with the goal of promoting recovery, resilience, and connection to mental health services for those in need. Additionally, the program promotes health and well-being for college students through the provision of physical and behavioral health services. This new program builds on the successes of the college-based wellness center program developed in the previous three-year plan and expands to a more robust college-based behavioral health program, providing a broad array of engagement, prevention, early intervention, and both physical and behavioral health intervention services. The College Partnership Program braids MHSA and Medi-Cal funding with funds from Woodland Community College to expand the array of mental health services and supports available on college campuses.

The vision of this partnership is to increase access to mental health services in locations that are easily accessible to college-age students. The program expands the current, more limited array of services and supports available to students to more fully integrate mental health services into the college system by offering a full range of site-based services to include wellness center activities and services, screening, assessment, and physical and behavioral health services. Additionally, the program 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 to increase knowledge of healthy living habits and the 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 faculty and staff.
- Offering educational opportunities for students and staff including health and wellness fairs, behavioral wellness classes, workshops, trainings, and flex presentations.
- Participating in ongoing collaborative implementation and program coordination with the school site.

Goal 1	Connect students to appropriate prevention or mental health treatment services in college settings.
Goal 2	Expand and augment behavioral health services to enhance service access, delivery, and well-being for college students.
Objective 1	Prevent the development of mental health challenges through early identification, resources, and support.
Objective 2	Address existing mental health challenges promptly with assessment, referral, and short-term treatment.
Objective 3	Increase capacity to support student wellness on school campuses.

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$189,208	**175**	**1,081**

UPDATE: Service startup was delayed until January 19, 2021. Collective impacts of the pandemic interfered with the project timeline.

SERVICE CONTRACTOR

CommuniCare Health Centers

Prevention and Early Intervention (AA) ● Under 25 ● Over 25

Program name: **Community Outreach and Engagement Campaign—Destigmatize Housing**

Status: ○ Started ○ Pending ○ Canceled ● New 22/23

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

Administered by: ● Contractor ● County

Program Description

Recognizing the concern about board-and-care facilities closing throughout the state, HHSA contracted with Resource Development Associates to conduct a board-and-care study for Yolo County. This study was finalized in April 2019 and had several key findings and recommendations, including: the need to develop a full continuum of care that allows for step-down housing and reserves higher levels of care for consumers who need them; support existing board-and-care homes while looking to new innovative models to meet the growing need for adult residential care systems; assessing community housing needs semiregularly; and the need for 35 to 50 local step-down options for Yolo County clients.

Since that study, HHSA has collected data multiple times on estimated need and found that it largely remains the same. As recently as December 2021, 20 individuals were awaiting step-down from higher levels of care and 39 individuals were placed in board-and-care facilities outside Yolo County that could return to the county if adequate board-and-care options were available.

Additionally, in 2019, HHSA, Office of the County Administrator, public defender, probation, district attorney, and Yolo County housing staff members collaborated on two state grant applications to bring housing and substance use treatment facilities to Yolo County to expand the continuum of options for people who are homeless or at risk of experiencing homelessness and involved in the criminal justice system. The first application was to purchase and renovate two properties for individuals being served in diversionary programs that had wraparound supports and needed interim housing while permanent housing was secured. The second application was to purchase and renovate one property to add eight to 12 residential substance use treatment beds, including two detoxification beds, given the lack of local resources for these needs. According to the 2019 Point-in-Time Count, approximately 14% of those surveyed (93 individuals) identified as having co-occurring mental health and substance use needs, with 60 being unsheltered, and 47% of those surveyed (309) had a criminal conviction, with 208 being unsheltered. These data support the need for the application to develop two additional houses to serve clients with criminal justice involvement and co-occurring needs. In addition to the homelessness count data, for the second application, it was noted that in FY 18/19, the average wait time for residential treatment placement once referred was 39 days, with those being incarcerated waiting approximately 40% longer for placement into a program. It was based on this need that the partners pursued the second application.

Since that time, all departments have worked diligently to bring these projects to fruition. Unfortunately, there have been many obstacles along the way, one of which was significant community feedback in opposition of these new locations when a property was found to be suitable for the grant needs. The Board of Supervisors asked the staff to develop a community engagement work plan around these efforts to better inform the public of the needs and potential programs and hear concerns with the hope that creating a countywide ongoing effort would lead to easier approval and support in the future. To be successful in siting new board-and-care facilities, interim and permanent housing options, and treatment programs, we need a more robust outreach and engagement campaign focused on this effort.

The recommended solution is to release a request for proposals to find a vendor that could support a robust community outreach and engagement campaign throughout the county.

Goal 1	Reducing stigma in the community associated with housing and program opportunities.
Goal 2	Making recommendations to address barriers and concerns that community members bring to light.
Objective 1	Work with county staff to develop a communication, outreach, and engagement strategy.
Objective 2	Compile and share data with the community regarding the unmet needs of Yolo County residents related to these housing supports.
Objective 3	Conduct town hall-type forums throughout Yolo County to share information and discuss questions, concerns, barriers, and solutions.
Objective 4	Work with county staff and key partners to implement components of the county's draft Community Engagement Strategies document, including strategies to reduce barriers, resolve concerns, and facilitate solutions to bring more housing and treatment programs to Yolo County.

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$300,000	**N/A**	**N/A**

Prevention and Early Intervention (CHB) ● Under 25 ● Over 25

Program name: **Cultural Competence**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ● County

Program Description

Yolo County HHSA remains committed to cultural competence, humility, and proficiency and strives to embed it in all 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.

For this new plan, Yolo County intends to increase its MHSA investments in cultural competence to ensure it reaches and serves all communities in the county. Cultural competence programming provides consistent workforce education in culturally and linguistically appropriate service delivery and the impact of social determinants of health and health disparities. Community outreach and engagement focus on promoting inclusion and building resilience in 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 but with an emphasis on monolingual Russian- and Spanish-speaking community members.

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

The program provides:

- Diversity, equity, and inclusion coordinator and staffing supports
- 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 (CC) 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

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 Competency Plan.
Objective 3	Provide targeted, culturally responsive outreach and support to vulnerable populations to reduce stigma and promote service engagement.
Objective 4	Increase understanding of the intersectionality of race, class, and culture to increase community resilience and health equity by offering supportive settings and facilitated discussion.

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$929,243	N/A	N/A

UPDATE: The new MHSA plan increased investments in the CC program and this year added a diversity, equity, and inclusion coordinator position and staffing supports. The CC work has been affected by the pandemic during the past fiscal year, with staffing challenges and resignations related to the ongoing economic trend that has been experienced nationally (i.e., Great Resignation). Efforts to resume the CC Committee were affected by these staff losses and continued COVID-19-related disruptions as remaining staff resources were reassigned to COVID-19 response efforts. However, throughout this time, HHSA engaged in various virtual activities to demonstrate the ongoing commitment to community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities. The CC plan was completed and submitted to the state for reporting compliance under the HHSA Mental Health Plan contract. Additionally, during this time, the staff began virtual re-engagement strategies by providing resources and building up messaging and presence among CC Committee members. A welcome back to the CC Committee kickoff took place on October 23, 2020, and monthly email resources are being distributed. Concurrently, the CC objective lead, Tessa Smith, for Team Equity! began holding monthly meetings since January 2021 to address the strategic plan objective of identifying internal systemic inequities and developing racial equity programming. The CC Committee reconvened in June 2021, and additional workgroups focused on older adults, the African diaspora, the LGBTQ community, and language-specific workgroups for Spanish and Russian speakers were created. The CC program is awaiting new staff members to support outreach and extended diverse engagement and inclusion in alignment with COVID-19 public health and safety guidelines.

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

Program name: **Early Childhood Mental Health Access and Linkage Program**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

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

The 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 for each, children and youth were not always linked appropriately. This program seeks to bridge this gap by placing a referral and access specialist in community settings to serve children aged 0–5.

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

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

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$400,000	**2,400**	**$167**

UPDATE: This existing program had no significant changes in the past year.

SERVICE CONTRACTOR
CommuniCare First 5 Yolo

Prevention and Early Intervention (CHB) ● Under 25 ● Over 25

Program name: **Early Signs Training and Assistance**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ● County

Program Description

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

This program addresses the need to enhance 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
- Parenting Children Experiencing Trauma Parent/RFA Training
- Group Peer Support Facilitator Training

1. 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 (https://www.qprinstitute.com/about-qpr).

2. 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 TAY (12–24) experiencing mental health or substance use problems or in mental health crisis situations. The training covers health challenges for youth, offers information on adolescent development, and includes a five-step action plan to help young people in both crisis and noncrisis situations.

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

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

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

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

3. Working Minds: Suicide Prevention in the Workplace Training

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

4. Parenting Children Experiencing Trauma

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

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

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

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

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

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

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

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$464,685	300	$1,549

UPDATE: The Mental Health First Aid virtual learning management system continued to experiences challenges such as delays, crashing, and freezing, and the staff is working to address these issues. This program also experienced staffing shortages, which directly affected the work. To meet the needs of the community, a 4-hour mental health training was developed titled "The Nature of Trauma and Resilience." This training was provided to a broad range of communities and adapted as needed for each group. Yolo County will increase funding to support the suicide prevention hotline for additional community access due to pandemic needs.

ASIST training has not been offered the last two years; however, prevention and early intervention will assess the need to offer this training when staff is available and trained. Educate, Equip, and Support: Building Hope has been eliminated and SafeTalk is discontinued until training updates and instructor training become available.

A new outreach specialist was recently hired who will undergo training to provide prevention and early intervention community training opportunities in FY 22/23.

SERVICE CONTRACTORS

California Mental Health Services Authority—North Valley Suicide Prevention; Suicide Prevention of Yolo County

Prevention and Early Intervention (CYF) ● Under 25 ○ Over 25

Program name: **K-12 School Partnerships Program**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

Target Population: ○ Children Aged 0–5 ● Children and Transitional-Age Youth Aged 6–18 ○ Adults Aged 26–59 ○ Older Adults Aged 60+

Administered by: ● Contractor ○ County

Program Description

The K-12 School Partnerships Program collaborates with school districts and community-based organizations to embed clinical staff members at schools throughout the county to provide a wide array of services including universal screening, assessment, referral, and treatment for children and youth aged 6–18. Similar to the ECMH Access and Linkage Program, the K-12 School Partnerships Program helps identify children and youth who need mental health services and expand the current service model to provide direct services and 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.

This new school-based program builds on two previous iterations of school-based MHSA programs to respond to stakeholder feedback regarding the need to expand access to mental health services on school campuses throughout the county. The focus of the newly designed K-12 School Partnerships Program is on leveraging MHSA, EPSDT, and Mental Health Student Services Act (MHSSA) funding to expand the array of mental health services and supports available on school campuses. The vision of these district-specific partnerships is to increase access to mental health services in locations that are easily accessible to students and families. The program expands the current, and more limited, array of services and support available to students to more fully integrate mental health services into school systems by utilizing an integrated systems model and multitiered systems of support. The goal of this integrated approach is to blend resources, training, systems, data, and practices to improve outcomes for all children and youth. It emphasizes prevention, early identification, and intervention regarding the social, emotional, and behavioral needs of students. Family and community partner involvement is critical to this framework.

The K-12 School Partnerships Program provides comprehensive and universal screening, identification, and referral services for children and youth aged 6–18 in school-based settings to: (a) provide prompt identification and intervention for potential issues; (b) provide timely access to and coordination of services to address existing issues at an appropriate service intensity; and (c) utilize evidence-based practices and data-driven decision making focused on ensuring positive outcomes for all children, youth, and their families. Children, youth, and their families are linked to the most suitable service, regardless of funding source or service setting (e.g., county, EPSDT, or school). Services are culturally responsive and embedded in schools in each district and provide community-, district-, and school-specific services to meet the unique needs of children, youth, and their families.

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

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

- Supporting children and youth to increase their social, emotional,

and coping skills, including anger management, distress tolerance, self-esteem, relationship building, and cognitive life skills.

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

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$3,868,705	**7,500**	**$516**

UPDATE: HHSA issued four requests for proposals on May 26, 2021, for the K-12 School Partnerships Program. The county received 10 proposals from four vendors on or about July 9, 2021, and issued intent-to-award letters to the selected providers on August 19, 2021. The providers selected are as follows:

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

Current funding is not adequate to bring the project to scale. The additional funds will allow for expansion of contracted services in the districts to take the project to a larger scale, serving more schools and children in their respective schools through June 2023. The funds will also support the project by augmenting staffing to include (but not limited to) an additional 0.5 FTE for the existing analyst because there are extensive data collection and analysis needs associated with the MHSA portion of this project. There will also be a budget increase for additional community support.

SERVICE CONTRACTORS

CommuniCare Health Centers; Victor Community Support Services; Rural Innovations in Social Economics, Inc.

Prevention and Early Intervention (AA) ● Under 25 ● Over 25

Program name: **Latinx Outreach/Mental Health Promotores Program**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

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

This program addresses several needs, including:

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

By utilizing promotores (a Latinx community member who receives training to provide basic health and mental health education in the community), information can be disseminated to the community in culturally appropriate ways. Promotores 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 can visits 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 English and Spanish.
- Using evidence-based practices and implementing quality-assurance practices.
- Increasing access to primary care, mental health, and substance abuse treatment services for Latinx residents of Yolo County, including weekly outreach activities and whole-person health screenings.
- Connecting Latinx residents to entitlement supports as needed.
- Providing screening, assessment, short-term solution-focused therapy, and access to psychiatric support for medication assistance to address mental health concerns.
- Reducing stigma and behavioral health underutilization in Latinx communities.

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

Estimated FY22/23 Costs	Estimated Number to Be Served	Estimated Cost/Person Served
$505,179	**200**	**$2,526**

UPDATE: The Promotores program not only continued its services this past year despite the ongoing pandemic, but also saw an increase in need. The current staffing does not allow the program to meet community needs, and both providers have experienced waitlists for their programs. Both CommuniCare & RISE will receive additional funding in FY22/23 to help meet this increased demand and ensure the Latinx community gets these vital supports.

SERVICE CONTRACTORS

CommuniCare Health Centers; Rural Innovations in Social Economics, Inc.

Prevention and Early Intervention (CHB) ● Under 25 ● Over 25

Program name: **Maternal Mental Health Access Hub**

Status: ○ Started ● Pending ○ Canceled ○ New 22/23

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

Administered by: To be determined

Program Description

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

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

A proposed full-time clinician will:

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

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$100,000	**TBD**	**TBD**

UPDATE: This program was delayed due to the departure and vacancy of the director of public health nursing and limited nursing staff resources. These staff members were redirected to support county emergency response efforts to the COVID-19 pandemic. A new director of public health nursing was recently brought on who will have the purview to guide the development of this program in FY 22-23.

Prevention and Early Intervention (AA) ● Under 25 ● Over 25

Program name: **Mobile Hair Professionals to Support Mental Wellness and Connections**

Status: ○ Started ○ Pending ○ Canceled ● New 22/23

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

Administered by: ● Contractor ○ County

Program Description

COVID-19 has disproportionately affected people living with a mental illness, a substance use disorder, or both, especially people of color, which highlights that health equity is still not a reality in many communities in Yolo County. The mental wellness effects of living with a mental illness, such as low-self-esteem, anger management issues, relationship struggles, difficulty balancing work and life, anxiety about death, and stress of competition, have all increased dramatically due to the pandemic and especially among those living with serious mental illness and serious emotional disturbance. Also, in 2020, due to pandemic restrictions, the hair care industry was deemed nonessential. Thus, many hair care professionals experienced significant financial losses and are still struggling to sustain business demands and expenses, and the accessibility and affordability of a great haircut experience have significantly decreased postpandemic.

The Giveback program will improve the mental wellness of members of the Yolo County community in two ways: employing hair care professionals affected by the COVID-19 pandemic and providing free haircuts and connections to social services for adults living with mental illness and other disabilities in Yolo County by working with nonprofit partners. With a budget of $7,500, this talented team of mobile hair care professionals will give free haircuts for 6 hours every 21 days for 1 year to residents living at numerous housing locations serving people with serious mental illness throughout Yolo County. Giveback will also host five mental wellness giveback events across Yolo County, at which free haircuts, showers, vaccinations, HIV and hepatitis C testing, clothes, food, toys, hygiene products, and information regarding mental health and social services in coordination with the county and nonprofit partners will be offered.

The project will help an important segment of the community—both hair care professionals, who often are a source of advice, counsel, and friendship for their clients, and individuals who receive haircuts or participate in the mental wellness giveback events. Giveback will provide hair care professionals with an incredible opportunity to earn additional income while helping people in need by providing guaranteed appointments on specific days and improving the mental wellness of those who need it most through free haircuts and genuine conversation. In addition, the Giveback mental wellness giveback events will connect people living with mental illness to goods and services and provide an opportunity for meaningful social interaction.

The interactions will help both hair care professionals and the people served increase their confidence, decrease anxiety, foster community, and simply enjoy social interactions during and after the unpredictable, economically unstable, and protracted pandemic. Yolo County will conduct a procurement process once approved to contract for this service quickly to ensure this program launches as early in FY 22/23 as possible.

Goal 1	Improve the self-esteem, anger management abilities, relationship struggles, work-life balance, and confidence of people living with a serious mental illness in various housing settings throughout the county through haircuts, shared connection, and support.
Objective 1	Provide on-demand haircuts to support every 21 days with a different nonprofit housing partner throughout Yolo County, serving the MHSA target population of TAY, adults, and older adults.
Objective 2	Organize and host five mental wellness giveback events throughout Yolo County, connecting clients with their community, organizations, and partners.

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$7,500	300	$25

Prevention and Early Intervention (CYF) ● Under 25 ● Over 25

Program name: **Public Media Campaigns**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

Target Population: ● Children Aged 4+ ● Transitional-Age Youth Aged 16–25 ● Adults Aged 26–59 ● Olders Adult Aged 60+

Administered by: ● Contractor ○ County

Program Description

HHSA received significant community and stakeholder feedback regarding the widespread challenges the community was facing on the heels of the COVID-19 pandemic. According to the Mayo Clinic, national and worldwide data indicate significant increases in symptoms of stress, anxiety, depression, and insomnia throughout the pandemic. Additionally, the stigma associated with mental health and accessing mental health supports can increase feelings of isolation. Stigma harms health and well-being in many ways and stigmatized groups may often be deprived of the resources they need to care for themselves and their families. In response to this feedback, HHSA allocated funding for a series of public media campaigns to address wellness strategies to increase resilience and provide information about mental health and access to mental health services. HHSA intends to use a multiphase process to address these identified needs over at least two separate public media campaigns.

For the first public media campaign, Yolo County partnered with EMRL to develop "It Only Takes," a countywide wellness campaign. This campaign was developed to increase awareness about stress-reduction strategies and increase wellness across the community by focusing on lifestyle changes that encourage personal resilience in times of high stress. The campaign shares unique, easy toxic stress reduction techniques, backed by research, including the California Surgeon General's recommendations on stress busters. These include prioritizing a good night's sleep, spending time with loved ones, practicing resilience skills, breaking old habits, asking for help, and maintaining a healthy diet.

The "It Only Takes" campaign is being implemented in a two-phase process. Objectives completed in Phase 1 included: campaign research, interviews with county supervisors, brand, voice, and website development, billboard creation, and design of a children's activity book. The campaign is now heading into Phase 2. In Phase 2, the work will expand with online ads, smaller outdoor signs, a flashcard set, other materials as needed, and reporting. Phase 2 is scheduled to be completed by June 30, 2022, and the associated contract will sunset at that time.

Although "It Only Takes" was designed as a broad, community-wide campaign to address wellness strategies to increase resilience, the second campaign is intended to focus on more significant mental health symptoms and access to mental health services. The second campaign aims to reduce the stigma associated with accessing mental health services. To achieve this, HHSA intends to issue an RFP for a second public media campaign with the remaining funds allocated, approximately $300,000.

Goal 1	Build resilience and promote mental wellness across the Yolo County community through increased awareness of coping strategies.
Goal 2	Raise awareness about the mental health continuum, reduce stigma associated with mental illness, promote help seeking behaviors and emotional well-being practices.
Objective 1	Create countywide campaign including building of campaign website, five billboards, flash cards, coloring books, and TV spots.
Objective 2	Create countywide campaign to address mental health symptom identification and how to seek help in Yolo County.

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$300,000	N/A	N/A

SERVICE CONTRACTOR EMRL (expired)

Prevention and Early Intervention (AA) ○ Under 25 ● Over 25

Program name: **Senior Peer Support Program**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

The Senior Peer 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 counselors 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 counseling. Volunteers and staff members employ wellness and recovery principles, addressing both immediate and long-term needs of program members and delivering services in a timely manner with sensitivity to the cultural needs of those served.

Key activities 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 counselor volunteers.
- Training peer counselors in mental health resources, signs of mental illness, and how to work with older adults experiencing mental illness.
- Visiting older adults in the home or community to provide companionship and social support.
- Coordinating with the Friendship Line, a warmline and hotline that 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.

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

Estimated FY22/23 Costs	Estimated Number to be Served FY22/23	Estimated Cost/Person Served
$100,000	100	$1,000

UPDATE: Yolo Hospice is now doing business as YoloCARES and provides Senior Peer Support Program as part of its supportive care programming. This programming includes all levels of palliative care, caregiver support, bereavement counseling, and spiritual care. YoloCARES provides volunteer services to Yolo County residents aged 60 or older who may be experiencing signs and symptoms of mental illness and/or are at risk of losing their independence. Based on the program's goals and structure, staff members created a short interview process to measure program effectiveness. Conducting telephone interviews with each client, they found after visiting with a senior peer counselor, clients felt comforted, hopeful, in good spirits, and relieved. Clients reported that the services provided by the program increased their socialization and reduced their loneliness, supported them as they adjusted to retirement, provided community resources, and helped them navigate family conflict.

This program will receive a budget increase to cover the full cost of a dedicated program coordinator involved in the Senior Peer Support Program. Further, the added funds will allow for increased communication and marketing for the program services and volunteer opportunities in the community.

SERVICE CONTRACTORS

YoloCARES

Prevention and Early Intervention (CYF) ● Under 25 ○ Over 25

Program name: **Youth Early Intervention First-Episode Psychosis (FEP) Program**

Status: ○ Started ○ Pending ● Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

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

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

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

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

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

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$0	N/A	N/A

UPDATE: The Youth Early Intervention Program had previously been a component of the county-based TAY program (that included the Pathways to Independence program and other components). The program is still being implemented by Yolo County HHSA; however, it is no longer funded through MHSA and will no longer be included in the required MHSA reports.

Innovation Plan

These are proposed INN programs and budgets pending MHSOAC approval.

Update 2022–2023

Innovation (AA) ○ FSP ● Non-FSP

Program name: **Crisis Now**

Status: ○ Started ● Pending ○ Canceled ● New 22/23

Target Population: ○ Children Aged 0–5 ● Transitional-Age Youth Aged 18–25 ● Adults Aged 26–59 ● Older Adults Aged 60+

Administered by: ● Contractor ● County

Program Description

Based on lessons learned from previous programs and the assistance of experts sponsored by the Mental Health Services Oversight and Accountability Commission, the Crisis Now model is recommended as a highly effective methodology to meet the needs of individuals in mental health crisis who may otherwise end up in the emergency room, at risk of suicide, or involved in the criminal justice system. There is a growing consensus that providing crisis services when a person is "out of control" or "a danger to self or others" is insufficient. The goal of the Crisis Now model is to provide wide-ranging crisis care that prevents individuals 18 or older from falling through the cracks between mental health episodes. These cracks occur because of interminable delays for services deemed essential based on professional assessments and are often attributable to two critical gaps: the absence of real-time coordination of outgoing services and linked, flexible services specific to crisis response. Because of these gaps in care, individuals often exit emergency departments against medical advice or are released from police custody and disappear until the next crisis occurs.

A broader conceptualization of crisis response must include crisis prevention, early intervention, and postcrisis services and support. As a result, the Crisis Now model focuses on the following three elements:

- High-tech crisis call centers that coordinate all aspects of an immediate crisis response.
- Mobile crisis outreach teams that work in the community with those at risk to reduce the need for uniformed officers to provide behavioral health triage in the community (currently provided by HHSA through the MHSA partially funded Co-Responder Program).
- Facility-based crisis centers (i.e., crisis receiving or sobering centers) that divert those experiencing a behavioral health crisis from emergency departments and provide crisis specific interventions in safe and secure environments.

MHSA Innovation funding will be used to partially fund HHSA's crisis receiving center.

Key activities of the Crisis Now model include:

- Using evidence-based safe care practices such as trauma-informed care and zero suicide.
- Engaging individuals at risk in a discussion about thoughts of suicide and experiences of psychic pain.
- Exploring individuals' strengths and resources while building hope for recovery, empowering them to work toward securing their safety.
- Offering law enforcement (and other first responders) a more appropriate alternative to address crises than local emergency rooms.
- Employing a multidisciplinary approach to crisis resolution.
- Providing a safe environment for care and recovery from behavioral health crises.
- The full Crisis Now Innovation Proposal is included with this report as part of the public comment period. Thereafter, this proposal will be submitted to the Mental Health Services Oversight & Accountability Commission for approval.

Goal 1	Improve how HHSA meets the needs of individuals in behavioral health crisis who may otherwise end up in the emergency room, at risk of suicide, or involved in the criminal justice system.
Goal 2	Provide integrated care resulting in linkage to follow-up services that may prevent crisis recurrence.
Objective 1	Prevent or ameliorate a behavioral health crisis or reduce acute symptoms of mental illness by providing 24-hour observation and supervision for people who do not require inpatient services.
Objective 2	Provide community-based interventions to support individuals in crisis wherever they are, including home, school, or any other community location.
Objective 3	Provide a "no wrong door" mechanism for those in crisis to receive immediate behavioral health services.

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$5,973,930	**5,000**	**$1,195**

Full Innovation Plan details can be found in the appendix.

Innovation (AA) ○ FSP ● Non-FSP

Program name: **Crisis Now Learning Collaborative**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23 ● Completed

Target Population: ○ Children Aged 4+ ● Transitional-Age Youth Aged 18–25 ● Adults Aged 26–59 ● Olders Adult Aged 60+

Administered by: ● Contractor ○ County

Program Description

Yolo County intends to take part in MHSOAC's proposed multicounty collaborative to use the Crisis Now model to develop a systematic approach to meeting urgent mental health needs in its communities. The overarching goal of the collaborative would be to evolve cost-effective crisis services that offer real-time access to care in lieu of justice system or emergency department involvement. The collaborative will address these issues by deploying a replicable framework that has demonstrated success in multiple communities throughout the nation. The framework includes quantifying community needs, defining opportunities to evolve care based on those needs, and projecting the potential community impact and cost of implementing new models of care.

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

Goal 1	Ensure Yolo County's crisis services match community need, community access to crisis care is enhanced, and overall cost savings are realized
Objective 1	Raise awareness about the mental health continuum, reduce stigma associated with mental illness, promote help seeking behaviors and emotional well-being practices.
Objective 2	Understand current crisis service access points and gaps
Objective 3	Enhance crisis service cost-tracking mechanisms across providers

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$0	N/A	N/A

UPDATE: HHSA personnel engaged with the Crisis Now Academy (referred to locally in Yolo as the Learning Collaborative), including weekly technical assistance support, as the county developed a new regional behavioral health crisis response system with local stakeholders and surrounding counties. Yolo County's participation in this academy was part of an MHSOAC incubator project, with Yolo County contributing $145,000 in local MHSA INN funds to support this work. HHSA's participation in this academy helped county officials conceptualize the redesign of local adult system crisis response, learn from other communities across the nation about different components of the Crisis Now model, and utilize tools and resources from the academy to begin analyzing what the Crisis Now model could look like in Yolo County in terms of community need and total funding required and the potential cost of various systems with a crisis redesign. This project created a foundational base for HHSA to engage with community stakeholders for planning, redesign, and preparation work that would need to take place to bring the Crisis Now model to Yolo County.

Innovation (AA) ○ FSP ● Non-FSP

Program name: **Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23 ○ Completed

Target Population: ○ Children Aged 4+ ● Transitional-Age Youth Aged 18–25 ● Adults Aged 26–59 ● Olders Adult Aged 60+

Administered by: ● Contractor ● County

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 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, the staff will engage with local partners including the local health system providers, the MHSA Community Engagement Workgroup, the 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 reviewing best practices, utilizing proven tools to calculate local need, and engaging 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. The following are expected uses of this additional funding during this preparatory implementation process and all 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
- Train 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 required equipment, including suicide-safe furniture
- Staff members required to support these efforts

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$614,000	**N/A**	**N/A**

Workforce, Education, and Training Plan

Update 2022–2023

Workforce, Education, and Training (AA)

Program name: **Central Regional WET Partnership**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

Target Population: ○ Children Aged 0–5 ● Children and Transitional-Age Youth Aged 6–25 ● Adults Aged 26–59 ● Older Adults Aged 60+

Administered by: ● Contractor ● County

Program Description

In FY19/20, $40 million was appropriated to fund the California Office of Statewide Health Planning and Development's (OSHPD) 2020–2025 Workforce, Education, and Training (WET) five-year plan. Counties have been invited to apply for WET funding grants by way of their regional partnerships in five key areas, as long as each participating partnership provides a 33% local match. Yolo County is a part of the Central Regional Partnership, along with 18 other counties, which has access to a total OSHPD grant amount of $6,463,031 during the five-year period.

Goal 1	Provide funding opportunities to attract and retain well-trained, diverse, and high-quality staff 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 graduate students to support professional internships in the county system.

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$48,298	**20**	**$2,415**

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

SERVICE CONTRACTOR

Regional Partnership Memorandum of Understanding with California Mental Health Services Authority

Workforce, Education, and Training (AA)

Program name: **Mental Health Career Pathways (BBS Clinical Supervision)**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

Target Population: ○ Children Aged 0–5 ● Children and Transitional-Age Youth Aged 6–25 ● Adults Aged 26–59 ● Older Adults Aged 60+

Administered by: ● Contractor ○ County

Program Description

In an increasingly competitive work environment, retaining qualified professionals is critical to the support and infrastructure of a robust mental health plan. Many clinical staff members often have significant experience providing clinical services to clients, but 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 Board of Behavioral Sciences for licensure. Without the training and support needed for this clinical supervision, staff members can experience greater rates of burnout and leave the workforce or seek other employment opportunities that provide the training and support needed, ultimately affecting client care.

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$69,369	**20**	**$3,468**

UPDATE: As of July 2021, HHSA offers state-approved clinical supervision to master's-level clinical staff members in need of such to attain their state mental health professional license.

Workforce, Education, and Training (AA)

Program name: **Mental Health Professional Development**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

Target Population: ○ Children Aged 0–5 ● Children and Transitional-Age Youth Aged 6–25 ● Adults Aged 26–59 ● Older Adults Aged 60+

Administered by: ○ Contractor ● County

Program Description

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

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.

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$56,747	**40**	**$1,419**

Workforce, Education, and Training (AA)

Program name: **Peer Workforce Development Workgroup**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ○ Contractor ● County

Program Description

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

Support for the peer staff occurs through:

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

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

- Group facilitation strategies
- Conflict resolution
- De-escalation techniques
- Compassion and empathy development
- Self-care strategies
- Strategies to best serve clients from diverse groups (e.g., age, residence status, ethnicity, culture)
- Employment searching; marketing oneself
- Ethics and legal issues in mental health
- Maintaining good boundaries
- Specific job skill development
- Available community services

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

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$3,614	20	$180

UPDATE: This program provides HHSA's peer staff members with employment and career support and a group forum to process their lived experiences related to the workplace. It has been suspended during COVID-19.

Capital Facilities and Technological Plan

Update 2022–2023

Capital Facilities and Technology Needs (AA) ○ FSP ● Non-FSP

Program name: **IT Hardware/Software/Subscriptions Services**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

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

- Updating hardware and software
- Implementing upgrades to the Netsmart MyAvatar Information System
- Expanding tele-mental health service provision
- Integrating MyAvatar with a future business intelligence platform
- Ensuring better strategic planning project management using SmartSheets
- Ensuring better communication and collaboration as a result of the Office 365 implementation
- Improving client communication as a result of a VOIP phone system implementation
- Introducing electronic prescribing to ensure DEA compliance for controlled substances.

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$1,601,948	**1,000**	**$1,602**

UPDATE: This program funds the ongoing and investment costs of the behavioral health systems, technology needs such as EMRs, HIPAA-compliant software applications for remote service provision during COVID-19, and other technology expansion projects and needs. Yolo County has invested in electronic prescribing to allow it to remain DEA compliant as of FY21/22.

This program will receive an increase in funding for Netsmart IT infrastructure, which will upgrade existing contract to support CalAIM implementation for claim submissions, new service and billing codes adoption, health information exchange, and interoperability.

Technology support services will also be funded. In recognition of the need to increase service access and functionality for consumers and based on lessons learned during the pandemic, HHSA will purchase tablets for consumer use with CFTN funds. Telemedicine services access will become easier, more consistent, and more widely available. This will increase opportunities for HHSA to employ clinicians and prescribers who are located throughout California but not accessible in person because of distance. Additionally, clients in support groups will be able to participate more fully by visually seeing one another and increased privacy should result because clients will be able to receive services in private venues, rather than resorting to technology offered in public libraries.

Cross-Area Work Plan

Update 2022–2023

Program name: **Evaluation**

Status: ● Started ○ Pending ○ Canceled ○ New 22/23

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

Administered by: ● Contractor ○ County

Program Description

This plan intends to develop measures not only for contracts greater than $1 million, but for all requests for proposals and contracts. To do this, Yolo County will utilize results-based accountability (see Evaluation) performance measures and outcomes, which include SMART goals, and align with evidence-based practices wherever possible. HHSA will seek an independent evaluator to support development of program performance metrics and a system to track and report data. These efforts will create a framework that will provide information to assess outcomes, successes, modifications needed, new approaches, and how meaningful outcomes are ultimately being achieved.

Furthermore, the proposed evaluation will include support with:

- Building a system to track and report data
- Development of program deliverable targets and performance metrics
- Technical assistance to the program staff internally and support to community organizations, especially those that are smaller
- Integrate evaluation metrics based on the Yolo County Board & Care Report recommendations to capture data and tracking related to adult residential care, consumers, housing and community needs assessment; support quality improvement processes; and inform innovative model development to meet the unique needs of Yolo County
- Future development support on HHSA systems integration in potential business intelligence software

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

Estimated FY22/23 Costs	Estimated Number to Be Served FY22/23	Estimated Cost/Person Served
$236,858	**N/A**	**N/A**

UPDATE: HHSA compiled an MHSA Evaluation Report 2021–2022 to include with the Annual Update. It provides updated program evaluation data for FY 2020–21 as part of the larger Yolo County Mental Health Services Act 2020–2023 Three-Year Program & Expenditure Plan. This report includes an analysis of results-based accountability data, where available, and demographic information for the Prevention and Early Intervention Programs (FY 2020–2021).

Evaluation work to assess overall impact, success, and challenges of the MHSA funding in Yolo County will continue, as will assessment, planning, and implementation of a stronger and more effective system moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multiphase approach to continuous evaluation of the county MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the county strategic plan, HHSA's mission, and the results-based accountability framework.

SERVICE CONTRACTOR

Community Advocacy Research and Evaluation Consulting Group (C.A.R.E.)

Budget Update

2022–2023

Update 2022–2023

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's FY 19-20 through FY 20-23 MHSA Three-Year Program and Expenditure Plan Submittals (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSA programs. The proposed funding is inclusive of all direct funding within the programs, including MHSA, Realignment, Federal Financial Participation (FFP) and other funding.

Overall Budget Update FY2022–2023

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
FY2021 Revenue							
Actual MHSA Allocation	11,536,582	2,884,145	763,615	0	73	N/A	15,184,415
Actual Interest Earned	105,001	31,444	2,776	(191)	0	N/A	139,031
Total Projected Revenue	**11,641,583**	**2,915,590**	**766,391**	**(191)**	**73**	**0**	**15,323,446**
FY2021 Expenditures							
Salaries and Benefits	5,515,203	553,770	31,996	12,392	8,709	N/A	6,122,071
Contracts	3,256,628	1,639,488	267	8,748	393,963	N/A	5,299,093
Operating/Other	1,013,463	97,722	5,645	25,838	111,061	N/A	1,253,729
Proposed Transfers	1,260,000			0	0	(1,260,000)	0
Other Revenue		(4,045)					(4,045)
Estimated Medi-Cal	(2,231,459)	(50,494)	0	0	0	N/A	(2,281,954)
Reported MHSA Funded Expenditures	**8,813,834**	**2,236,440**	**37,907**	**46,978**	**513,733**	**N/A**	**10,388,893**

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
FY2122 Revenue							
Projected MHSA Allocation	13,261,920	3,315,480	872,495	0	0	N/A	17,449,895
Estimated Interest	135,827	24,569	6,658	2,428	2,285	N/A	171,768
Total Projected Revenue	**13,397,747**	**3,340,049**	**879,153**	**2,428**	**2,285**	**0**	**17,621,662**
FY2122 Expenditures							
Salaries and Benefits	6,665,460	518,836	0	108,548	119,649	N/A	7,412,493
Contracts	8,954,478	4,214,466	0	33,062	1,294,640	N/A	14,496,645
Operating/Other	1,247,196	304,977	0	78,514	686,257	N/A	2,316,943
Proposed Transfers	1,171,936			0	(1,171,936)	0	0
Other Revenue		(1,158,872)					(1,158,872)
Estimated Medi-Cal	(1,957,120)	(37,363)	0	0	0	N/A	(1,994,484)
Projected MHSA Funded Expenditures	**16,081,949**	**3,842,043**	**0**	**220,123**	**928,610**	**0**	**21,072,725**
FY2223 Revenue							
Projected MHSA Allocation	13,582,720	3,395,680	893,600	0	0	N/A	17,872,000
Estimated Interest	135,827	33,957	8,936	0	0	N/A	178,720
Total Projected Revenue	**13,718,547**	**3,429,637**	**902,536**	**0**	**0**	**0**	**18,050,720**
FY2223 Expenditures							
Salaries and Benefits	7,270,862	668,003	417,363	103,256	47,044	N/A	8,506,527
Contracts	12,130,783	7,111,410	5,974,482	25,966	813,706	N/A	26,056,347
Operating/Other	1,162,818	170,142	85,519	78,120	809,541	N/A	2,306,139
Proposed Transfers	2,567,829			(207,342)	(2,360,487)	0	0
Other Revenue		(1,062,248)	(1,867,258)				
Estimated Medi-Cal	(1,823,272)	(35,462)	(2,234,576)	0	0	N/A	(4,093,310)
Projected MHSA Funded Expenditures	**21,309,020**	**6,851,845**	**2,375,529**	**(0)**	**(690,196)**	**0**	**32,775,704**

Counties are given three fiscal years to spend MHSA Allocations from the state. Any remaining unspent funds at the end of three years are reverted back to the state of California.

Community Services and Supports Budget FY 2020–2021

CSS Component Summary	FY2021 Plan Budget					
Program Name (Expenditures)	**M/C**	**FSP**	**S&B**	**Contracts**	**Operating**	**Total**
CSS Children's Mental Health FSP	Y	Y	–	500,000	–	500,000
CSS Children's Mental Health Non-FSP	Y		159,240	–	27,071	186,311
CSS Pathways to Independence for TAY FSP	Y	Y	602,901	340,332	109,434	1,052,667
CSS Pathways to Independence for TAY Non-FSP	Y		517,547	34,728	116,657	668,931
CSS Adult Wellness Alternatives FSP	Y	Y	1,463,163	2,299,200	262,101	4,024,464
CSS Adult Wellness Alternatives Non-FSP	Y		879,268	397,111	162,043	1,438,423
CSS Older Adult Outreach and Assessment FSP	Y	Y	439,710	457,886	75,876	973,472
CSS Older Adult Outreach and Assessment Non-FSP	Y		214,987	256,575	36,548	508,110
CSS Mobile Tele-Mental Health FSP	Y	Y	45,026	250,000	7,654	302,680
CSS Mobile Tele-Mental Health Non-FSP	Y		187,742	250,000	35,648	473,390
CSS Community-Based Drop-In Navigation Centers FSP		Y				
CSS Community-Based Drop-in Navigation Centers Non-FSP	Y		67,760	844,400	11,519	923,679
CSS Peer and Family Member Led Support Services Non-FSP			–	100,000	–	100,000
CSS MH Crisis & Crisis Intervention Team (CIT) FSP		Y	53,146	–	–	53,146
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP			1,037,156	100,000	176,317	1,313,473
CSS Public Guardian FSP						
CSS Public Guardian Non-FSP						
CSS Housing Non-FSP						
CSS SUD Co-Occurring Program (AB2265) FSP						
CSS SUD Co-Occurring Program (AB2265) Non-FSP						
MHSA Comm Plan & Eval – CSS			302,815	113,821	58,146	474,782
MHSA Administration – CSS			348,341	23,085	68,453	439,878
CSS Total	FSP%: 51.4%		6,318,802	5,967,137	1,147,466	**13,433,405**
CSS Revenue						
MHSA Allocation						11,536,582
MHSA Interest Earned (on fund balance)						105,001
Medi-Cal Reimbursement						2,231,459
Total Revenue Earned per Fiscal Year						13,873,042
Transfer to Prudent Reserve						(1,260,000)
Transfer to WET (Min. needed to cover expenses)					389,671	–
Transfer to CFTN (Min. needed to cover expenses)					926,324	–
Available Revenue (Max total transfer allowed)					**(1,967,942)**	**12,613,042**
Available Prior Year Revenue (ie. Fund Balance)						10,190,050
Maximum Revenue Available:						**22,803,092**

Community Services and Supports Budget FY 2021–2022

CSS Component Summary	FY2122 Plan Budget					
Program Name (Expenditures)	**M/C**	**FSP**	**S&B**	**Contracts**	**Operating**	**Total**
CSS Children's Mental Health FSP	Y	Y	–	520,000	–	520,000
CSS Children's Mental Health Non-FSP	Y		254,460	–	43,258	297,719
CSS Pathways to Independence for TAY FSP	Y	Y	152,435	1,472,702	33,132	1,658,270
CSS Pathways to Independence for TAY Non-FSP	Y		307,255	43,800	83,622	434,677
CSS Adult Wellness Alternatives FSP	Y	Y	1,212,560	3,614,112	227,642	5,054,313
CSS Adult Wellness Alternatives Non-FSP	Y		1,097,875	350,400	199,709	1,647,984
CSS Older Adult Outreach and Assessment FSP	Y	Y	97,417	1,350,368	17,731	1,465,516
CSS Older Adult Outreach and Assessment Non-FSP	Y		136,199	43,800	23,154	203,153
CSS Mobile Tele-Mental Health FSP	Y	Y	–	–	–	–
CSS Mobile Tele-Mental Health Non-FSP	Y		949,766	273,112	165,341	1,388,219
CSS Community-Based Drop-In Navigation Centers FSP		Y	–	–	–	–
CSS Community-Based Drop-in Navigation Centers Non-FSP	Y		276,475	844,411	47,001	1,167,887
CSS Peer and Family Member Led Support Services Non-FSP			–	100,000	–	100,000
CSS MH Crisis & Crisis Intervention Team (CIT) FSP		Y	60,501	–	–	60,501
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP			1,318,074	125,000	224,073	1,667,146
CSS Public Guardian FSP						
CSS Public Guardian Non-FSP						
CSS Housing Non-FSP						
CSS SUD Co-Occurring Program (AB2265) FSP						
CSS SUD Co-Occurring Program (AB2265) Non-FSP						
MHSA Comm Plan & Eval – CSS			320,397	209,772	61,678	591,847
MHSA Administration – CSS			482,046	7,001	120,856	609,903
CSS Total	FSP%: 51.9%		6,665,460	8,954,478	1,247,196	**16,867,134**
CSS Revenue						
MHSA Allocation						13,261,920
MHSA Interest Earned (on fund balance)						135,827
Medi-Cal Reimbursement						1,957,120
Total Revenue Earned per Fiscal Year						15,354,867
Transfer to Prudent Reserve						
Transfer to WET (Min. needed to cover expenses)					171,977	–
Transfer to CFTN (Min. needed to cover expenses)					(1,171,936)	(1,171,936)
Available Revenue (Max total transfer allowed)					**(2,195,233)**	**14,182,931**
Available Prior Year Revenue (ie. Fund Balance)						13,017,799
Maximum Revenue Available:						**27,200,730**

Community Services and Supports Budget FY 2022–2023

CSS Component Summary	FY2223 Plan Budget					
Program Name (Expenditures)	**M/C**	**FSP**	**S&B**	**Contracts**	**Operating**	**Total**
CSS Children's Mental Health FSP	Y	Y	–	757,000	–	757,000
CSS Children's Mental Health Non-FSP	Y		307,885	–	29,107	336,992
CSS Pathways to Independence for TAY FSP	Y	Y	157,491	2,006,738	34,281	2,198,510
CSS Pathways to Independence for TAY Non-FSP	Y		320,889	45,552	86,684	453,124
CSS Adult Wellness Alternatives FSP	Y	Y	995,832	4,444,393	129,325	5,569,551
CSS Adult Wellness Alternatives Non-FSP	Y		1,164,640	538,818	211,582	1,915,040
CSS Older Adult Outreach and Assessment FSP	Y	Y	100,827	1,659,353	18,358	1,778,537
CSS Older Adult Outreach and Assessment Non-FSP	Y		142,498	45,552	24,225	212,275
CSS Mobile Tele-Mental Health FSP	Y	Y	–	10,000	–	10,000
CSS Mobile Tele-Mental Health Non-FSP	Y		975,554	90,000	173,020	1,238,574
CSS Community-Based Drop-In Navigation Centers FSP		Y	–	168,880	–	168,880
CSS Community-Based Drop-in Navigation Centers Non-FSP	Y		282,192	681,120	47,973	1,011,285
CSS Peer and Family Member Led Support Services Non-FSP			–	170,000	–	170,000
CSS MH Crisis & Crisis Intervention Team (CIT) FSP		Y	63,212	15,000	–	78,212
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP			1,364,205	1,031,020	231,915	2,627,140
CSS Public Guardian FSP		Y	49,333	–	–	49,333
CSS Public Guardian Non-FSP			197,333	–	–	197,333
CSS Housing Non-FSP			–	100,000	–	100,000
CSS SUD Co-Occurring Program (AB2265) FSP		Y	31,090	–	–	31,090
CSS SUD Co-Occurring Program (AB2265) Non-FSP			314,560	180,000	–	494,560
MHSA Comm Plan & Eval – CSS			320,747	180,683	55,735	557,165
MHSA Administration – CSS			482,573	6,675	120,615	609,863
CSS Total	FSP%: 51.7%		7,270,862	12,130,783	1,162,818	**20,564,463**
CSS Revenue						
MHSA Allocation						13,582,720
MHSA Interest Earned (on fund balance)						135,827
Medi-Cal Reimbursement						1,823,272
Total Revenue Earned per Fiscal Year						15,541,819
Transfer to Prudent Reserve						
Transfer to WET (Min. needed to cover expenses)					(35,365)	(207,342)
Transfer to CFTN (Min. needed to cover expenses)					(1,670,291)	(2,360,487)
Available Revenue (Max total transfer allowed)					**(2,567,829)**	**12,973,990**
Available Prior Year Revenue (ie. Fund Balance)						10,333,596
Maximum Revenue Available:						**23,307,586**

Prevention and Early Intervention Budget FY2020–2021

PEI Component Summary	FY2021 Plan Budget					
Program Name	**M/C**	**<26**	**S&B**	**Contracts**	**Operating**	**Total**
PEI Early Childhood MH Access & Linkage		100%	–	400,000	–	400,000
PEI Senior Peer Support Program			–	50,000	–	50,000
PEI Youth Early Intervention Program	Y	85%	104,633	–	17,788	122,421
PEI Early Signs Training and Assistance		41%	239,555	111,725	74,616	425,895
PEI Latinx Outreach/MH Promotores		10%	–	295,148	–	295,148
PEI Maternal MH Access Hub (Home Visiting Expansion)			–	100,000	–	100,000
PEI Cultural Competency		20%	311,511	300,000	64,457	675,967
PEI College Partnerships		80%	–	150,000	–	150,000
PEI K-12 School	Y	100%	–	1,100,000	–	1,100,000
PEI Mental Health American Rescue Plan Match Funds						
PEI Public Outreach Campaign (EMRL)						
PEI Community Outreach and Engagement to Destigmatize Housing						
PEI ClipDart Mobile Hair Professionals						
MHSA Comm Plan & Eval – PEI			27,546	10,354	5,289	43,190
MHSA Administration – PEI			31,688	2,100	6,227	40,015
PEI Total		<26%: 60.6%	714,933	2,519,327	168,376	**3,402,636**
			21.0%	74.0%	4.9%	100.0%
PEI Revenue						
MHSA Allocation						2,884,145
MHSA Interest Earned (on fund balance)						31,444
Other Revenue (MHSSA Grant, WCC)						
Medi-Cal Reimbursement						50,494
Available Revenue						**2,966,084**
Available Prior Year Revenue (Fund Balance)						3,383,117
Maximum Revenue Available:						**6,349,201**

Prevention and Early Intervention Budget FY2021–2022

PEI Component Summary	FY2122 Plan Budget					
Program Name	**M/C**	**<26**	**S&B**	**Contracts**	**Operating**	**Total**
PEI Early Childhood MH Access & Linkage		100%	–	400,000	–	400,000
PEI Senior Peer Support Program		0%	–	48,400	–	48,400
PEI Youth Early Intervention Program	Y	85%	–	230,000	–	230,000
PEI Early Signs Training and Assistance		41%	149,990	178,392	60,112	388,493
PEI Latinx Outreach/MH Promotores		10%	–	471,845	–	471,845
PEI Maternal MH Access Hub (Home Visiting Expansion)		0%	–	100,000	–	100,000
PEI Cultural Competency		20%	299,343	550,000	62,388	911,732
PEI College Partnerships		80%	–	174,924	–	174,924
PEI K-12 School	Y	100%	–	2,042,129	–	2,042,129
PEI Mental Health American Rescue Plan Match Funds						
PEI Public Outreach Campaign (EMRL)						
PEI Community Outreach and Engagement to Destigmatize Housing						
PEI ClipDart Mobile Hair Professionals						
MHSA Comm Plan & Eval – PEI			27,751	18,169	5,342	51,262
MHSA Administration – PEI			41,752	606	177,135	219,493
PEI Total		<26%: 62.8%	518,836	4,214,466	304,977	**5,038,278**
			10.3%	83.6%	6.1%	100.0%
PEI Revenue						
MHSA Allocation						3,315,480
MHSA Interest Earned (on fund balance)						24,569
Other Revenue (MHSSA Grant, WCC)						1,158,872
Medi-Cal Reimbursement						37,363
Available Revenue						**4,536,284**
Available Prior Year Revenue (Fund Balance)						4,062,266
Maximum Revenue Available:						**8,598,550**

Prevention and Early Intervention Budget FY2022–2023

PEI Component Summary	FY2223 Plan Budget					
Program Name	**M/C**	**<26**	**S&B**	**Contracts**	**Operating**	**Total**
PEI Early Childhood MH Access & Linkage		100%	–	400,000	–	400,000
PEI Senior Peer Support Program			–	100,000	–	100,000
PEI Youth Early Intervention Program	Y	85%	–	–	–	–
PEI Early Signs Training and Assistance		41%	157,489	245,058	62,137	464,685
PEI Latinx Outreach/MH Promotores		10%	–	505,179	–	505,179
PEI Maternal MH Access Hub (Home Visiting Expansion)			–	100,000	–	100,000
PEI Cultural Competency		20%	314,311	550,000	64,933	929,243
PEI College Partnerships		80%	–	189,208	–	189,208
PEI K-12 School	Y	100%	–	3,868,705	–	3,868,705
PEI Mental Health American Rescue Plan Match Funds			–	500,000	–	500,000
PEI Public Outreach Campaign (EMRL)			–	300,000	–	300,000
PEI Community Outreach and Engagement to Destigmatize Housing			–	300,000	–	300,000
PEI ClipDart Mobile Hair Professionals			–	7,500	–	7,500
MHSA Comm Plan & Eval – PEI			78,339	44,130	13,613	136,082
MHSA Administration – PEI			117,864	1,630	29,459	148,953
PEI Total		<26%: 61.0%	668,003	7,111,410	170,142	**7,949,555**
			8.4%	89.5%	2.1%	100.0%
PEI Revenue						
MHSA Allocation						3,395,680
MHSA Interest Earned (on fund balance)						33,957
Other Revenue (MHSSA Grant, WCC)						1,062,248
Medi-Cal Reimbursement						35,462
Available Revenue						**4,527,347**
Available Prior Year Revenue (Fund Balance)						3,560,272
Maximum Revenue Available:						**8,087,619**

Innovation Budget FY2020–2021

INN Component Summary	FY2021 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
INN Crisis Now Learning Collaborative			145,000	–	–	145,000
INN Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation						
INN Crisis Now Receiving/Stabilization Center						
MHSA Comm Plan & Eval – INN			57,257	21,522	10,994	89,774
MHSA Administration – INN			136,458	4,365	24,238	165,061
INN Total		0	338,715	25,887	35,233	**399,835**
			84.7%	6.5%	8.8%	100.0%
INN Revenue						
MHSA Allocation						763,615
MHSA Interest Earned (on fund balance)						2,776
Other Revenue						
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						766,391
Funds Due to Revert						(81,916)
Available Revenue						**684,475**
Available Prior Year Revenue (Fund Balance)						657,488
Maximum Revenue Available:						**1,341,963**

Innovation Budget FY2021–2022

INN Component Summary	FY2122 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
INN Crisis Now Learning Collaborative			–	–	–	–
INN Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation			94,620	–	19,380	114,000
INN Crisis Now Receiving/Stabilization Center						–
MHSA Comm Plan & Eval – INN			–	–	–	–
MHSA Administration – INN			–	–	–	–
INN Total		0	94,620	–	19,380	**114,000**
			83.0%	0.0%	17.0%	100.0%
INN Revenue						
MHSA Allocation						872,495
MHSA Interest Earned (on fund balance)						6,658
Other Revenue						
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						879,153
Funds Due to Revert						(619,581
Available Revenue						**259,572**
Available Prior Year Revenue (Fund Balance)						1,385,972
Maximum Revenue Available:						**1,645,544**

Innovation Budget FY2022–2023

INN Component Summary	FY2223 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
INN Crisis Now Learning Collaborative			–	–	–	–
INN Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation			415,000	–	85,000	500,000
INN Crisis Now Receiving/Stabilization Center	Y		–	5,973,930	–	5,973,930
MHSA Comm Plan & Eval – INN			944	532	164	1,639
MHSA Administration – INN			1,420	20	355	1,794
INN Total		0	417,363	5,974,482	85,519	**6,477,363**
			6.4%	92.2%	1.3%	100.0%
INN Revenue						
MHSA Allocation						893,600
MHSA Interest Earned (on fund balance)						8,936
Other Revenue						1,867,258
Medi-Cal Reimbursement						2,234,576
Total Revenue Earned per Fiscal Year						5,004,370
Funds Due to Revert						–
Available Revenue						**5,004,370**
Available Prior Year Revenue (Fund Balance)						2,265,125
Maximum Revenue Available:						**7,269,495**

Workforce, Education, and Training Budget FY2020–2021

WET Component Summary	FY 2021 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
WET Coordinator			18,615	–	3,165	21,780
WET Professional Development			–	–	54,880	54,880
WET Peer Workforce Development Workgroup			16,601	–	6,436	23,037
WET Central Regional Partnership Grants			–	30,000	–	30,000
WET BBS Supervision			6,776	–	1,152	7,928
MHSA Comm Plan & Eval – WET			5,903	2,219	1,133	9,255
MHSA Administration – WET			6,790	450	1,334	8,575
WET Total			54,686	32,669	68,101	**155,455**
			35.2%	21.0%	43.8%	100.0%
WET Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						(191)
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						(191)
Transfer from CSS						–
Funds Due to Revert						–
Available Revenue						**(191)**
Available Prior Year Revenue (Fund Balance)						436,840
Maximum Revenue Available:						**436,649**

Workforce Education and Training Budget FY2021–2022

WET Component Summary	FY 2122 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
WET Coordinator			18,961	–	3,223	22,184
WET Professional Development			–	–	55,795	55,795
WET Peer Workforce Development Workgroup			–	–	3,614	3,614
WET Central Regional Partnership Grants			18,964	30,000	3,224	52,188
WET BBS Supervision			59,290	–	10,079	69,369
MHSA Comm Plan & Eval – WET			4,525	2,963	871	8,359
MHSA Administration – WET			6,808	99	1,707	8,614
WET Total			108,548	33,062	78,514	**220,123**
			49.3%	15.0%	35.7%	100.0%
**Minimum required to be spent to avoid prior year reversion:*						–
WET Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						2,428
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						2,428
Transfer from CSS						–
Funds Due to Revert						–
Available Revenue						**2,428**
Available Prior Year Revenue (Fund Balance)						389,671
Maximum Revenue Available:						**392,100**

Workforce Education and Training Budget FY2022–2023

WET Component Summary	FY 2223 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
WET Coordinator			19,909	–	3,384	23,293
WET Professional Development			–	–	56,747	56,747
WET Peer Workforce Development Workgroup			–	–	3,614	3,614
WET Central Regional Partnership Grants			19,912	25,000	3,385	48,298
WET BBS Supervision			59,290	–	10,079	69,369
MHSA Comm Plan & Eval – WET			1,655	932	288	2,875
MHSA Administration – WET			2,490	34	622	3,146
WET Total			103,256	25,966	78,120	**207,342**
			49.8%	12.5%	37.7%	100.0%
WET Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						–
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						–
Transfer from CSS						207,342
Funds Due to Revert						–
Available Revenue						**207,342**
Available Prior Year Revenue (Fund Balance)						171,977
Maximum Revenue Available:						**379,318**
Ending Fund balance: Surplus or (Deficit)						**171,977**

Capital Facilities and Technological Needs Budget FY2020–2021

CFTN Component Summary	FY2021 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
CFTN Information Technology			–	677,884	134,490	812,374
CFTN Peer-Run Housing (AFI Match)			–	250,000	–	250,000
MHSA Comm Plan & Eval – CFTN			–	–	–	–
MHSA Administration – CFTN			–	–	–	–
CFTN Total		–	–	927,884	134,490	**1,062,374**
			0.0%	87.3%	12.7%	100.0%
**Minimum required to be spent to avoid prior year reversion:*						–
CFTN Revenue						
MHSA Allocation						73
MHSA Interest Earned (on fund balance)						–
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						73
Transfer from CSS						–
Funds Due to Revert						–
Available Revenue						**73**
Available Prior Year Revenue (Fund Balance)						1,439,984
Maximum Revenue Available:						**1,440,057**
Ending Fund balance: Surplus or (Deficit)						**377,684**

Capital Facilities and Technological Needs Budget FY2021–2022

CFTN Component Summary	FY2122 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
CFTN Information Technology			–	1,012,317	659,040	1,671,357
CFTN Peer-Run Housing (AFI Match)			–	250,000	–	250,000
MHSA Comm Plan & Eval – CFTN			47,773	31,278	9,197	88,248
MHSA Administration – CFTN			71,876	1,044	18,020	90,940
CFTN Total		–	119,649	1,294,640	686,257	**2,100,546**
			5.7%	61.6%	32.7%	100.0%
**Minimum required to be spent to avoid prior year reversion:*						–
CFTN Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						2,285
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						2,285
Transfer from CSS						1,171,936
Funds Due to Revert						–
Available Revenue						**1,174,221**
Available Prior Year Revenue (Fund Balance)						926,324
Maximum Revenue Available:						**2,100,546**
Ending Fund balance: Surplus or (Deficit)						**0**

Capital Facilities and Technological Needs Budget FY2022–2023

CFTN Component Summary	FY2223 Plan Budget					
Program Name	**M/C**	**N/A**	**S&B**	**Contracts**	**Operating**	**Total**
CFTN Information Technology			–	802,734	799,214	1,601,948
CFTN Peer-Run Housing (AFI Match)			–	–	–	–
MHSA Comm Plan & Eval – CFTN			18,783	10,581	3,264	32,629
MHSA Administration – CFTN			28,260	391	7,063	35,715
CFTN Total		–	47,044	813,706	809,541	**1,670,291**
			2.8%	48.7%	48.5%	100.0%
**Minimum required to be spent to avoid prior year reversion:*						–
CFTN Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						–
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						–
Transfer from CSS						2,360,487
Funds Due to Revert						–
Available Revenue						**2,360,487**
Available Prior Year Revenue (Fund Balance)						–
Maximum Revenue Available:						**2,360,487**
Ending Fund balance: Surplus or (Deficit)						**690,196**

Attachment 1

Community Proposals

COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA)

Proposals by Organization/Community Member

Annual Update FY 2022-2023

- Community Housing Opportunities Corporation (CHOC)
- ClipDart-Kyle Parker
- Yolo Adult Day Health Center (ADHC)
- FIT House Davis-Lisa Herrington
- NAMI Yolo County
- Pine Tree Garden (PTG) East
- Pine Tree Garden (PTG) West
- Weightless 4 Life
- Yolo Community Care Continuum (YCCC)
- HHSA & Community Feedback

NAMI Yolo County
National Alliance on Mental Illness

HOMESTEAD COOPERATIVE FACILITY IMPROVEMENTS

BACKGROUND

Homestead Cooperative is jointly owned by the nonprofits Yolo Community Care Continuum (YCCC) and Community Housing Opportunities Corporation (CHOC) and is home to 21 adults living with a serious mental illness. As a result of the limited income of the residents, YCCC and CHOC have had insufficient funding to maintain the residences or construct and water or energy efficiency improvements. NAMI Yolo County volunteers to bring monthly meals to the residents and has long been aware of the needs at Homestead Cooperative. See the attached letter from CHOC with more information about the need.

PROPOSED PROJECT

The project will install solar panels and make other energy and water efficiency improvements to reduce operation costs.

DEGREE OF READINESS

YCCC and CHOC are ready to implement the improvements as soon as funding is available.

COSTS

Energy efficiency upgrades will cost $456,769 and water efficiency upgrades will cost $4,022 for a total project cost of $460,791.

CONTACTS

Name	Role	Email	Phone
Terri Smyth Canillo	CHOC	tsmyth@chochousing.org	916-496-0007
Amber Salazar	YCCC	asalazar@y3c.org	530-383-8822
Petrea Marchand	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191

CHOC
COMMUNITY HOUSING OPPORTUNITIES

January 21, 2022

Petrea Marchand
President, NAMI Yolo County

Re: Homestead Capitol Needs Fundraising

Dear Petrea

Homestead Supportive Housing is *home* to 21 adults living with a chronic mental health condition. As you know, with their fixed income and level of supportive needs, there are very few safe and affordable housing options for these clients in Davis. CHOC is proud of the home environment we can provide them at Homestead.

In affordable housing, regulations allow us to charge a Maximum Allowable Rent, which increases every year. Maximum Allowable Rents allow a property to sustain operations and capital needs of a housing community. Unfortunately, the maximum allowable rents for Homestead far exceed what the clients would be able to afford. CHOC has made a conscience decision to keep the Homestead rents far below the allowable rates. We understand that the max rent rates would displace the fragile population we house and serve at Homestead. In addition, the property pays for ALL utilities, monthly cleaning services, and assists our tenants with basic furniture needs upon move in, essential costs for this population.

These financial commitments have left minimal funding for capital needs projects and major repairs. The inability to create more energy efficient upgrades and measures doesn't allow the property to benefit from the cost savings associated with these upgrades.

We are thrilled at the opportunity to partner with NAMI Yolo County to fundraise for energy efficient upgrades, which would result in dramatic cost savings for the property. Those savings can then be used to focus on the capital needs and upgrades for the tenant's units and living spaces. Ultimately, the final outcome would be enhancing the quality of life and comfort for our residents.

An energy specialist vendor has completed a thorough assessment of the property. Below is an outline of the energy savings projects recommended, with the cost and energy savings estimates. They suggest we upgrade very dated heating and cooling systems in all 5 buildings, upgrade interior and exterior lighting, and adding solar (with a covered patio area for the tenants). The HVAC and lighting upgrades lower energy consumption and then the solar and batteries offset what still remains. In addition, the upgrades would create a drop in cost over the years on gas for the boiler systems in place now, and assurance of no slab issues or massive repair bills to the radiant system, which could be in the tens of thousands of dollars if the system failed.

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Energy Upgrade Recommendations and energy savings:

(1) Replacing 24 thru the wall units. Run new 220v electrical and upsize circuits as needed. Install thru the wall heat pump units. (These units heat and cool each individual unit) Estimated at $3711 each unit, totaling $89,064.
    - 50% Total Bill Savings = Approximately $875 Monthly - Save 30% of existing kWh usage but will increase kWh usage due to changing from gas heaters to electric heat pumps, this will increase the electrical usage by 50% because we are cutting out using gas

(2) Replace 4-ton split system at D building. Estimated $13,500.00.
    - 26% Therms Savings = Approximately $307 Monthly

(3) Replace 2.5-ton split system and electrical upgrades to C building. Estimated $11,000.00.
    - 15% Therms Savings = Approximately $177 Monthly

(4) Installing solar to replace majority of existing utility bill. This includes batteries for each building and shade structure for tenants. Estimated $319,000.
    - The Solar System is scheduled to produce 70,464 yearly kWh

(5) All interior and exterior fixtures updated to LED Lighting. Estimated $24,205
    - 20% Electrical Savings = Approximately $230 Monthly

Total for all capitol upgrades for maximum energy efficiency and savings, $456,769.00

Energy Upgrade Savings Summary:

- 70,000 kWh are currently being used annually
- save approximately 21,000 kWh annually from the HVAC wall units
- save approximately 14,000 kWh annually from the lighting
- adding an additional 35,000 kWh annually by changing from heating the units with gas to heating the units with electric heat pumps
- by changing the heat pumps, the increased electrical usage is offset by the more efficient air-conditioning and lighting units.
- the solar that we plan is to provide enough electrical power to operate the building, the batteries we've included are so that the solar panels can charge the batteries during the day and the tenants can use the electricity at night.
- the fossil fuel gas that we are saving by changing the heaters to electricity will be replaced with solar renewable energy.

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Water Efficiency Upgrades and savings:

(1) Replacement of shower heads to decrease water consumption. Replacement of 13 showerheads @ 43.00 each = **$572.00**
   - Low flow shower heads can decrease water consumption by 40 -50%. Showers take energy to heat the water, thus cutting down on water usage also cuts down on energy usage. This not only conserves water, but it cuts down on our monthly water bill providing significant end of year savings.

(2) Replacement of current toilets to more efficient low-flow models. Replacement of 15 toilets @ 230.00 **= $3,450.00**
   - By replacing older toilets with Low-flow toilets, it can result in a 54% reduction in water usage. Low flow toilets significantly reduce the amount of water needed to channel waste through the plumbing.

In addition, as discussed, fundraising for annual services and activities to increase the socialization and independent living skills for the residents, in the amount of $25,000.

Total Costs for Upgrades and Activities:

Energy Efficiency Upgrades:	$456,769.00
Water Efficiency Upgrades:	$4,022.00
Activities for tenants:	$25,000.00

We appreciate your partnership and support in these efforts to increase the quality of life for our residents. Please reach out if you need any further information.

Thank you

Terri Smyth Canillo

Terri Smyth Canillo, MSW
Vice President of Community Impact

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NAMI Yolo County
National Alliance on Mental Illness

HOMESTEAD COOPERATIVE FACILITY IMPROVEMENTS

BACKGROUND

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PROPOSED PROJECT

The project will install solar panels and make other energy and water efficiency improvements to reduce operation costs.

DEGREE OF READINESS

YCCC and CHOC are ready to implement the improvements as soon as funding is available.

COSTS

Energy efficiency upgrades will cost $456,769 and water efficiency upgrades will cost $18,100 for a total project cost of $474,869.

CONTACTS

Name	Role	Email	Phone
Terri Smyth Canillo	CHOC	tsmyth@chochousing.org	916-496-0007
Amber Salazar	YCCC	asalazar@y3c.org	530-383-8822
Petrea Marchand	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191

March 30, 2022

Petrea Marchand
President, NAMI Yolo County

Re: Homestead Capitol Needs Fundraising

Dear Petrea

Homestead Supportive Housing is *home* to 21 adults living with a chronic mental health condition. As you know, with their fixed income and level of supportive needs, there are very few safe and affordable housing options for these clients in Davis. CHOC is proud of the home environment we can provide them at Homestead.

In affordable housing, regulations allow us to charge a Maximum Allowable Rent, which increases every year. Maximum Allowable Rents allow a property to sustain operations and capital needs of a housing community. Unfortunately, the maximum allowable rents for Homestead far exceed what the clients would be able to afford. CHOC has made a conscience decision to keep the Homestead rents far below the allowable rates. We understand that the max rent rates would displace the fragile population we house and serve at Homestead. In addition, the property pays for ALL utilities, monthly cleaning services, and assists our tenants with basic furniture needs upon move in, essential costs for this population.

These financial commitments have left minimal funding for capital needs projects and major repairs. The inability to create more energy efficient upgrades and measures doesn't allow the property to benefit from the cost savings associated with these upgrades.

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An energy specialist vendor has completed a thorough assessment of the property. Below is an outline of the energy savings projects recommended, with the cost and energy savings estimates. They suggest we upgrade very dated heating and cooling systems in all 5 buildings, upgrade interior and exterior lighting, and adding solar (with a covered patio area for the tenants). The HVAC and lighting upgrades lower energy consumption and then the solar and batteries offset what still remains. In addition, the upgrades would create a drop in cost over the years on gas for the boiler systems in place now, and assurance of no slab issues or massive repair bills to the radiant system, which could be in the tens of thousands of dollars if the system failed.

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Energy Upgrade Recommendations and energy savings:

(1) Replacing 24 thru the wall units. Run new 220v electrical and upsize circuits as needed. Install thru the wall heat pump units. (These units heat and cool each individual unit) Estimated at $3711 each unit, totaling $89,064.
   - 50% Total Bill Savings = Approximately $875 Monthly - Save 30% of existing kWh usage but will increase kWh usage due to changing from gas heaters to electric heat pumps, this will increase the electrical usage by 50% because we are cutting out using gas

(2) Replace 4-ton split system at D building. Estimated $13,500.00.
   - 26% Therms Savings = Approximately $307 Monthly

(3) Replace 2.5-ton split system and electrical upgrades to C building. Estimated $11,000.00.
   - 15% Therms Savings = Approximately $177 Monthly

(4) Installing solar to replace majority of existing utility bill. This includes batteries for each building and shade structure for tenants. Estimated $319,000.
   - The Solar System is scheduled to produce 70,464 yearly kWh

(5) All interior and exterior fixtures updated to LED Lighting. Estimated $24,205
   - 20% Electrical Savings = Approximately $230 Monthly

Total for all capitol upgrades for maximum energy efficiency and savings, $456,769.00

Energy Upgrade Savings Summary:

- 70,000 kWh are currently being used annually
- save approximately 21,000 kWh annually from the HVAC wall units
- save approximately 14,000 kWh annually from the lighting
- adding an additional 35,000 kWh annually by changing from heating the units with gas to heating the units with electric heat pumps
- by changing the heat pumps, the increased electrical usage is offset by the more efficient air-conditioning and lighting units.
- the solar that we plan is to provide enough electrical power to operate the building, the batteries we've included are so that the solar panels can charge the batteries during the day and the tenants can use the electricity at night.
- the fossil fuel gas that we are saving by changing the heaters to electricity will be replaced with solar renewable energy.

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Water Efficiency Upgrades and savings:

1. Low flow toilets – 1.28 gallons $500 installed (versus older six gallon units)
    a. By replacing older toilets with Low-flow toilets, it can result in a 54% reduction in water usage. Low flow toilets significantly reduce the amount of water needed to channel waste through the plumbing
2. Low flow shower heads - $100 installed
    a. Low flow shower heads can decrease water consumption by 40 -50%. Showers take energy to heat the water, thus cutting down on water usage also cuts down on energy usage. This not only conserves water, but it cuts down on our monthly water bill providing significant end of year savings.
3. Rainbird irrigation controller – weather programmed $600 x 2
4. Irrigation upgrades – low flow sprinkler heads and valve upgrades $3,000
5. Kitchen Sink faucets - $400 installed
6. Bathroom faucets - $100 installed
7. Water bottle filling station with filtration and cooling - $3,500 installed

HOMESTEAD Water Efficiency and Savings Measures Cost Analysis

1. Low flow toilets – 1.28 gallons $500 installed (versus older six gallon units)
   17 Toilets x $500 = $8500.00 total

2. Low flow shower heads - $100 installed
   13 shower heads x $100 = $1300.00 total

3. Rainbird irrigation controller – weather programmed $600 x 2
   $600 x 2 = $1200.00 total

4. Irrigation upgrades – low flow sprinkler heads and valve upgrades $3,000
   $3,000.00 total

5. Kitchen Sink faucets - $400 installed
   4 kitchen sink faucets x $400 = $1600.00 total

6. Bathroom faucets - $100 installed
   17 Bath faucets x $100 = $1700.00 total

7. Water bottle filling station with filtration and cooling - $3,500 installed
   $3500.00 total

TOTAL FOR HOMESTAD WATER EFFICIENCY UPGRADES: $18,100.00

Total Costs for Upgrades and Activities:

Energy Efficiency Upgrades: $456,769.00

Water Efficiency Upgrades: $18,100.00

Activities for tenants: $25,000.00

We appreciate your partnership and support in these efforts to increase the quality of life for our residents. Please reach out if you need any further information.

Thank you

Terri Smyth Canillo, MSW
Vice President of Community Impact

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March 30, 2022

Community Health Director Brian Vaughn,
MHSA Coordinator Fabian Valle, and Cultural Competence Program Coordinator Tessa Smith
Yolo County Health and Human Services Agency

Via Email: MHSA@yolocounty.org

Regarding: Identified Need for Facility Upgrades for Yolo County Seriously Mentally Ill Clients, Seeking MHSA CFTN Funding

Dear MHSA Team:

Hotel Woodland is ***home*** to 76 tenants, residing in a historic hotel that Community Housing Opportunities Corporation (CHOC) converted to a Single Room Occupancy residence. The population that is housed are adults, with an estimated 80% on a fixed disability income.

Affordable housing regulations allow owners to charge a Maximum Allowable Rent, which increases every year. Maximum Allowable Rents allow a property to sustain operations and capital needs of a housing community. Unfortunately, the maximum allowable rents for Hotel Woodland far exceed what the clients would be able to afford. CHOC has made a conscious and conscientious decision to keep the rents far below the allowable rates. This prevents the displacement of the disabled adults we house, and in turn, prevents an undue number of unsheltered clients in the county. The property pays for ALL utilities, monthly cleaning services for all tenant units, and provides all basic furniture needs upon move in; essential costs for this population. In addition, due to the high need of the population, the property operating budget supports a social worker on-site, 20 hours per week.

We estimate approximately 35% of the tenants housed at Hotel Woodland are engaged in county mental health services. This is a much lower number than the 70% of assessed tenants that are in need. To compound this, we estimate approximately 65% of tenants are struggling with an active substance use disorder (SUD) without any treatment services. Most of this unserved population lacks the insight and judgment to engage in services, and creates a gap in care and the safety net that many need. Understanding they possess the right to refuse mental health and substance abuse services, it doesn't eliminate the need for increased support for the tenants at the property.

Due to this increased need for support, CHOC makes a commitment to fund a 20 hour per week social worker to work with the tenants and provide resources, referral, case management, and group services. This is not a regulatory requirement, it's an ethical and moral decision made by

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the organization. The added social worker staff time impacts the operating expenses, which in turn affects the supply of funds available for capital projects that emerge; unexpectedly or planned. Ultimately, CHOC understands the need for this financial commitment, and the safeguard it creates for its tenants.

These financial commitments leave minimal funding for capital needs projects and major repairs. The inability to create more energy efficient upgrades and measures doesn't allow the property and it's residents to benefit from the cost savings associated with these upgrades.

The financial structure of an Affordable Housing Community precludes getting funds through traditional refinance sources. Current market conditions and regulatory restrictions lead almost all Affordable Housing properties to seek funding through a new Tax Credit syndication. That avenue takes years and costs a property many thousands of dollars in legal and consulting fees. It is not a quick process and the needs at Hotel Woodland are immediate.

We are thrilled at the opportunity to partner with NAMI Yolo County to secure funding for energy and water efficiency upgrades, which would result in dramatic cost savings for the property. Those savings can then be used to focus on the capital needs and upgrades for the tenants' units and living spaces. Ultimately, the final outcome would be enhancing the quality of life and comfort for our residents.

In conjunction with the energy and water efficiency upgrades, there is a need for a new elevator as an immediate health and safety measure. We feel this is a ***FIRST PRIORITY NEED*.** Hotel Woodland only has 1 elevator and it is the main mode of transportation between the lobby and all three floors, being utilized 24 hours a day, 7 days a week. We estimate approximately 90% of the tenants at Hotel Woodland use the elevator due to a mobility issue or disability. Unfortunately, the elevator has been out of service or shut off for emergency repairs a few times, leaving tenants without a safe and reliable way to get between their units, the community room and the lobby. When these emergency situations happen, an extra amount of staff time is used to create safety plans, and arrange for tenants to get groceries, medications, and other necessities. Should there be a fire while the elevator is not working, it would be very difficult for some residents to evacuate the building by stairway. The ability to update the elevator to recent health and safety measures would not only be a tremendous relief to the tenants and staff, it is a crucial item that the property does not have the funding for.

Below is an assessment and outline of the energy, water and the health and safety measures for Hotel Woodland. We understand that funding is limited, and need is high, so we have indicated ***PRIORITIZED PROJECTS*** as such below**.** Final calculations also reflects this prioritization.

Energy Efficiency Upgrades and savings:

(1) LED lighting upgrade in the building $7,000 ****PRIORITY PROJECT****

- Hotel Woodland has been on an LED retrofit program over the past few years however there are many lights that require conversion.
- Savings: Approximately $50/month.

(2) Replace hot water boilers – total cost $93,150 ****PRIORITY PROJECT****

- The current units are 35 years old, rusting and likely to fail in the next few years.
- These older units are 80% efficient and the new units will be 91% efficient.
- Cost savings is less significant than the need for hot water in general and the end of useful life of the units is near.
- Savings: Approximately 60 therms/month = approximately $100/month.

(3) Install new HVAC, eliminate gas heating entirely $172,250 ****PRIORITY PROJECT****

- Install new heat pump high efficiency units.
- New electrical and freon lines.
- Savings: Approximately 2,815 kWh/month = Approximately $844/month.
- Savings: Approximately 216 Therms/month = Approximately $400.

(4) Install solar thermal system - $133,560

- (Note: this requires collaboration for roof space with other condominium owners)
- Preheat water with the sun.
- Approximately 800 sq ft of collectors, 1200 gallons of storage.
- Savings: Approximately 252 therms/month = approximately $400/month.

(5) Install photovoltaic solar - $1,250,000

- A 270 KW system is needed for the 78 units. The square footage required does not allow it to be placed on the roof of the building. Additionally, the other condominium owners would also need to agree and this would preclude them from having their own solar system.
- The alternative is to utilize the City-owned parking lot and install shade structures with solar panels. This requires a public-private partnership that makes sense for both parties but is not guaranteed.

Energy Upgrade Savings Summary:

- Summary: 30,000 kWh are currently being used annually to cool the building
- We are going to save approximately 12,000 kWh annually from changing out the old HVAC equipment
- We are going to save approximately 2,000 kWh annually from upgrading the lighting to LED
- We will be adding an additional 32,000 kWh annually by changing from heating the units with gas to heating the units with electric heat pumps.
- By adding the heat pumps, the increased electrical usage is offset by the more efficient air-conditioning, lighting units and solar.
- The building will not use gas to heat the rooms any more, you will save an average of 216 therms/month for approximately 1,300 therms annually.
- The fossil fuel gas that we are saving by changing the heaters to electricity will be replaced with solar renewable energy.

TOTAL ENERGY EFFICIENCY UPGRADES: $405,960
TOTAL FOR PHOTOVOLTAIC OPTION: $1,250,000

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Water Efficiency Upgrades and savings:

1. Low flow toilets – 1.28 gallons $500 installed (versus older six gallon units)
    a. By replacing older toilets with Low-flow toilets, it can result in a 54% reduction in water usage. Low flow toilets significantly reduce the amount of water needed to channel waste through the plumbing (76 units)
2. Low flow shower heads - $100 installed
    a. Low flow shower heads can decrease water consumption by 40 -50%. Showers take energy to heat the water, thus cutting down on water usage also cuts down on energy usage. This not only conserves water, but it cuts down on our monthly water bill providing significant end-of-year savings. (76 units)
3. Kitchen Sink faucets - $400 installed (76)
4. Bathroom faucets - $100 installed (152 – two per sink)
5. Water bottle filling station with filtration and cooling - $3,500 installed

Hotel Woodland Water Efficiency and Savings Measures Cost Analysis

1. Low flow toilets – 1.28 gallons $500 installed (versus older six gallon units)
   76 Toilets x $500 = $38,000.00 total

2. Low flow shower heads - $100 installed
   76 shower heads x $100 = $7,600.00 total

3. Kitchen Sink faucets - $400 installed
   76 kitchen sink faucets x $400 = $30,400.00 total

4. Bathroom faucets - $100 installed
   152 Bath faucets x $100 = $15,200.00 total

5. Water bottle filling station with filtration and cooling - $3,500 installed
   $3500.00 total

TOTAL WATER EFFICIENCY UPGRADES: $94,700.00

Health and Safety Upgrade *PRIORITY PROJECT*

Needed repairs and replacements to elevator for current health and safety measures

TOTAL ELEVATOR UPGRADES: $250,000

Summary of Costs for Identified Needs

TOTAL COSTS FOR ALL UPGRADES:		***PRIORITY PROJECTS:***
Energy Efficiency Upgrades:	$405,960.00	***$272,400.00***
Solar photovoltaic option:	$1,2500,00.00	
Water Efficiency Upgrades:	$94,700.00	
Health & Safety Elevator:	$250,000.00	***$250,000.00***
	PRIORITY PROJECTS TOTAL:	***$522,400.00***

We appreciate your partnership and support in these efforts to increase the quality of life for our residents. Please reach out if you need any further information.

Thank you

Terri Smyth Canillo

Terri Smyth Canillo, MSW
Vice President of Community Impact

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COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA):
Additional Community Feedback

Annual Update FY 2022-2023

Additional Community Feedback may be submitted to MHSA for the Annual Update process. Please submit this information to mhsa@yolocounty.org by Friday April 15, 2022. MHSA Annual Updates are published every year and available at www.yolocounty.org/mhsa.

Project Title:

The ClipDart Giveback

What is the identified issue or gap in service?

COVID-19 has disproportionately impacted people who are living with a mental illness or a substance use disorder, especially those of color, which highlights that health equity is still not a reality in many communities within Yolo County. The mental wellness concerns of those living with a mental illness, such as low-self esteem, anger management, relationship struggles, balancing work & life, anxiety of death, stress of competition, etc. have all increased dramatically due to the pandemic and especially within those living with SMI and SED.

Also, in 2020, the hair industry was deemed non-essential. Thus, (1) many hair professionals experienced significant financial losses and are still struggling to sustain business demands and expenses (2) the accessibility and affordability of a great haircut experience have significantly decreased post-pandemic.

What is the recommended solution, or concept?

“The ClipDart Giveback” will improve the mental wellness of members of the Yolo County community in two ways: 1) employing hair professionals impacted by the COVID-19 pandemic; 2) providing free haircuts and connections to social services for adults living with mental illness and other disabilities within the Yolo County by working with our nonprofit partners. With a budget of $7500, our highly-talented team of mobile hair professionals will give free haircuts for six hours every 21 days for one year to the residents of Pine Tree Gardens. “The ClipDart Giveback” will also host 5 mental wellness giveback events across Yolo County at which we offer free haircuts, showers, vaccinations, HIV/HCV testing, clothes, food, toys, hygiene products, and information regarding social services in coordination with our nonprofit partners. The Yolo County Health and Human Services Agency would issue a request for proposals to implement a pilot project for “The ClipDart Giveback” program for up to one year.

The proposed project will help an important segment of this community, the hair professionals who often are a source of advice, counsel, and friendship for their clients, as well as the individuals who receive the haircuts or participate in the mental wellness giveback events. “The ClipDart Giveback” will provide hair professionals an

incredible opportunity to earn additional income helping people in need by providing guaranteed appointments on specific days, while improving the mental wellness of those who need it most through “free” haircuts and genuine conversation. In addition, “The ClipDart Giveback” mental wellness giveback events will connect those living with mental illness to goods and services, as well as providing an opportunity for meaningful social interaction.

With the funding, we can have a high frequency of haircuts, which is needed to truly improve the mental wellness of those living with mental illness. The frequent sessions help hair professionals and the people we serve increase confidence, decrease anxiety, foster community, and simply enjoy simple social interactions during and after this unpredictable, economically unstable, and protracted pandemic.

Budget (if applicable)?

The budget would be $7500/year. This was include scheduled appointments with one non-profit partner (Pine Tree Gardens) every 21 days and five mental wellness giveback events across Yolo County.

Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?

Organization Name: The ClipDart Giveback

Contact Information for Kyle Parker (Founder/CEO):

- Phone number: 773-230-0638
- Email: Kyle@ClipDart.com
- Website: www.ClipDart.com/theclipdartgiveback

Target Population: Adults living with mental illness

COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA):
Additional Community Feedback

Annual Update FY 2022-2023

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Project Title: **Pathways, a care coordination program serving at-risk adults.**

What is the identified issue or gap in service? There is an unmet need for services for older adults with SMI across all MHSA service components particularly for early, preventative and crisis interventions. Yolo Adult Day Health Center has been a valued resource to serve this cohort; we enroll MHSA referrals and target adults excluded from MHSA dollars due to diagnosis of dementia despite psychosis and other SMI qualifying diagnoses. Looking at the Center's enrollment, on average at any given time, 75% of the participants are prescribed psychotropic medications with correlating mental health diagnoses in varying levels of severity with the most common being bipolar, psychosis disorder, schizophrenia, or substance abuse disorder. Additionally, many participants and caregivers are being treated for depression and anxiety which corroborates the understanding that living long term with chronic illness, loss of function, caregiver burnout and cognitive loss significantly impact mental health. Another underserved cohort in our County is individuals with neurocognitive disorder with related psychosis which manifests as decline in thinking and problem-solving skills, as well as delusions or hallucinations of psychosis and can trigger other problems such as anxiety, aggression, sleeplessness, agitation and lack of inhibition.

With limited internal licensed behavioral health expertise and community care coordination options, the current service network is unable to meet community needs let alone the growing demand being presented by the aging population. Some relief will be achieved in early 2023 when ADHC completes its expansion project doubling in capacity. Additionally, with the opportunity provided by CalAIM, we see a new source of relief with Enhanced Case Management. Using ECM, we will be able to support clients who are not ADHC participants and also layer on additional support for the high acuity behavioral health ADHC participants. Using the ECM tools, YADHC will be able to expand and deepen current support for aging and disabled adults with mental health issues for Yolo County residents who are currently served and not served by adult day health care or YCMH.

What is the recommended solution, or concept? Support the one time need for dollars to development of a comprehensive case management program based on newly rolled out Enhanced Case Management to be named Pathways. Pathways will receive referrals from Partnership HealthPlan who identifies individuals who have been identified as having complex clinical and non-clinical needs. Additionally, we can receive referrals from YCMH and seek PHP approval for ECM. By assessing status of social determinants of health and working with the individuals' provider network, the team (individual, clinicians, care network) will develop person centered care plans to work towards life stability and improved health outcomes. **Pathways model with use bachelor's level or well-seasoned non-degree case managers, community health workers and an LCSW as the core team.** The ADHC's clinical interdisciplinary team which consists of social workers, nurses, rehab (PT, OT and Speech), dietician and activity specialists will be available for consultation. This provides a robust team providing support to individuals that are part of the Pathways (ECM).

One key contributions we see to YCMH care system is the ability to add support to shared clients with the community health worker who will be able to tend to operate outside our four walks with transportation needs for appointments and other critical but time consuming tasks.

Budget (if applicable)? Attached. We are requesting a one-time grant of $152,120

Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)? We will be focusing on adult and older adults with complex mental health needs who would also benefit from medical, cognitive, and functional supports to ensure we are addressing MHSA criteria for a grant.

Summary Addendum Requested by Ian Evans 5.2.22

Yolo Adult Day Health has been serving Medi-Cal SMI clients for 38 years; many in concert with YCMH and others depending on primary doctor only. We have always been a key referral source for YCMH due to the interdisciplinary nature of our program in that we offer high and frequent touches while offering medical, social, rehab and behavioral health support to achieve and maintain stability in the community. **With the opportunity provided by CalAIM and in particular, Enhanced Case Management, YADHC has an opportunity to extend already provided services to provide more support to YCMH and non-YCMH behavior health clients.**

What service gap or underserved population are we addressing?

1. Older and disabled adults are underrepresented in MHSA spending yet prevalence of mental health impacting independent living is significant and growing. According to NIMH, prevalence of severe and persistent mental illness for older adults is between 1% to 9.8% (schizophrenia, bipolar and major depressive disorder) *[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6553879/]*
2. Family caregivers experiencing SMI level depression and anxiety as a result of caring for of mentally ill and cognitively impaired patients.

How does County Benefit?

1. One component of ECM will focus on behavioral health participants that we share with YCMH and will alleviate the need for County medical and other transportation and County case management.
2. Second component will be **immediate and timely** response to YCMH referrals seeking adult day health care and/or ECM support. Currently referrals are on waiting list for up to a year. With ECM, an assessment of social determinants of health and subsequent care plan will be completed within 5 business days.
3. This project needs only start-up funding. Within 12 months, program will be self-sufficient with PHP ECM reimbursements and addressing adult and older adult needs for a many years to come; no need to request more MHSA dollars for support.
4. There is no other program in the County that can provide both the community-based care coordination for high risk population and have the consultative support of Center's interdisciplinary team that consists of nurses, social workers, rehab specialists, dietician, quality socialization and more. For non-CBAS SMI patients, the team is available for consult and socialization opportunities may well be incorporated into new Center. We are thinking a mini-wellness center space.
5. First year, project will focus exclusively on those referrals that meet the SMI definition to ensure appropriate use of MHSA dollars. For year two, after being launched by MHSA funding, we will maintain the proposed behavioral health census levels as this is generally 75% of referrals and enrollment. By Year 2, we should also be in our new site which is doubling our daily service capacity.

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. (S*ource: National Institute of Mental Illness*)

Pathways Pro Forma

	Hourly	FTE	Annual Hours	Benefits	Cost $ Total
Program Supervisor/Care Coordinator	$35.00	1	2080	1.35	$98,280
Community Health Worker	$20.00	2	2080	1.35	$112,320
LCSW	$65.00	0.25	520	1.35	$45,630
Biller	$25.00	0.25	520	1.35	$17,550
				Annual Staffing Costs:	$273,780
				Annual Supplies (equip, space, milage, fuel):	$8,000
				Total Annual Costs:	$281,780
CalAIM Revenue:					
PMPM	$350				
Caseload Goal:	70				
	$294,000			**Annual CalAIM Revenue:**	$294,000
				Gain/Loss:	**$12,220**

Program Supervisor/Care Coordinator	1:5	Ratio of Care Coordinator per CHW
CHW	30	Anticipated Caseload

COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA):
Additional Community Feedback

Annual Update FY 2022-2023

Additional Community Feedback may be submitted to MHSA for the Annual Update process. Please submit this information to mhsa@yolocounty.org by Friday April 15, 2022. MHSA Annual Updates are published every year and available at www.yolocounty.org/mhsa.

Project Title:

INTERACTIVE Mind + Body Empowerment Workshops - A Collaboration between Mental Health and Physical Health Professionals

What is the identified issue or gap in service?

The pandemic created an unprecedented amount of stress and trauma in young children, teens, school district staff, and educators, with many of them still experiencing post-pandemic grief. The existing early intervention and prevention mental health system, currently a partnership between the Yolo County Health and Human Services Agency and school districts in Yolo County, is exploring new opportunities to address this serious mental health issue. One such opportunity is merging visits with mental health clinicians, physical therapists, and personal trainers into sessions to help children, teens, educators, and staff cope with ongoing stress associated with pandemic trauma and other significant mental health conditions. Mental health clinicians, physical therapists, and personal trainers traditionally provide services separately, but increasingly individuals living with mental health conditions and professionals providing mental health services recognize the benefits of a holistic mental and physical health approach to mental well-being. In addition, mental health professionals increasingly recognize the need to provide welcoming, non-traditional, engaging opportunities to access the mental health system because of protracted stigma regarding seeking help for mental health conditions. The proposed project envisions interactive mind and body empowerment workshops designed to both provide a new approach to mental well-being and an opportunity for people to learn about mental health resources in the community. These workshops will bring together clinicians, physical therapists, and personal trainers who historically have provided services separately to help improve the mental health of K-12 children, educators, and school district staff.

According to an April 12, 2022 New York Times article, “an influential group of experts are recommending for the first time screening all children ages 8-18 for for anxiety,” as a result of a combination of factors including increased stress from the pandemic. The proposed interactive workshops will not only help provide tools and support for students and school district staff to manage stress and anxiety disorders; they will also help connect the students’ parents and caregivers to additional resources.

What is the recommended solution, or concept?

The Yolo County Health and Human Services Agency would issue a request for proposals to implement a pilot project for quarterly mind and body empowerment workshops offered at a central location in each school district around Yolo County for up to two years. Workshop attendees would be provided with multiple tools proven, with practice, to overcome negative feelings and to improve overall well-being. In addition, the workshops will connect audiences with mental health resources if they need further assistance, including services offered by the new Yolo County Health and Human Services K-12 School Partnership Program. A representative from the K-12 School Partnership Program will be offered an opportunity to speak and engage with participants at every workshop.

A licensed mental health clinician, licensed physical therapist, and certified personal trainer/wellness counselor will facilitate the workshops, designed to empower attendees to understand what happens to their mind and body during stressful and traumatic transitions (e.g. the pandemic)). The workshop is an interactive experience introducing tools such as guided journaling, traditional therapy, movement therapy (i.e. gentle exercise) and mindfulness techniques to navigate through these transitions.

The workshop will be divided into three sections with breaks in the middle for guided journaling and mini movement breaks, during which a personal trainer will lead participants through stretches and light exercise. Journaling helps calm the mind and alleviate negative thoughts, while exercise helps release negative emotions and stress stored in the body.

The first section, presented by a licensed therapist, will address the impact of emotional stress and trauma. The different stages of grief will be discussed (shock, anger, sadness, guilt, bargaining, acceptance, finding meaning (newest stage of grief). The goal of this section is to help the audience understand that what they may feel or have felt is a normal reaction to challenge and change.

In the second part, the physical therapist discusses how challenges, stress, grief and trauma can show up in our bodies - how these feelings manifest in our nervous system and can elicit responses such as fight or flight, rapid heart beat, shallow breathing, etc. Anxiety can cause a heavy feeling in the chest, for example, a twinge in the shoulder may be related to the stress and worry over external matters. Regardless of age, it is so important to empower everyone with an understanding of what may be happening to their mind and body when presented with difficult situations and to access self-help tools and professional services to help them address anxiety, depression, or other mental health conditions.

In the third part, a personal trainer/fitness expert/wellness coach will discuss the benefits of working out and how exercise has a positive impact on emotional and physical health, as well as how to overcome roadblocks to beginning or maintaining an exercise program. and the importance of getting your Daily D.O.S.E (dopamine, oxytocin, serotonin, endorphins) which are natural hormones released through movement that create feelings of happiness, calm, euphoria, accomplishment. Different types of workouts will be discussed with emphasis placed on those that are easily accessible and free for all. In addition to working out, tools such as mindful meditation and breathing techniques will be introduced in an interactive format.

The final part of the workshop will give the audience an opportunity to get up and move their bodies in a 15 minute low-intensity, high energy, music driven workout led by the certified fitness trainer. The workout will close with a mindfulness exercise and journaling allowing for reflection on how participants feel at the end of the session in comparison to the beginning.

Questions and an opportunity to share thoughts will be allotted at the end.

As noted above, an invitation will be extended to representatives from the K-12 School Partnership Program to attend and present information about existing mental health county resources. The workshop facilitators will collaborate with Yolo County to develop a referral system in partnership with the County for people who need additional services. The more education these workshops can provide about where to seek further assistance, the more people we can help connect to the correct mental health services and programs.

With regards to locations for workshops, classrooms would provide sufficient space or multi-purpose rooms/gymnasiums. The workshop can also be facilitated outdoors provided there is privacy and the acoustics are good. There needs to be enough room for discussion, journaling and exercise. Goal would be to reach as many students, educators and administrators through these workshops - accessibility to them in a location on campus would help with this but the workshop can be done anywhere (virtually too!).

Budget

$200,000 for Interactive Workshops in 25 Yolo County Middle School + High Schools with an additional 5 workshops designed specifically for educators and administrative staff since they are the front lines for many Yolo County students. Funding would be utilized for the following schools during a pilot program:

Woodland Unified School District - Douglas Middle School, Lee Middle School, Cache Creek High School, Pioneer High School, Woodland High School, Adult Education
Winters Unified School District - Winters Middle School, Winters High School, Wolfskill Career Readiness Academy
Washington Unified School District - River City High School, Washington Middle College High School, Yolo Education Center, Washington Adult School, Washington Unified Virtual Academy
Esparto Unified School District - Esparto Middle School, Esparto High School, Madison High School
Davis Unified School District - DaVinci (Middle and HS), Harper Middle School, Holmes Middle School, Emerson Middle School, Davis School for Independent Study, King High School, Davis Senior High School

Interactive workshops facilitated throughout fall/winter/spring quarters (evenly distributed per district each quarter). 25 total workshops (one in each middle school and highschool in Yolo County) will be administered during the one-year, pilot program period; plus an additional 5 workshops designed specifically for educators and administrative staff will be available for each school district to utilize. The pilot program will include performance measures. Workshop content can be presented in-person or virtual. Initial pilot program would be in-person with the option to film content for schools who would prefer a virtual option.

Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?

The following individuals are available for more information about this proposal, but recognize Yolo County would need to develop an RFP for the proposed workshops and integrate such workshops into the K-12 School Partnership Program:

Lisa Herrington, ACSM, ACE CPT	Lead	lherrington@gmail.com	530.908.8052
Emma Anway, MS LMFT	Partner	emma@esacounseling.com	
Abbie Harper, PT, DPT	Partner	harper.abbie@gmail.com	

NAMI
National Alliance on Mental Illness
Yolo County

P.O. Box 447, Davis, CA 95617
(530) 756-8181
www.namiyolo.org
friends@namiyolo.org

DATE: November 15, 2021

TO: Karen Larsen, Director, Health and Human Services Agency
Brian Vaughn, Public Health Director

FROM: NAMI Yolo County Board of Directors
Executive Committee Members
Petrea Marchand, President; Anya McCann, Vice President;
Stacie Frerichs, Treasurer; Erik Daniells, Secretary

MEMO: ATTACHED MHSA SURPLUS FUNDING REQUEST CONCEPT SHEETS FROM NAMI YOLO COUNTY

Per the process that NAMI Yolo County proposed Friday, 11/12/21 for how to proceed with MHSA surplus funding evaluation process, we look forward to fleshing out these funding request concept sheets in more detail together with you and your staff over the coming months. We have gathered input from longtime key volunteers, family members, and our Board of Directors for items they consider priorities in Yolo County. Many are not work that would be led by our organization but which we firmly support and important ways to spend the funding available. We have done our best to make estimations of service level needs and funding required, but we need your help.
If we need to prioritize, please ask us for our priorities.

Thank you!!

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2022-2023

NAMI YOLO COUNTY PROGRAM EXPANSION

PROGRAM ADVOCATE

NAMI Yolo County

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

Program: Community Services & Supports (CSS); Workforce, Education, & Training (WET); Services: Access, Peer Mentorship, Support Group

POPULATION SERVED

K-12, TAY, Adults, Seniors with serious mental illness and their families/caregivers

BACKGROUND

NAMI Yolo County support groups and education classes for adults living with mental illness and their family members continue to be in high demand due to the compounding stressors related to the COVID-19 pandemic and the general consistent need for support. NAMI Yolo County currently has a $100,000 contract for the 2021-22 fiscal year with the Yolo County Health and Human Services Agency to provide support groups and education classes. NAMI Yolo County successfully transitioned the support groups and education classes to a virtual format during the pandemic, as well as created a new support group for parents of children living with a serious mental illness, but does not have sufficient volunteers to increase the number of support groups offered to meet the need of the community.

NAMI Yolo County has relied on volunteers to facilitate support groups historically. The lack of volunteers has impacted NAMI Yolo County's ability to expand programs to meet the community need, as well as provide additional support groups in Spanish. NAMI Yolo County also is limited in the amount of time it can devote to outreach to the community to let people know about NAMI Yolo County's education classes and support groups. Further, NAMI Yolo County is concerned that relying on unpaid volunteers for support groups and programs does not meet emerging goals to ensure equitable opportunities for people of all income levels. Many people do not have the capacity/availability to volunteer because they must use their limited time to earn wages. Volunteers must currently commit 12-15 hours of their time to receive training, plus two hours weekly per class/group session for preparation, conducting the class, and follow up. It will enhance our ability to recruit a greater diversity of teachers/leaders as well as participants, who would feel themselves more reflected in our staff.

NAMI Yolo County recruited for a new Executive Director in May 2021 and through the process of working with a recruiter learned the skills and experience needed to administer NAMI Yolo County's programs requires a higher salary level than NAMI Yolo County is currently able to provide with the existing Yolo County contract. In addition, NAMI Yolo County's desire to expand programs will increase the responsibility and the complexity of the Executive Director's position.

MHSA PROGRAM PROPOSAL

NAMI Yolo County proposes to increase funding for programs by $25,000 in the 2021-22 fiscal year and $95,000 in the 2022-23 fiscal year. NAMI Yolo County proposes to also add paid hourly employees to facilitate support groups which will help ensure consistency of services and expand the number of support groups and education classes available in the short run. The increase in funding for program expansion also will allow NAMI Yolo County to increase compensation for the Executive Director to support the expanded, higher-quality classes and support groups. This proposal will also increase NAMI Yolo County's ability to retain support group facilitators and class teachers, therefore improving the quality of the experience for residents.

Components:

1) Adding 1.50 FTE on an annual basis to develop a pool of paid peers/staff to facilitate support groups and mental health education. This would support more consistency with available facilitators/peers and also offer an opportunity for peers to be employed and earn income for their important role and service. They would also be compensated for the time spent in training. One of this pool will also have additional hours supporting the ED in coordination of this pool.

Per 12 month period

Cost:	$60,000	($20/hour x 3,000 hours per year)
	$10,000	(Payroll taxes and benefits)
Total:	$70,000	for annual FY expense

2) Allocating .25 FTE of Executive Director time, to support expansion of programs and directly supervise paid staff and employees. To improve retention of an ED to support this expansion, we are intending to enhance the range of the ED's salary from $70,000/year to up to $100,000/year. This increase reflects the enhanced duties of supervising staff as well as more appropriately matching competitive salary. Recruiting and retaining a competent ED who holds the values of NAMI-Yolo will benefit the entire community.

Cost: $25,000 (including salary, benefits)

TOTAL: $95,000/year

NAMI Yolo County is requesting an additional $25,000 for the 2021-22 fiscal year because NAMI Yolo County anticipates that if this funding is awarded, it will not be available until March 2022.

LEAD ORGANIZATION/PARTNERS

NAMI Yolo County

CONCERNS

Recruiting enough available and interested participants.

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$95,000 / $95,000

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023
ADULT RESIDENTIAL FACILITIES

PROGRAM ADVOCATE

NAMI Yolo County

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

CSS: Services: Access, Housing

POPULATION SERVED

Adults, Seniors with serious mental illness and their families/caregivers

BACKGROUND

There is a deep housing need in Yolo County for those community members who have a serious mental illness (SMI) who cannot live independently and need full time support to comply with mental health treatment prescribed by doctors and clinicians.

According to the Yolo County Board and Care Study, April 2019, there were approximately 23 consumers living in Board and Care facilities outside of the County. Additionally, there were approximately 59 consumers living in higher levels of care with limited local step-down housing options. There were also an unknown number of individuals who were living at home with aging parents, living in substandard unlicensed facilities, or who were living without secure housing (e.g., shelters, homeless, etc.). The need for more housing for people with mental illness who cannot live independently is clear.

MHSA PROGRAM PROPOSAL

Purchase two Adult Residence Facility homes which can house 15 individuals each in two locations (suggested: West Sacramento, Woodland, or Winters). Full time staffing is required on site. This would be a similar level as the Pine Tree Gardens homes and should include support group type of activities for those living within a home.

Components:

Purchase of a home, renovation, and furnishings:

Estimated Cost -

$1,000,000 per each location x 2 locations = $2,000,000 one-time expense

Contractor/Staffing round the clock and facility upkeep:

Cost -

$450,000 per each location x 2 locations = $900,000 per year

NAMI Yolo County
National Alliance on Mental Illness

LEAD ORGANIZATION/PARTNERS

(Potential: YCCC, CHOC, Telecare, Hope Cooperative)

CONCERNS

Location and available properties. Neighborhood NIMBY'ism

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$2,900,000 / $900,000

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023

ART CLASS & NAMI CONNECTION SUPPORT GROUPS - MULTIPLE LOCATIONS

PROGRAM ADVOCATE

NAMI Yolo County

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

CSS: Prevention: Support Group

POPULATION SERVED

Transition Age Youth, Adults and Seniors living with serious mental illness

BACKGROUND

Building on the decade of success of the Yolo CANVAS art class located at Cesar Chavez and in response to request from professionals who construct and manage housing in Yolo County, such as Davis Community Meals, NAMI has identified a need to create art classes which meet regularly and also serve as regular support groups for attendees living with serious mental illnesses. The Yolo CANVAS class has consistently over a decade shown to provide important stress reliever, provide community, reduce isolation, and increase stability for this test group of participants.

MHSA PROGRAM PROPOSAL

We will train a group of individuals with lived experience to become art teachers and facilitators for NAMI's signature program Connections. Connections is a support group for those living with a mental health challenge and facilitated by someone who has experience living with a mental health challenge. Training more community members will build resilience and a corps of trained individuals who also function in other community and professional roles and teach and interact with people of all ages. They will bring these skills to multiple populations.

We will expand peer support by identifying art teachers with lived experience or individuals with lived experience and an interest in the arts. (We have identified the interest of 7 instructors in advance of submitting this proposal.) We will pay them to become a **certified NAMI Connection facilitator** with 2-day training (16 hours), pay them an hourly rate to teach a specific class in a specific location that we will identify which will serve to provide important activities of self expression while providing a peer support group on an ongoing, reliable basis.

The classes will be modeled after the successful Yolo CANVAS program which has three 8-week sessions per year, and two teachers supporting each art support group.

If needed, Davis Art Center can provide curriculum ideas to those who would like ideas, and Marilyn Moyle, who has taught Yolo CANVAS for a decade will provide ideas which have been successful for her class.

NAMI Yolo County
National Alliance on Mental Illness

We will support facilitators in selecting a location and regular time, then they will manage their class, select activities, purchase supplies, and communicate directly with location management. We propose to train 10 facilitators throughout the County recruited from arts organizations and school districts.

Deliverable: Train ten facilitators in NAMI Connections curriculum who will provide weekly classes in pairs during three 8-week sessions (a total of 24 weeks per year). Classes include art supplies and a snack. Classes last 2 hours.

Assumptions:

- Site locations will be free, facilitators will do their own set up and clean up of art supplies.
- Assume a maximum of ten class participants so there is time to interact.
- One-time Training for staff: 9:00 am - 5:00 pm for two days = 16 hours each x 10 facilitators x $20/hour = $3,200
- NAMI Trainer Fee (to conduct NAMI Connections Leader Training): $1,000
- Teaching: 2 facilitators per class per 8-week sessions x 3 hours per class x $20/hour x 10 instructors (covering 10 different locations per session)
- Each facilitator will co-lead two classes per week per 8-week session
- 3 hours per class/week includes preparation, time to purchase supplies, class time, and clean-up)
- Recruitment of appropriate facilitators, management of facilitators and grant management will be required
- Supplies: Art supplies = $75/class + Snack/Food Supplies: $25/class = Total $100/class session
- Train 4 new facilitators each year to rotate through

Cost:

FY 2022-2023

Item	Details/Calculations	Total
Initial Training: 4 additional Connections/Art Facilitators	$1,280 Paid training time (16 hour class at $20/hr) plus $400 NAMI Connections Leader Training Cost	$1,680
Facilitation: 3 8-week sessions (Sept-Nov, Jan-Mar and April-May)	2 facilitators per class at $20/hour x 3 hours each class x 8 week session x 3 sessions x 10 classes running per session	$28,800
Project Management and Facilitator Recruitment	Recruitment, 3 months x 20 hours x $30/hour ($1,800) Management, 12 months x 8 hours x $30/hour ($2,880)	$15,480

NAMI Yolo County
National Alliance on Mental Illness

	Grant Management, 12 months x 20 hours x $45/hour ($10,800)	
Supplies	$100/class x 10 classes x 24 weeks	$24,000
TOTAL		**$66,000**

LEAD ORGANIZATION/PARTNERS

NAMI Yolo County (possible partners: Davis Art Center, Yolo Arts, Taller Arte del Nuevo Amanecer (Tana), City of Davis Arts & Culture, Davis Arts Alliance)

CONCERNS

Negotiating with sites to donate the cost of a classroom space.

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$66,000 / $66,000

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023

SUPPORT SERVICES IMMEDIATELY AFTER RELEASE FROM LOCKED PSYCHIATRIC FACILITIES/HOSPITALS

PROGRAM ADVOCATE

CommuniCare Health Centers, NAMI Yolo County supports

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

CSS: SERVICES: Navigation, Clinical Services; PREVENTION: Support Group; HOUSING: Supportive Services

POPULATION SERVED

Transitional Age Youth, Adults and Older Adults after release from psychiatric hospitals and other locked facilities, or after incarceration

BACKGROUND

In Yolo County, when a Yolo County client is released from a nursing home, a nurse and social worker visit to assess needs and help with resources and services. When someone's released from a psychiatric hospital or other locked psychiatric facility, a person is handed prescriptions (maybe) and a recommendation for a psychiatric appointment (without an actual appointment made on their behalf).

CommuniCare Health Centers has an ongoing contract to provide such services, the Transitions of Care program, which is having good success as far as release from and coordination with the criminal justice system in Yolo County. Individuals are being regularly and successfully referred for support.

However, it remains that there are other institutions, such as hospitals, where individuals in need are released with no plan or connection to follow-up support, no in-person visit, no phone call. People are left to their own resources when they are most vulnerable and often are re-hospitalized. Many of whom need the additional help to re-access Social Security and Medi-Cal and get connected to support.

CommuniCare needs additional staff time to outreach, build relationships, and explain these services with a focus specifically on psychiatric hospital discharges.

MHSA PROGRAM PROPOSAL

We are not sure of how many clients need this support each year. The County needs to give input.

Fund 1.0 FTE Case Manager annually (potentially as part of TOC program) to provide focus on psychiatric hospital discharges and will help with evaluation, medication management, medical/psychiatric appointments, transportation, housing, and re-entry to the community for those released.

The Social Services Worker will connect individuals with needed services, reduce risk of re-hospitalization and improve individuals' well-being. Services will include regular visits, education and

support for individuals and family members, medication and administration instructions, and building coping skills. Additionally, the Social Services Worker can connect people on the Medi-Cal program to In-Home Supportive Services (IHSS) when appropriate, allowing people to remain safely at home.

The California Model for Behavioral Health recommends Home Visits after psychiatric hospitalization which can help individuals adjust to returning to their homes and help prevent rehospitalization. See: The California Model for Behavioral Health A Standard of Care for All: June 2019 pg. 16.

LEAD ORGANIZATION/PARTNERS

CommuniCare Health Centers/ NAMI Yolo County supports this request

CONCERNS

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$100,000 / $100,000

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023

RAPID RESPONSE TEAM FOR AOT GRADUATES

PROGRAM ADVOCATE

NAMI Yolo County

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

Program: Community Services & Supports (CSS); Workforce, Education, & Training (WET); Services: Access, Navigation, Clinical Services

POPULATION SERVED

TAY, Adults with serious mental illness

BACKGROUND

Assisted outpatient treatment (AOT) is court-ordered treatment (including medication) for individuals with severe mental illness who meet strict legal criteria, e.g., they have a history of medication noncompliance. Typically, violation of the court-ordered conditions can result in the individual being hospitalized for further treatment. AOT has demonstrated improving treatment outcomes for its target population. Specifically, the research demonstrates that AOT reduces the risks of hospitalization, arrest, incarceration, crime, victimization, and violence. AOT also increases treatment adherence and eases the strain placed on family members or other primary caregivers. However, there is no support for those transitioning out of AOT treatment.

MHSA PROGRAM PROPOSAL

Create a Rapid Response Team of professional support for those transitioning out of AOT treatment.

Components:

24-7 Crisis Co-Responders, Case Managers, and others can be linked as a support team covering different times of day for AOT clients transitioning out of AOT treatment. It would be part of the caseload of a current staff member, estimated based on the number of eligible clients. This might entail needing additional staff hours.

Estimate: .25 FTE

Cost: $25,000.

LEAD ORGANIZATION/PARTNERS

Yolo County HHSA (potential: CommuniCare?)

CONCERNS

Recruiting enough available and interested participants.

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$25,000 / $25,000 (?)

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023

HOUSING AND SUPPORT FOR PEOPLE PLACED IN OUT-OF-COUNTY FACILITIES BECAUSE OF THEIR NEED FOR MORE INTENSIVE SERVICES

PROGRAM ADVOCATE

NAMI Yolo County

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

Program: Community Services & Supports (CSS); **Services:** Access/Housing, Clinical Services

POPULATION SERVED

Adults with serious mental illness

BACKGROUND

There is need in Yolo County for a Social Rehabilitation Residential Treatment Center for people needing more intensive services than can be provided at a board and care. Yolo County currently sends these patients outside of the County (sometimes a great distance) because we lack such a facility.

MHSA PROGRAM PROPOSAL

We suggest using the Pacifico Proposal that was considered in 2018 and is fully developed except for identifying a facility location. Services provided would include crisis prevention, medication evaluation and management, wellness and recovery programs, medical service referral, community/peer support groups, client advocacy, community reintegration, planned activities, and full day-treatment programs. The program should meet the needs of both long-term residents who require physical and mental health care and those residents who are actively progressing to a lower level of care.

Facility Purchase -

Cost: $5,000,000

Facility Upkeep -

Cost: $100,000 annually

Staff 24/7 -

Cost: $500,000 annually

LEAD ORGANIZATION/PARTNERS

North Valley Behavioral Health

CONCERNS

Location and potential available properties.

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$5,500,000 / $750,000

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023

TRANSIT VOUCHER PROGRAM FOR MENTAL HEALTH CLIENTS

PROGRAM ADVOCATE

NAMI Yolo County supports.

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

Program: Community Services & Supports (CSS); **Services:** Access, Clinical Services, Education, Support Group

POPULATION SERVED

Adults with serious mental illness, TAY, Seniors

BACKGROUND

Some mental health clients forego medical and mental health care, as well as community interaction, support groups, and educational opportunities because they lack transportation, or find transportation too confusing and cannot figure out their routes. The County could facilitate greater use of the Davis Community Transit and Yolo Bus Special (both are transit serving ADA defined individuals which includes severe mental illness).

MHSA PROGRAM PROPOSAL

Recruit multiple organizations to do outreach to enroll eligible community members to use Davis Community Transit and Yolo Bus Special. Provide a pool of funding to be used for identified mental health clients. Provide a list of approved clients. Peers who have a psychiatric disorder that causes confusion or difficulty using public transit need to be identified by a psychiatrist and eligible for this service that already exists under ADA. County staff, navigation centers, wellness centers, case managers, support staff, and social workers can facilitate getting a form signed or obtaining the doctor's name for the Transit company to obtain a signed form. The Transit companies can manage and track use of the funds, or another option is to sell tickets in advance and distribute them to clients and peers who are pre-qualified for the service.

Cost: $75,000

LEAD ORGANIZATION/PARTNERS

Davis Community Transit, Yolo Bus Special

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$75,000 / $75,000

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023

TRANSITIONAL HOUSING

PROGRAM ADVOCATE

NAMI Yolo County

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

Program: Community Services & Supports (CSS); **Services:** Access/Housing, Peer Mentorship, Support Group

POPULATION SERVED

Adults with serious mental illness

BACKGROUND

There is need in Yolo County for those community members who are recovering from a serious mental illness (SMI) and are ready to go into less restrictive housing, but not yet ready for the open rental market. At present, there's no location with on-site peer support staff where individuals can live for a period of time until they are ready to rent and live independently.

MHSA PROGRAM PROPOSAL

Purchase apartment building with 10-12 units, which includes a peer support staff living on site who will guide and develop skills for independent living, including paying bills on time, shopping for food, self care, cooking, and cleaning.

Component Cost Estimate:

Property **Purchase Apartment building with 10-12 units or multi-family housing** **Renovation** **Basic furnishings for each unit**	**$2,500,000**
Facility Upkeep	**$50,000**
Utilities	**unknown**
Peer Support Staff	**$75,000**

LEAD ORGANIZATION/PARTNERS

YCCC, CHOC, Telecare, Hope Cooperative

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$2,500,000 / $125,000 + utilities

NAMI Yolo County
National Alliance on Mental Illness

MHSA PROGRAM PROPOSAL 2021-2023

TECHNOLOGY SUPPORT SERVICES

PROGRAM ADVOCATE

NAMI Yolo County

MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

CSS: Services: Access, Clinical Services Access; Prevention: Support Group Access

POPULATION SERVED

Adults living with serious mental illness

BACKGROUND

NAMI Yolo County volunteers have recognized through our volunteer activities that many people in Yolo County who have serious mental illnesses could use greater access to technology and a support service to help them keep technology they have up-to-date so it does not become non-functional or obsolete. Updating a laptop, desktop, or tablet computer, or even the operating system on a mobile phone can be very confusing.

Adults with serious mental illness need to have access consistently to behavioral health and physical health medical appointments in addition to supports such as therapists, case workers and support groups. During the pandemic, tele-med has become easier and more consistent and available more widely. This also opens up opportunities to use clinicians who may be within California but not accessible in person because of distance. This means more access is needed to technology and support.

People in support groups need to participate by visually seeing one another and it is difficult to fully engage from a small mobile phone screen. We suggest tablets or laptops. Individuals need to be able to use these technology tools in a room with privacy – which is not easily available in a public library.

Need IT support desk somewhere to help when problems inevitably arise. This could easily be contracted out to local repair shops under an agreement with the County.

MHSA PROGRAM PROPOSAL

Tablets in the $200 price range should be purchased for FSP and medication-only clients. A list of locations with free WiFi, (such as County buildings or libraries, school spaces when closed during the summer, and migrant centers during winter), where private rooms can be reserved, may be needed for some of them. There are technical solutions, such as WiFi hots spots, that can be explored.

We are giving an estimate here, but this is something we hope the County can explore.

Estimated Cost: $60,000

NAMI Yolo County
National Alliance on Mental Illness

As needed upgrade support or repair:

Cost: $25,000/year

LEAD ORGANIZATION/PARTNERS

Yolo County HHSA

CONCERNS

Finding repair shops who are willing to contract. Access to WiFi in a private area.

INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

$ / $

NAMI Yolo County
National Alliance on Mental Illness

Delivered via electronic mail

January 23, 2022

Nicki King
Chair, Yolo County Local Mental Health Board

Angel Barajas
Chair, Yolo County Board of Supervisors

Karen Larsen
Director, Yolo County Health and Human Services Agency

Chair King, Chair Barajas, and Director Larsen:

On behalf of NAMI Yolo County, I am writing to recommend adjustments to the proposed allocation of $8.7 million in Mental Health Services Act ("MHSA") funding proposed to the Yolo County Board of Supervisors on January 18, 2022. This proposed appropriation represents a partial expenditure of $19.9 million in unspent funds remaining from the previous four fiscal years. Although there was an increase in MHSA funding for the 2021-22 fiscal year, the County committed these additional funds in June 2021.

While NAMI Yolo County believes the proposed expenditures address critical needs in the mental health care system and is grateful for Yolo County's commitment to allocate these resources quickly to help people in need, we are concerned about the sustainability of the investment of one-time funding in ongoing staff positions and programs. If these investments move forward and the services are discontinued in the future due to lack of funding, it may significantly impact care and damage public confidence in public agencies and elected officials.

NAMI Yolo County looks forward to continuing to partner with you to help individuals living with mental illness and their families; we are so proud of our joint effort to save the two Pine Tree Gardens homes and know we can accomplish even more working together. We offer the following recommendations in the spirit of this important partnership and hope you will view them as part of a collaborative approach to provide individuals with the best possible care.

1. **Allocate at least $2 million for one-time energy and water efficiency improvements (or other one-time capital investments) at existing Yolo County residences for adults living with mental illness.** We recommend transferring the maximum amount possible into the MHSA Capital Facilities and Technology category to allocate to one-time energy and water

efficiency improvements (or other one-time capital investments), including installation of solar panels and efficient appliances, at Yolo County homes for adults living with mental illness. This investment will help reduce operating costs at these homes, therefore potentially saving MHSA funds in the future. The investment is also consistent with other Yolo County priorities to reduce greenhouse gas emissions to further the Yolo County Climate Action and Adaptation Plan and reduce water use in response to the ongoing drought. The Homestead Cooperative in Davis houses 21 adults living with mental illness, for example, and would benefit from $500,000 for solar panels and other energy efficiency improvements.

2. **Allocate $500,000 to a community engagement process to develop public support and identify new locations for housing for adults living with mental illness.** NAMI Yolo County recommends working with NAMI Yolo County, volunteers, and the Local Mental Health Board to develop a community engagement strategy and identify locations in Yolo County to site homes for adults living with mental illness prior to placing an offer on a home or applying for a grant, including reducing stigma in the community associated with integrating homes into residential neighborhoods. This work includes interviews with people who have successfully sited such homes, tours of homes integrated successfully into the community (e.g. Pine Tree Gardens), development of outreach materials such as fact sheets, press releases and videos, and recruiting volunteers willing to speak publicly in support of housing opportunities. Support for housing is already part of the MHSA Three-Year Plan, so this expenditure should not require a plan amendment. From NAMI Yolo County's perspective, this is a top priority given the immediate need for housing and the amount of money the state is proposing to release in competitive grants to fund housing for adults living with mental illness, including adult residential facilities and "tiny homes."

3. **Develop sustainability plans for any investments in ongoing positions or programs.** We recommend working with the community and the Local Mental Health Board to develop sustainability plans for investments in ongoing positions or programs. The new K-12 mental health services (contracts executed in November 2021) are much needed, for example, but are currently funded with a combination of a one-time, four-year grant of $4 million and $1.1 million/year from Yolo County MHSA funds. NAMI Yolo County supports Yolo County's efforts to secure a long-term commitment from the school districts for additional funds and believes a sustainability plan will help clarify the need and focus efforts to secure additional funding. The same is true for Crisis Now; developing a sustainability plan now will help ensure this important program secures ongoing funding.

NAMI Yolo County looks forward to continuing to support implementation of important programs for mental health services. We are hosting a virtual "First Wednesday" gathering in March, for example, to draw public attention to Yolo County's excellent work to expand K-12 services and notify parents and children about the availability of new support. We also hosted a First Wednesday gathering in 2021 to draw attention to Yolo County's new co-responder program,

including creating a page on our web site with information about how to access services. We continue to refer people and the media to co-responders. We believe the recommendations included in this letter will help to strengthen our existing partnership, as well as ensure the sustainability of important mental health services.

Sincerely,

Petrea Marchand
President, NAMI Yolo County Board of Directors

cc: Yolo County Board of Supervisors
Local Mental Health Board
NAMI Yolo County Board of Directors

NAMI Yolo County
National Alliance on Mental Illness

SUBSTANCE USE DISORDER PEER SUPPORT AND COMMUNITY ENGAGEMENT PILOT PROGRAM

BACKGROUND

The current continuum of care for people living with substance use disorders includes but is not limited to: 1) withdrawal management; 2) residential programs (in Yolo County and outside Yolo County); 3) intensive outpatient services; 4) intensive peri-natal services; 5) Outpatient 6) Addiction Intervention Court and other diversion programs for those who are criminally justice involved, and 6) outpatient services. The Yolo County Health and Human Services Agency (HHSA) contracts with CommuniCare, Walter's House, and CORE Medical Clinic, Inc. to provide services.

Last year, the Yolo County District Attorney's Office (DA) sponsored AB 1542 (McCarty), legislation which would allow individuals with substance use disorders being sentenced to lengthy jail or prison sentences the option to choose to receive treatment in a soft secured facility, rather than serve their time in custody. The bill passed through the Senate and Assembly floors with 91 in favor and 1 opposed. The Governor vetoed the bill, but Assemblymember McCarty intends to introduce the bill again in 2022 to cover more counties other than Yolo. The California Behavioral Health Association, NAMI Yolo County, and other organizations opposed the bill believing that better option at the present time was a community engagement process to explore alternative community treatment options. This has not yet taken place in Yolo County due to lack of funding and staff resources.

The DA's office, like many others, believes lower-level crimes involving those with substance use disorders should be treated as a public health issue, rather than a public safety issue. With that in mind, last year the DA approached HHSA to create a partnership to send low level drug offenders to HHSA for treatment, rather than file criminal charges. Unfortunately, only 10% of over 500 people diverted from the criminal justice system engaged in treatment options. The DA's Office is also partnering with the Yolo County Public Defender, Probation, CommuniCare, and other agencies to implement a new program funded by the Community Corrections Partnership to help divert people living with a mental illness from the criminal justice system. Many people living with a mental illness in the criminal justice system also have a substance use disorder (so-called dual diagnosis), so this program will help provide substance use disorder treatment for people with a dual diagnosis.

The DA's Office is planning on continuing the 2021 pilot program in 2022 with some changes to incentivize people facing charges to engage in treatment programs. The DA's office is seeking funding to pay peers who are in recovery from a substance use disorders (peer support workers)

to advise people facing charges on treatment options and provide support. The DA also supports a community engagement process, led by an independent facilitator, to explore community treatment options. In January 2022, the NAMI Yolo County Board of Directors adopted a position of support for funding from the American Rescue Plan for such a community engagement process.

Proposed Project

The project will seek proposals from nonprofit organizations with experience with substance use disorders to contract with the Yolo County Health and Human Services Agency to hire a full-time peer support worker for one year as part of the pilot program to educate people facing charges for substance use about treatment options, as well as help coordinate volunteers to help with this work. NAMI Yolo County may also be willing to help coordinate volunteers interested in helping people facing criminal charges with co-occurring mental health and substance use disorders, subject to approval by the Board of Directors at their February 2022 meeting. This project also proposes funding for the DA's office to hire a facilitator to organize community meetings with families, individuals living with substance us disorders, providers of care, and other stakeholders to evaluate community treatment options and propose improvements to existing programs and new programs for consideration by decisionmakers.

Costs

The total proposed cost is $155,000. Based on local nonprofit salaries and benefits, it is estimated the project will cost $75,000 to $80,000 for a full-time employee for one year. If the project is successful, the District Attorney, with support from NAMI Yolo County and HHSA, will explore using funding from Yolo County Mental Health Services Act or the opioid settlement dollars to continue the program. A typical public engagement process with a professional facilitator can cost up to $75,000, including developing agendas, facilitating up to six small group meetings and three public workshops, writing meeting summaries, and summarizing recommendations and findings in a final report.

Funding

The Mental Health Workgroup advising the HHSA on the expenditure of up to $500,000 in American Rescue Plan fund has recommended funding for a peer support program for people living with substance use disorder. It is recommended that the Health and Human Services Agency bring this proposal to the Mental Health Workgroup for consideration.

Personnel

In the chart below, please list names, role, and contact information for all project leader(s) and project partners.

Name	Role	Email	Phone
Jonathan Raven	Yolo County District Attorney's Office		
Petrea Marchand	President, NAMI Yolo County	petrea@namiyolo.org	916-505-7191

NAMI Yolo County
National Alliance on Mental Illness

PINE TREE EAST CAPITAL FACILITY IMPROVEMENTS

BACKGROUND

Yolo County purchased Pine Tree East in 2020 for slightly less than $1 million after the nonprofit Turning Point Community Programs indicated their inability to continue owning the home for 12 adults living with mental illness. Yolo County transferred the property to New Hope Community Development Corporation ("New Hope"), the nonprofit arm of Yolo County Housing (Yolo County's housing authority), which is charged with maintaining the home. Yolo County transferred a small amount of money to New Hope for one-time capital facility improvements, which was insufficient for the major repairs needs to address over a decade of negligence by the previous owner. While New Hope also collects rent, this funding is only enough to pay for ongoing maintenance costs and not overdue capital improvements. This funding is insufficient for the major repairs needed to the home resulting from the inability of the previous owner to maintain the home. NAMI Yolo County invested more than $50,000 in new drought-tolerant landscaping, a new water-efficient irrigation system, and rain gardens to capture stormwater, all with funding raised from community donors, but additional funding is needed for long overdue interior repairs, as well as energy and water efficiency improvements.

PROPOSED PROJECT

The project will replace three bathrooms, renovate the kitchen to allow for commercial applicances, replace windows with dual-pane windows, and renovate the laundry room. The windows are currently in such disrepair that they do not close or lock properly. The laundry room has holes in the wall. The project will also replace all appliances with water-efficient, energy efficient appliances and install solar panels. See Attachment A for a list of improvements.

DEGREE OF READINESS

New Hope can start the improvements as soon as funding is available.

COSTS

The project costs range from $215,750 to $449,500, depending on the quality and extent of repairs. Attachment A provides rough estimates, but actual costs may vary based on bids.

CONTACTS

Name	Role	Email	Phone
Sandra Sigrist	Executive Director, Yolo County Housing and New Hope Community Development Corporation	ssigrist@ych.ca.gov	530-669-2219
James Gillette	Yolo County Housing/New Hope Community Development Corporation	jgillette@ych.ca.gov	(530) 669-2222
Petrea Marchand	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191

New Hope CDC - Pine Tree Gardens East
Rehab Work Needed - As of 12/31/2021

	Est. Cost * From	Est. Cost * To	Notes/Comments
Exterior			
Storage shed x2	$ 2,000	$ 4,000	
Patio/storage area roof repair/replace	$ 3,000	$ 10,000	design to redo drainage/slope, repair dry rot
Replace storage area lighting	$ 1,000	$ 2,000	after roof redone
Pour slab in add'l storage area	$ 2,000	$ 3,000	currently dirt floor
Paint house (exterior)	$ 10,000	$ 20,000	update color scheme and repair any issues
Cover over top of emergency exit stairs	$ 2,000	$ 7,000	for sun and rain, cost depends on design
Shade structure on back patio	$ 3,000	$ 5,000	also replace handrail to back yard
Additional lighting in front yard	$ 500	$ 1,500	to make safer and more welcoming
Replace emergency exit door	$ 500	$ 1,000	door with glass pane to brighten hallway
Replace door to roof	$ 500	$ 1,000	door with glass pane to brighten hallway
Solar panels	$ 80,000	$ 100,000	
Dual-paned windows	$ 50,000	$ 75,000	
	$ 154,500	$ 229,500	
Kitchen			
New stove	n/a	n/a	to be provided by NVBH
Tankless water heaters from 2006	$ 3,000	$ 6,000	replacement in the near future
Gut rehab of kitchen	$ 40,000	$ 100,000	depends on extent of work and finishes
	$ 43,000	$ 106,000	
Bathrooms (3)			
Gut rehab per bathroom	$ 5,000	$ 35,000	have architect design for effciency & permit
Total for three bathrooms	$ 15,000	$ 105,000	
Flooring to be replaced			
Office	$ 500	$ 2,000	depending on material
Living room	$ 750	$ 3,000	depending on material
Upstairs hall & bedrooms	$ 2,000	$ 4,000	depending on material
	$ 3,250	$ 9,000	
GRAND TOTAL	$ 215,750	$ 449,500	

*** Assumes architecture, permit costs, and prevailing wage for labor based on likely funding sources**

\\yolo-na1-cifs-1\home\FValle\Desktop\MHSA\MHSA Proposals\MHSA Funding Proposals\PTG East\[PTG East Rehab Work to Do 2022-04 with Priority.xlsx]Rehab Projects

New Hope CDC - Pine Tree Gardens

Rehab Work Needed - As of 4/30/2022

Priority Ranking	
1	urgent health and safety
2	prevent deterioration
3	ongoing maintenance
4	improve function and useability

	Est. Cost * From	Est. Cost * To	Estimated Funds Needed	Item Priority	Notes/Comments
Exterior					
Storage shed x2	$ 2,000	$ 4,000		4	
Patio/storage area roof repair/replace	$ 15,000	$ 20,000		1	redo drainage/slope, steel structure?, repair dry rot
Replace storage area lighting	$ 2,000	$ 3,000		1	after roof redone
Pour slab in add'l storage area	$ 2,000	$ 3,000		4	currently dirt floor
Paint house (exterior)	$ 18,000	$ 25,000		2	update color scheme and repair any issues
Cover over top of emergency exit stairs	$ 5,000	$ 7,000		4	for sun and rain, cost depends on design
Shade structure on back patio	$ 3,000	$ 5,000		4	planting tree, so need only temp structure
Additional lighting in front yard	$ 750	$ 2,000		1	to make safer and more welcoming
Replace emergency exit door	$ 750	$ 1,500		4	door with glass pane to brighten hallway
Replace door to roof	$ 500	$ 1,200		4	door with glass pane to brighten hallway
Replace backyard fence (steel posts)	$ 10,500	$ 18,000		1	may split cost with neighbors
	$ 59,500	$ 89,700	$ 89,700		
Kitchen					
New stove	n/a	n/a			to be provided by NVBH
Tankless water heaters from 2006	$ 3,000	$ 6,000		3	replacement in the near future
Gut rehab of kitchen	$ 40,000	$ 70,000		4	depends on extent of work and finishes
	$ 43,000	$ 76,000	$ 76,000		
Bathrooms					
Gut rehab (per bathroom)	$ 10,000	$ 30,000			have arcitect design for effciency & permit
	$ 10,000	$ 30,000	$ 90,000	2	3 total bathrooms
Rooftop solar (shade from trees limits benefit)			$ 75,000	4	est 16.56kw system for $75k, cost vs. benefit?
Flooring to be replaced					
Office	$ 1,000	$ 4,000		1	depending on material
Living room	$ 1,500	$ 6,000		1	depending on material
Upstairs hall & bedrooms	$ 4,000	$ 8,000		2	depending on material
	$ 6,500	$ 18,000	$ 18,000		
Architecture/engineering and permits	$ 15,000	$ 30,000	$ 30,000	1	storage, bathrooms, kitchen, etc.
Contingency	$ 60,000	$ 80,000	$ 80,000	2	for supply chain issues and cost volitility
			$ 458,700		

*** Assumes prevailing wage for labor based on likey funding sources**

NAMI Yolo County
National Alliance on Mental Illness

PINE TREE WEST CAPITAL FACILITY IMPROVEMENTS

BACKGROUND

Kathy Williams-Fossdahl, a private individual, purchased Pine Tree West in 2021 for $1.5 million after the nonprofit Turning Point Community Programs indicated their inability to continue owning the home for 15 adults living with mental illness. Ms. Williams-Fossdahl then spent additional funding of her own to install solar panels, dual-paned windows, and a new concrete patio and walkways, as well as invested in other improvements to the property. NAMI Yolo County invested more than $80,000 in new drought-tolerant landscaping, a new water-efficient irrigation system, and rain gardens to capture stormwater, all with funding raised from community donors. Turning Point Community Programs did not adequately maintain Pine Tree West due to a lack of funds, so additional repairs are needed in addition to Ms. Williams-Fossdahl's investment. Ms. Williams-Fossdahl intends to donate the home to Yolo County Housing in 2022.

PROPOSED PROJECT

The project proposes to increase energy and water efficiency at Pine Tree West by installing low-flow showerheads and faucets where they do not currently exist, blinds and mini-blinds on all windows to decrease summer heat and keep the house cool, overhead fans in nine bedrooms, and new energy efficient, tankless water heaters.

DEGREE OF READINESS

Ms. Williams-Fossdahl can implement the needed improvements as soon as funding is available.

COST

The project will cost $10,000 as follows, including installation costs:

New water heater: $5,000
Ceiling fans (9): $1,500
Window blinds: $3,000
Low-flow faucets/showerheads: $500

CONTACTS

Name	Role	Email	Phone
Kathy Williams-Fossdahl	Owner	kwillfoss@aol.com	213-305-5373
Petrea Marchand	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191

Innovation Program

by Weightless4Life

Contact:

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Contents

Executive Summary

Innovation Program Focused on Nutritional Psychiatry

In the United States today, nearly 60% of the population's average caloric intake comes from ultra-processed foods. As a result, poor diet is now the leading risk factor for early death in developed countries and the number two risk factor worldwide. Unhealthy diets lead to early death by increasing the risk of non-infectious illnesses such as heart disease, hypertension, stroke, high blood glucose, type 2 diabetes, many forms of cancer, and overweight and obesity.

Poor diet also makes persons more likely to have or develop a mental health condition. Decades of research has shown a clear, indisputable connection between diet and mental health. Studies conducted worldwide (including in the United States, United Kingdom, Spain, Norway, Greece, Italy, Australia, France, Japan, China, Korea, and Iran) all report a link between unhealthy diets and significantly more depression and anxiety. "Unhealthy diets" are defined as those high in manufactured foods, artificial ingredients, and sugars, while "healthy diets" are typically defined as those higher in whole foods and healthy fats. Accordingly, poor diet is considered a significant risk factor for depression and other mental health problems.

The extent of this risk is more clearly defined by the studies examining the connection between diet and mental health.

- The SUN Navarra study of 10,000 Spanish college graduates showed that those whose diets most closely resembled a traditional Mediterranean diet had a 42 percent reduced risk of *developing* depression as those who scored low over the 4.5-year duration of the study.[1]
- Similarly, a study of nearly 3,500 British public workers in the United Kingdom showed that people with a more "whole foods" diet (e.g., regularly ate lots of vegetables, fruit, and fish) had a third less risk of depression. Diets consistent with a Western diet (e.g., sweetened desserts, chocolates, fried foods, processed meats, and refined grains) increased depression risk by more than 50 percent.[2]

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1 Sanchez-Villegas, A., et al. (2009). "Association of the Mediterranean dietary pattern with the incidence of depression: The sequimiento universidad de navarra/university of navarra follow-up (sun) cohort." *Archives of General Psychiatry* 66(10): 1090-8.

2 Akbaraly, T.N., et al. (2009). "Dietary patterns and depressive symptoms in middle age." *Br J Psychiatry* 195(5): 408-13.

- A study of the diets and mental health status of 90,000 Japanese adults showed that those following a healthy Japanese diet have "fewer depressive symptoms" and were half as likely to commit suicide in a 10-year longitudinal study.[3]
- A lifestyle intervention study conducted by the University of Pittsburgh Medical Center involving 247 older adults who had previously struggled with depressive episodes, found that participants who received dietary coaching experienced a 40 to 50 percent improvement in their depressive symptoms over the three-month course of the study. The researchers found that the dietary coaching intervention was as effective as meeting with a counselor for problem-solving or "talk" therapy in preventing major depression. Those improvements also persisted for more than two years.[4]

The effect of nutrition on mental health can be explained physiologically. A good nutritional status is vital for maintaining normal body function and preventing or mitigating the dysfunction induced by internal or external factors. Nutritional deficiencies often result in impaired function and, conversely, intakes at recommended levels can resume or further enhance body functions. Nutrients strongly influence both brain structure and function, and nutrition affects neurodevelopment and neurotrophic function. Moreover, nutritional deficiencies can lead to poor gut health, disruption of the gut-brain axis, and inflammation, all of which could lead to mental health problems. Accordingly, diet and nutrition may be important factors contributing to psychiatric morbidity, and preventive or treatment of psychiatric disorders could be conducted by addressing diet and nutrition.

This very point was proven recently by the SMILES Study (i.e., "Supporting the Modification of Lifestyles in Lowered Emotional States"), which aimed to see whether helping people to improve their diets would have a meaningful impact on their depressive symptoms.[5] Approximately 180 men and women previously diagnosed with clinical depression at the moderate to severe level were randomly assigned either to a dietary support group or a social support group. Persons assigned to the dietary support group received individual guidance over a three-month period from a clinical dietitian to make improvements to their diets to focus on vegetables, fruit, legumes, nuts, whole grains, fish and olive oil, and small portions of unprocessed red

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[3] Nanri, A., et al. (2013). "Dietary patterns and suicide in Japanese adults: the Japan Public Health Center-based Prospective Study." *Br J Psychiatry* 203:422-7.

[4] Reynolds, Charles F., et al. (2014). "Early Intervention to Preempt Major Depression Among Older Black and White Adults." *Psychiatric Services*; DOI: 10.1176/appi.ps.201300216

[5] Jacka, F.N., et al. (2017). "A randomized controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial)." *BMC Med* 15(1):23.

meat. The dietitians helped participants to reduce sugar and processed and packaged foods while increasing whole foods. After only 12 weeks, about a third of the dietary group went into "remission" and were no longer classified as having clinical depression.[6] In comparison, only 8% of the social group went into remission.

Since then, other randomized control studies have replicated the SMILES study and found that dietary changes can help to reduce or even remit depressive symptoms. For example, a 2019 intervention trial done by Australia's Macquarie University, examined 101 young adults, aged seventeen to thirty-five, with active symptoms of depression and a not-so-great dietary pattern.[7] During a three-week intervention period, half of the participants received a diet intervention via a thirteen-minute video (which they could access and rewatch as needed) that featured a registered dietician offering tips on adhering to a Mediterranean-style diet with added healthy fats. They also received a small basket of food to assist with the implementation of the dietary strategies, and two brief support calls. The other half of the study group received no intervention. The researchers found that individuals who received guidance on improving their diet reported significantly lower depression and anxiety symptoms after three weeks—as well as three months later. Thus, adults with elevated depression symptoms can engage in and adhere to a diet intervention, which can reduce symptoms of depression.

Although the exciting results of SMILES and similar randomized controlled studies highlight that dietary changes can be a powerful tool in addressing mental health problems, discussions about food in the assessment and treatment of depression and anxiety remain the exception, not the rule. In addition, mental health approaches do not adequately address the biological drivers of mental health problems, such as nutritional deficiencies that could lead to poor gut health, inflammation, chronic illnesses, and obesity/overweight.

General Requirement

This Innovation Program (INN) proposal from Weightless4Life introduces a new practice or approach to the overall mental health system that builds upon the benefits of Governor Newsom's "Great Plates Delivered" program, which distributed nutritious

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6 The SMILES study results indicated that people in the dietary group also showed significant improvement in measures of anxiety symptoms compared to those who participated in the social support group.

7 Francis, H.M., et al. (2019). "A Brief Diet Intervention Can Reduce Symptoms of Depression in Young Adults—A Randomized Controlled Trial." *PLos One:* https//doi.org/10.1371/journal.pone.0222768

prepared meals to help seniors struggling during the COVID-19 pandemic to access food and to combat mental health decline caused by social isolation.[8]

In comparison, this proposal will specifically target the nutritionally-related biological drivers of depression and anxiety, and is based on principles of "nutritional psychiatry," an emerging field that focuses on using a well-balanced diet as an intervention for mental health. The INN proposal also includes principles of "nutritional psychology," which examines the relationship between dietary intake patterns and psychological, cognitive, behavioral, perceptual, and psychosocial functioning. The nutritional psychology approach includes education in nutrition to build an individual's internalized awareness of how the foods they are consuming contribute to the way they feel. This process advocates for a long-lasting internalized shift in one's understanding of the benefits of eating for nutritional value, rather than convenience, impulse, and perceptual triggering.

As discussed above, the field of nutritional psychiatry has evolved with rapidity over the past several years, with an increasing amount of dietary and/or nutrient-based (nutraceutical) intervention studies being initiated, and more preclinical and epidemiological data available. In general, these studies primarily examine three main categories of biological drivers of mental health problems:

1. Nutrient deficiency,
2. Poor gut health, and
3. Inflammation.

This emergent paradigm involves the clinical consideration of prescriptive dietary modification/improvement, and/or the select judicious use of nutrient-based supplementation to prevent or manage psychiatric disorders. The studies show the impact of specific vitamins and minerals, phytonutrients, mono-unsaturated fatty acids, and probiotics/prebiotics on brain health. They reveal the complex relationship between inflammation and brain function. They explain how the microbiome—the trillions of bacteria that live within each of our guts—influences mood, cognition, and an individual's overall risk of mental illness. And they prove that targeted changes to a person's diet, including increasing the vital nutrients that promote brain and gut health, can help improve mood and lessen feelings of anxiety.[9]

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[8] https://www.gov.ca.gov/2020/04/24/governor-newsom-announces-initiatives-to-support-older-californians-during-covid-19-pandemic/

[9] For a repository of over 2400 studies on the connection between nutrition and mental health, see https://www.nutritional-psychology.org/cnp-resource-library/.

Accordingly, Weightless4Life has created a comprehensive program that targets all three major biological drivers of poor mental health. This INN proposal seeks to improve mental health through:

1. *A targeted meal service* that includes healthy foods that support good mental health and that excludes unhealthy foods linked to greater depression and anxiety;
2. *A nutritional supplement regime* that addresses nutrient deficiencies that affect mental health and that are not easily resolvable through dietary intake alone;
3. *A comprehensive and easy-to-understand online health education program* that instructs participants on how to make the best dietary choices with any budget in any environment, while encouraging self-awareness and independence to adopt the healthier strategies into a lifestyle; and
4. *Ongoing social and dietary support* through an online community group moderated by nutrition coaches and project administrators.

Each of these four program components will be explained in detail below, as well as how they work together seamlessly to address problems with access to mental health services related to racial disparities, food insecurity, and COVID restrictions.

Primary Purpose

This INN proposal has the primary purpose of:

- Increasing access to mental health services, including to underserved groups, by offering an approach to mental health that is not impeded by social stigma connected to receipt of mental health services.
- Increasing the efficacy and quality of mental health services, including measured outcomes, by targeting the risk factor and biological drivers of mental health related to poor nutrition.
- Promoting interagency and community collaboration related to Mental Health Services, supports or outcomes.

Proposed INN Program

Focus on Depression and Anxiety

This INN Program proposal seeks to reduce the symptoms of, or to remediate, depression and anxiety through a comprehensive and integrative nutritional psychiatry/psychology approach. Diet and nutrition are not only critical for human physiology and body composition, but also have significant effects on mood and mental wellbeing. While the determining factors of mental health are complex, increasing evidence indicates a strong association between a poor diet and the exacerbation of mood disorders, including anxiety and depression.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), defines depression as a person having multiple symptoms, which may include a depressed mood, loss of energy, diminished ability to concentrate, changes in appetite, and decreased interest or pleasure in normally enjoyable activities, for more than a two-week period. It also states that depression is disruptive and interferes with their ability to live their lives comfortably.

The DSM-5 defines generalized anxiety disorder, the most common anxiety disorder, as "excessive anxiety or worry," with symptoms that may include feeling "keyed up," irritability, fatigue, and sleep troubles. Therefore, to be diagnosed with anxiety, you would be experiencing some of those symptoms more days than not over a six-month period.

INN Project Components

To address depression and anxiety, this proposed INN Program offers a comprehensive approach to improving the dietary causes of these conditions. Specifically, it will include:

1. Prepared meals, delivered weekly to the home or a central location, for a set period of time to:
    - Focus on whole foods
    - Reduce or eliminate sugars and processed foods
    - Improve nutrient deficiencies
    - Improve gut health by increasing fiber and resistant starch

- Reduce inflammation
- Support hormone balance
- Initially improve overall nutrition passively to reduce depression and anxiety when the participants' resilience may be low
- Increase motivation to engage in nutrition education to further independence and long term lifestyle change

2. Easily accessible online education to foster independence with food and lifestyle choices, including:
    - ***RESET 2.0 Program***: 8-week online education program that offers nutrition/lifestyle education and strategies to improve health.
    - ***RESET Maintenance Program***: Four season-specific online health education programs that follow up on the main RESET 2.0 program. RESET Maintenance programs focus on seasonal (i.e., winter, spring, summer, fall) challenges to making healthy choices.
    - ***RESET Recipes Program***: Online cooking education to facilitate implementation of the nutrition guidance in the RESET 2.0 program.
3. Nutritional supplement regime to:
    - Address nutrient deficiencies difficult to resolve with food
    - Reduce inflammation
    - Balance hormones
    - Control stress
    - Improve gut health with fiber and probiotics
    - Use safely in tandem with psychotropic medications
4. Community support with a moderator through a closed online group accessible by computer, tablet, or cell phone.
    - Through our closed online community, participants can connect with other members to support each other's success.
    - The community is monitored by designated RESET experts who can moderate discussions and answer questions to increase the members' nutrition knowledge and independence with making better health decisions.

This INN proposal builds upon the benefits of Governor Newsom's "Great Plates Delivered" program, a first-in-the-nation meal delivery program that helped seniors struggling during the COVID-19 pandemic to access food and to combat

mental health decline caused by social isolation.[10] Beginning the spring of 2020, the Great Plates Delivered program delivered prepared meals home to seniors who were isolating at home during California's stay at home order. The initiative also included a "Social Bridging Project" where callers regularly reached out to the seniors to provide social support. While amazing in its goal, scope, and ingenuity, the Great Plates Delivered program did not align its food nutrition service to established principles of nutritional psychiatry, nor teach the seniors strategies to improve their nutrition to support their mental health. It also did not track whether, and to what extent, the food and social supports successfully reduced mental health decline. Accordingly, it was a missed opportunity to gather important data that could have been used to advance mental health services in California.

This INN Program starts with providing a delicious and nutritious prepared meal service (that also happens to improve mental and physical health) and a nutritional supplement regime that could be taken safely with psychotropic medications, both aimed at improving nutrition when persons with depression and anxiety may have difficulty implementing changes to their lifestyle. Positive changes in nutrition will usually result in marked and noticeable improvements in mental and physical health within the first 2-3 months, which would lead to increased motivation by participants to continue the benefits. Easily accessible online health education is then initiated when motivation is high to support independence and knowledge of healthy habits and choices. Participants are also offered opportunities to supplement their meal service with additional healthy desserts and other food options as a reward for completing the education program and other goal markers. Throughout the program, participants will be supported by their peers who are also participating in the program as well as program moderators in a secure closed online community group.

This INN Program was designed to flexibly serve diverse and large populations without the need for extensive staffing and high costs.

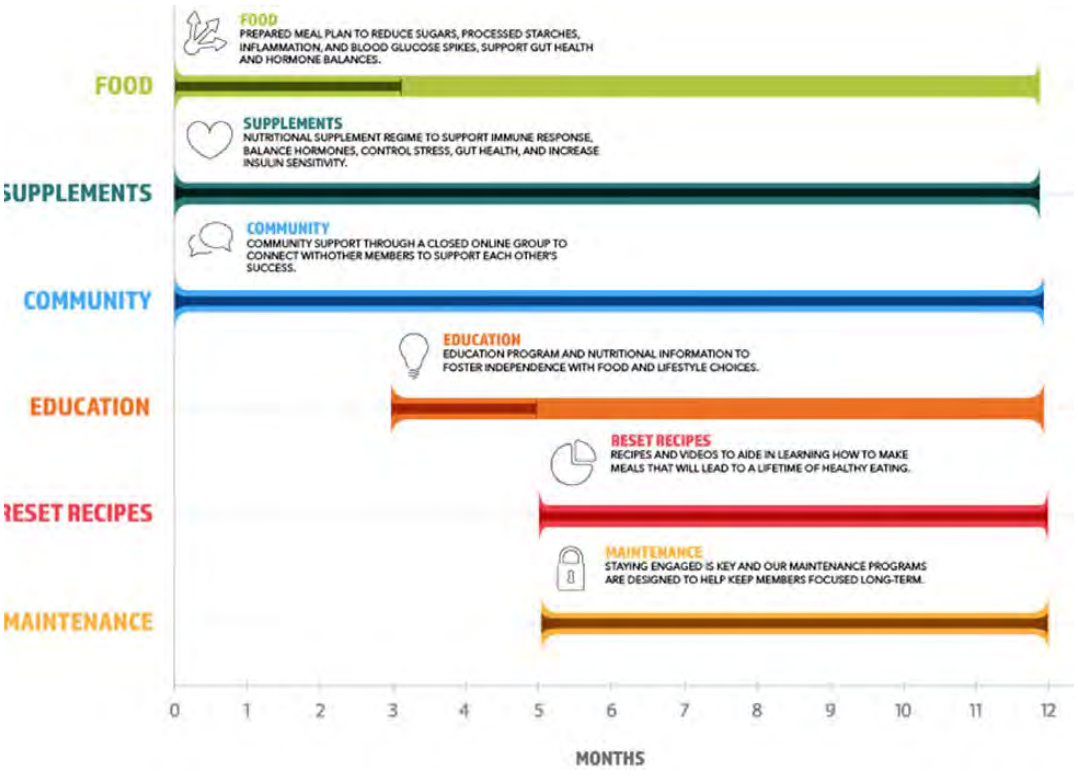
The delicious prepared meals are commercially produced in large volumes using only the freshest ingredients and recipes that comport our stringent nutritional guidelines. The online education program is developed by a physician with a Ph.D. in Nutrition and who is quadruple board certified in Emergency Medicine, Obesity Medicine, Anti-Aging and Regenerative Medicine, and as a Physician Nutrition Specialist. The pre-recorded format of the education allows for unlimited users to access the curriculum online at their own convenience. Thus, the nutrition curriculum is standardized, and there is no need for dietitians and nutrition counselors to

[10] https://www.gov.ca.gov/2020/04/24/governor-newsom-announces-initiatives-to-support-older-californians-during-covid-19-pandemic/

repeatedly convey the nutrition education one-to-one with each participant. The closed online community supports understanding of the information where trained peers and moderators can assist participants on their health journey.

Given the structure and efficiencies of the INN Program, there is no limit to how many people can be served under this INN Program at the same time. The INN services can be offered to multiple cohorts of participants, each for a duration of 12 months. New cohorts may be added every month or quarter, as circumstances warrant. This proposal is for a 3-year Innovation term, with the last cohort beginning at the start of Year 3.

Please see the chart below regarding the timing of the INN services for each cohort during a 12-month period.



INN Targets Three Biological Drivers of Depression & Anxiety

This INN Program addresses all three of the main biological drivers of depression and anxiety, as described above:

1. Nutrient deficiency,
2. Poor gut health, and
3. Inflammation.

Through the program components of prepared meals, health education, nutritional supplementation, and community support, the INN Program will systematically improve mental health by removing unhealthy eating patterns, replenishing the body and brain with deficient nutrients, repairing the damage caused by inflammation and poor gut health, and restoring participants' confidence and ability to make nutrition decisions to independently further their own mental health.

A. Nutrient Deficiency:

Early studies examining the effect of nutrition on mental health typically compared "healthy" diets with "unhealthy" diets. From this research, general therapeutic approaches were devised that guide participants away from what not to eat (e.g., processed foods, sugar, and artificial coloring and preservatives), and towards what to eat (e.g., whole foods and healthy fats).

Subsequent nutritional psychiatry research honed in on specific nutrients and their effect on various physiological processes. Psychiatrists Dr. Drew Ramsey from Columbia University and Dr. Laura LaChance from the University of Toronto reviewed 213 research studies that examined the connection between specific nutrients and depression and anxiety. From this review, they identified 12 nutrients that were considered "Antidepressant Nutrients" because they had the biggest and most direct impact on depression and anxiety:

- Folate
- Iron
- Long chain omega-3 fatty acids (EPA, DHA)
- Magnesium
- Potassium
- Selenium

- Thiamine
- Vitamin A
- Vitamin B6
- Vitamin B12
- Vitamin C
- Zinc

Drs. Ramsey and LaChance then devised the "Antidepressant Food Scale" of food items most dense in these 12 key nutrients.[11] Taken together, to improve depression and anxiety, the content of nutritional interventions must focus on reducing processed foods and sugar, while also increasing whole foods and healthy fats that include the 12 nutrients that research has established has the most power to combat depression and anxiety.

Moreover, the amount of nutritional interventions does not need to be extensive to result in substantial regression of depression and anxiety. Almost a third of the clinically depressed participants of the SMILES study experienced full remission after receiving seven 60-minute nutritional counseling sessions over a 12-week period (i.e., 7 hours total).[12] Similarly, in the Pittsburgh Medical Center study, subjects experienced a 40 to 50 percent improvement in their depressive symptoms over the three-month course of the study when provided six to eight sessions of dietary counseling.[13] The initial session was an hour long, followed by half-hour sessions (i.e., 3.5 to 4.5 hours total). Moreover, in Australia's Macquarie University study that studied the effect of diet intervention compared to more traditional "problem-solving therapy," significantly lower depression symptoms were seen in participants who received diet intervention via a thirteen-minute video that they could access and rewatch as needed, a small basket of food that met the requirements of the diet interventions, and two brief support calls.[14]

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11 LaChance, L. R., & Ramsey, D. (2018). Antidepressant foods: An evidence-based nutrient profiling system for depression. *World journal of psychiatry*, 8(3), 97–104. https://doi.org/10.5498/wjp.v8.i3.97

12 Jacka, F.N., et al. (2017). "A randomized controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial)." *BMC Med* 15(1):23.

13 Reynolds, Charles F., et al. (2014). "Early Intervention to Preempt Major Depression Among Older Black and White Adults." *Psychiatric Services*; DOI: 10.1176/appi.ps.201300216

14 Francis, H.M., et al. (2019). "A Brief Diet Intervention Can Reduce Symptoms of Depression in Young Adults–A Randomized Controlled Trial." *PLos One:* https//doi.org/10.1371/journal.pone.0222768

This INN Program addresses nutrient deficiency in four main ways: (1) by removing unhealthy foods by replacing them with healthier prepared meals, (2) by replenishing nutrient deficiencies through ensuring that the meals meet nutritional recommendations and are dense in the 12 key nutrients, (3) by providing easy-to-follow online nutrition education to ensure participants understand the impact of food on their depression and anxiety, and (4) by replenishing the nutrient deficiencies that are hard to balance through food alone with a nutritional supplement regime. The INN Program's online nutrition education offer 20-30 hours of instruction provided incrementally for easy access. Combined, the educational program and trained peer support through the online community well exceed the amount, breadth, and scope of nutrition counseling found to substantially reduce depression and anxiety in the research studies above.

B. Poor Gut Health:

A key to taking care of our mental health also lies in targeting nutrition that improves gut health. The gut is the body's largest microbiome, home to trillions of microbes. These microbes digest and extract nutrients from our food, metabolize drugs, regulate our immune system, and provide protective defenses that support our health. Alterations in gut microbiota composition may be associated with various neurological disorders, such as stress, depression, anxiety, social behavior, PTSD, bipolar disorder, and schizophrenia.

The gut microbiome may benefit brain health in many ways.[15] First, certain species of bacteria can help produce chemicals in the brain called neurotransmitters. For example, serotonin is an antidepressant neurotransmitter that is mostly made in the gut. Studies in humans have shown that the gut microbiome is also associated with personality traits and psychological states, including self-compassion, empathy, emotional well-being, and wisdom. Furthermore, the microbiome may play an important role in social behavior. People with larger social networks and lower levels of loneliness tend to have more diverse gut microbes. Additionally, people with psychiatric illnesses, including depression, bipolar disorder, PTSD, and schizophrenia, have significantly different microbiome communities than those people without mental health conditions. Importantly, this is true even when taking into account other factors that are known to impact the microbiome, such as age, body mass index, and medical diseases.[16]

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15 https://www.healthline.com/nutrition/gut-microbiome-and-health#TOC_TITLE_HDR_8

16 Ibid.

Second, the gut is physically connected to the emotional centers of the brain through a network of millions of nerves, termed the "gut-brain axis." Therefore, the gut microbiome may also affect brain health by helping control the messages sent to the brain through these nerves. For example, when we feel stressed or anxious, we may end up with an upset stomach due to the signals our brain has sent to our gut. On the other hand, disruption to gut pathways may affect our body's stress response, emotional arousal, mood, motivation, and even higher-order cognitive functions such as decision-making.[17]

Third, researchers are also finding evidence that irritation in the gastrointestinal system may send signals to the central nervous system that trigger mood changes.[18] For example, poor diets can lead to a "leaky gut," which allows gut microbes to pass through the gut barrier into the bloodstream. White blood cells in circulation can sense these microbes and cause an inflammatory reaction by releasing small proteins, called cytokines, that can pass through the blood-brain barrier and act directly on the brain. This unhealthy inflammatory cascade has been linked to depression and anxiety.[19]

To maintain or restore gut health and the microbiome to support good mental health, it is important to maintain a strong balance in favor of beneficial bacteria in the digestive tract.[20] The thousands of different types of both "good" and "bad" bacteria that populate the microbiome normally exist in a balance in favor of beneficial bacteria that help prevent overgrowth of bad bacteria that can harm your health. Studies have shown that the potential harm caused by an imbalanced microbiome includes inflammation, intestinal permeability, or lack of bacterial diversity.

This INN Program would aid in replenishing good bacteria and repairing the gut barrier by offering well-balanced prepared meals that include foods high in fiber and resistant starch, and foods with probiotic or prebiotic ingredients. Diets rich in fiber, prebiotics, and probiotics are associated with a highly diverse and balanced

17 Ibid.

18 Kim YK, Shin C. (2018). "The microbiota-gut-brain axis in neuropsychiatric disorders: pathophysiological mechanisms and novel treatments." *Curr Neuropharmacol* 16(5):559-573.

19 In addition to affecting mental health, systemic inflammation and gut "dysbiosis" — a loose term that implies an unbalanced, unhealthy gut microbiome — also plays an important role in other aspects of your physical health, including chronic illnesses, including diabetes, hypertension, and heart disease.

20 Mason, BL. (2017). "Feeding systems and the gut microbiome: gut-brain interactions with relevance to psychiatric conditions. *Psychosomatics* 58(6):574-580.

microbiome, and resistant starch helps turn over the cells lining the gut.[21] Additionally, the nutrition education component includes instruction on increasing these gut-healthy foods to restore balance to the gut longterm. The nutritional supplements offered in this INN Program also offer another opportunity to replenish good bacteria through probiotics that support gut health.

C. Inflammation:

Similar to inflammation resulting from an unhealthy gut, nutritional psychiatry studies also demonstrate that persistent, chronic inflammation—our immune system's protective response that helps to fight off injury or infection—can lead to depression and anxiety issues.[22] Many studies have shown that approximately one-third of patients diagnosed with depression have high levels of different inflammatory markers, like CRP or interleukin-6, coursing through the body. Seasonal affective disorder (SAD), a type of depression that tends to hit in the late fall and early winter months, has also been linked to a higher level of inflammatory markers in the body.[23] Those inflammatory markers may be behind symptoms like anhedonia, the inability to feel pleasure, and sleep issues.[24]

The brain, like the rest of the body, can also be affected by inflammation. When researchers from Emory University scanned the brains of depressed individuals with high levels of CRP, they found less activation in key circuits connecting the brain's reward areas to those responsible for executive function. Prolonged inflammation significantly slows down the ability of different regions to coordinate and talk to one another, resulting in common depressive symptoms.[25] While to date, the majority of studies have looked at the relationship between inflammation and depression, there has also been quite a bit of work showing that pro-inflammatory molecules can alter the circuitry in the brain's fear centers, too. Thus, chronic inflammation has also been reliably linked to anxiety.

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[21] Fiber is composed of long chains of sugars that are too complex for our own digestive tract to break down. The bacteria in our gut ferment fiber and, in the process, produce short chain fatty acids ("SCFAs") that are anti-inflammatory and nourish the cells lining the gut. SCFAs are believed to mediate the gut-brain axis crosstalk. They support the integrity of the blood-brain barrier and can have neuroactive properties. They may also be involved in critical phases of neurodevelopmental and neurodegenerative disorders.

[22] Ramsey M.D., *Drew. Eat to Beat Depression and Anxiety (Nourish Your Way to Better Mental Health in Six Weeks),* p. 68.

[23] S. J. Leu et al. (2001), "Immune-Inflammatory Markers in Patients with Seasonal Affective Disorder: Effects of Light Therapy," *Journal of Affective Disorders* 63, no. 1–3: 27–34, https://www.sciencedirect.com/science/article/abs/pii/S0165032700001658.

[24] Felger, J.C. et al. (2016), "Inflammation Is Associated with Decreased Functional Connectivity within Corticostriatal Reward Circuitry in Depression," *Molecular Psychiatry* 21: 1358–65, https://www.nature.com/articles/mp2015168.

[25] Ibid.

One of the most powerful tools available to combat this excess inflammation is food. By eating foods with anti-inflammatory properties, it is possible to reduce inflammation in the brain and, consequently, lower the risk and symptoms of depression and anxiety.[26] Recently, a meta-analysis of randomized clinical trials showed that treating the inflammation in concert with a mood disorder can make traditional antidepressant medications work even better.[27] As it has become more and more clear that anxiety and depression are partially inflammatory diseases, finding reliable ways to reduce the number of pro-inflammatory molecules released by the immune system seems like an important step in providing the best possible treatment outcomes for patients.

This INN Program reduces inflammation naturally by offering prepared meals that include anti-inflammatory foods and that exclude foods that causes inflammation (such as hydrogenated oils, processed foods, and sugars). As discussed above, the strategies to balance the gut microbiome and improve the health of the gut barrier also effectively reduces inflammation in the body and brain.

INN Program Will Also Improve Chronic Illnesses That Affect Mental Health

While not the focus of this INN Program, correcting nutrition will also likely result in weight loss and substantial health benefits. Incidentally, the same biological drivers affecting mental health are also key causes of chronic illness. Unhealthy diets increase the risk of chronic illnesses such as heart disease, hypertension (high blood pressure), stroke, high blood glucose and type 2 diabetes, many forms of cancer, and overweight and obesity—all of which are at record high levels. These chronic conditions also increase the risk and severity of mental health problems.

According to the National Institute of Health ("NIH"), there are several connections between chronic health and mental health:[28] Chronic illnesses may make persons more likely to have or develop a mental health condition.[29] Some risk factors for depression are directly related to having another illness. For example, conditions such as stroke cause changes in the brain. Obesity and diabetes cause

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26 See, *e.g.,* Swann, Olivia G. et al. (2019), "Dietary fiber and its associations with depression and inflammation," *Nutrition Reviews* 78, no. 5: 394–411, https://doi.org/10.1093/nutrit/nuz072.

27 Kohler-Forsberg, O. et al. (2019), "Efficacy of anti-inflammatory treatment on major depressive disorder or depressive symptoms: meta-analysis of clinical trials," *Acta Psychiatrical Scandinavica* 139, no. 5: 404-419, https://doi.org/10.1111/acps.13016

28 (https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml)

29 https://gutpathogens.biomedcentral.com/track/pdf/10.1186/1757-4749-5-3

changes in hormones. In some cases, these changes may have a direct role in depression. Illness-related anxiety and stress also can trigger symptoms of depression.

Research also suggests that people who concurrently have depression and another medical illness tend to have more severe symptoms of both illnesses. Research has also shown that treating depression and chronic illness together can help people better manage both their depression and their chronic disease. Therefore,

...a collaborative care approach that includes both mental and physical health care can improve overall health.

However, current approaches to mental health often fail to address the biological drivers of mental health problems, thereby neglecting this collaborative care approach.

Per the NIH, a loss of only 5% of body weight results in substantial health benefits. It significantly decreases body fat (including abdominal fat and fat in the liver), and decreases plasma levels of glucose, insulin, triglycerides, and leptin, which are risk factors for heart disease and diabetes. A 5% weight loss also results in improved function of insulin-secreting β cells, as well as the ability of fat, liver, and muscle tissue to respond to insulin.[30] Because persons with heart disease and diabetes are at a higher risk of having mental health issues, and ameliorating these chronic illnesses could reduce such risks.

By targeting nutritional deficiencies, gut health, and inflammation, this INN Program will likely improve both physical and mental well-being. Poor nutrition may be a causal factor in the experience of low mood and improving diet may help to protect not only the physical health but also the mental health of the population.[31] Participants would likely feel healthier, more energetic, mentally clearer, happier, more confident, and suffer from fewer severe mood fluctuations.

30 See https://www.nih.gov/news-events/nih-research-matters/benefits-moderate-weight-loss-people-obesity.

31 https://pubmed.ncbi.nlm.nih.gov/32601102/

Mental Health Access

Addressing Racial Disparities That Affect Mental Health Treatment

Studies focused on racial or ethnic minority groups have shown that depression, stress, and anxiety due to disparities in social determinants of health, adverse childhood experiences, and racism/discrimination could place certain populations at a higher risk for mental health problems and chronic illnesses such as hypertension, cardiovascular reactivity, heart disease, and poor heart health outcomes.

As noted above, persons with chronic illnesses are at a higher risk of mental illness. Race and ethnicity significantly influence the risk of cardiovascular disease in the U.S.[32] In the United States, nearly half of all black adults have some form of cardiovascular disease, compared with about one-third of all white adults.[33] The black race is also associated with increased mortality from ischemic heart disease and stroke compared with whites. Moreover, diabetes, a major risk factor for cardiovascular disease, affects black Americans disproportionately, and frequently, diabetes is not as well controlled in blacks as in whites.

Similarly, Hispanics and Latinos have higher rates of obesity, diabetes, and other cardiovascular risk factors compared with whites between 2010 and 2018.[34] Hispanics were about 50% more likely to die of diabetes than whites according to the CDC. While the prevalence of diabetes among white adults was 9.5%, 16.1% of Asians immigrating from the Indian subcontinent had diabetes as well as 13.1% of Southeast Asians.[35]

Many studies have found that the stigma associated with mental illness often prevents people from accessing treatment. As a result, there are racial disparities associated with access to mental health treatment. More than half of people facing

32 https://care.diabetesjournals.org/content/28/11/2620/

33 https://www.health.harvard.edu/heart-health/race-and-ethnicity-clues-to-your-heart-disease-risk

34 https://www.heart.org/en/news/2020/11/13/heart-risk-factors-vary-greatly-among-asian-immigrants

35 Ibid.

severe mental illness who are Black, Hispanic, or Asian do not get treatment or receive inferior treatment. Minorities are often more likely to be poor, less likely to be treated by doctors of their same race, and, in many cases, less likely to know they have a mental health condition that requires professional care.[36]

While stigma exists that results in racial disparities related to access to mental health services, no such stigma exists associated with treatments for chronic health conditions.

Health awareness has also been identified as associated with racial disparities leading to reduced access to mental health treatment. Physical injuries and illnesses are typically obvious. They do not feel well, something hurts, or some clinical test shows an abnormality. Mental illnesses, however, are often hard to recognize.

This INN project will address racial disparities associated with mental health treatments by focusing on the biological drivers of mental health problems that increase the risk of racial minorities for also having chronic health conditions. Access, racial disparity, and health awareness problems could be addressed by an approach that targets the biological drivers of the mental health illnesses that overlap with more obvious chronic health conditions. While many racial/ethnic groups may resist accessing mental health treatment, they likely will be more accepting of treatments typically targeted at improving physical health.

The Impact of Food Insecurity and COVID-19 on Mental Health

The impact of Covid-19 mitigation strategies has increased poor health and mental health problems.

According to health researchers, COVID-19 mitigation strategies have led to "reduced schooling, reduced economic activity, increased substance abuse, more suicides, more loneliness, reduced contact with loved ones, delayed [medical treatment], delayed childhood vaccinations, increased anxiety, lower wage growth, travel restrictions, reduced entertainment choices, and fewer opportunities for

36 https://www.socialsolutions.com/blog/barriers-to-mental-healthcare-access/

socializing and building friendships."[37] "Food insecurity" has also intensified in the middle of COVID-19, the most significant pandemic of our lifetime.

Food insecurity is characterized by an individual or household lacking access to adequate food to support a healthy lifestyle.[38] Food insecurity occurs when food is either too far away or too expensive to purchase. A "food desert" is one type of food insecurity. When a person lives in a food desert, this means that a supermarket is more than 1 mile away in an urban area or more than 10 miles away in a rural area. This can be manageable if your family has a car, but 2.1 million Americans live in food deserts and don't have a car or public transportation on top of that to get to a supermarket, making it nearly impossible to achieve food security. According to the United States Department of Agriculture (USDA), approximately 22.5% of African American and 18.5% of Hispanic households are food insecure. This is far above the national average of 12.3%, and mirrors the higher rate of mental illness in these populations.

One factor contributing to these high rates of food insecurity is that African American and Hispanic suffer income inequality more than any other group in the United States. In the wake of COVID-19, unemployment rates are higher than those at the peak of the Great Depression. With this rise in unemployment and inflation substantially increasing the cost of groceries and gas, consistent access to nutritious food is elusive for many people. As a result, food banks throughout the country are seeing higher attendance rates than ever before. However, even with food banks, access to healthy food with proper nutrition to support mental health is not likely often available.

According to research, food insecurity is linked to eating disorders that undermine health. Research shows it is associated with preventable, life-threatening diseases including high blood pressure, diabetes, cancer, and stroke.[39] In early childhood, it is associated with poor health, chronic illness, and special needs.[40] Beyond the physical implications, there is clear evidence that food insecurity also takes a toll on mental health – especially the mental health of young people. A 2012 study found food insecurity increased the chance of mood, anxiety, behavior, and substance use disorders in teenagers. Even when statistically factoring out other

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37 https://fee.org/articles/costs-of-covid-mitigation-efforts-vastly-outweigh-benefits-for-89-of-population-health-researchers-conclude/

38 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6470829/

39 https://www.ers.usda.gov/webdocs/publications/84467/err-235_summary.pdf?v=2983.5

40 https://academic.oup.com/tbm/article-abstract/10/5/1086/5921050?redirectedFrom=fulltext&casa_token=eFWRl_lx2ycAAAAA:wKXnIfa8_UkUlRee8GSfl6sgSNuu6-k71pVJTPYkKIEq1-AhRpxASGSenTZBLX9j0rPZTlIB8eM

consequences of extreme poverty, food insecurity led to a 14 percent increase in the risk of mental health disorders.[41] A 2016 study found that food insecurity leads to depression and thoughts of suicide among young people.[42]

Food Insecurity also has a significant effect on the likelihood of being stressed or depressed in adults.[43] The results of a recent meta-analysis of 19 studies showed that there was a positive relationship between food insecurity and the risk of depression.[44] The study also found that male subjects and subjects older than 65 years exhibited a higher risk of depression. Furthermore, food-insecure households living in North America had the highest risk of stress and anxiety compared to other geographical locations.

In summary, racial and ethnic minorities continue to face the brunt of the compounded issues of food insecurity, COVID-19 restrictions, disordered eating, and chronic illnesses, all of which are associated with higher rates of mental illness.[45] Racial and ethnic minorities are also least likely to access mental health services due to cultural stigma and lack of health awareness.

Based on the above, an INN Program that incorporates nutritional psychiatry and psychology principles to alleviate food insecurity would promote holistic well-being in youth and adults, especially among racial-ethnic minorities. This INN program can serve many diverse populations simultaneously, and access barriers in food deserts can be addressed by shipping the meals and supplement regime straight to homes of the participants. Moreover, the nutrition education, which is accessible online from any computer, tablet, or smartphone, will help participants to make better food purchase decisions to maximize nutrition density within any budget.

Summary of Ways This INN Program Supports Mental Health

This INN Program supports mental health by:

1. Improving biological drivers of mental health conditions through a comprehensive nutritional psychiatry/psychology approach that addresses nutritional deficiencies, poor gut health, inflammation, and chronic health conditions.
2. Increasing access to mental health services by racial/ethnic groups that typically avoid mental health treatment due to social stigma, by offering treatment that is more commonly associated with less stigmatic treatment for physical health conditions.
3. Addressing food insecurity by offering a nutritious meal service designed to ameliorate nutritional deficiencies, improve gut health, reduce inflammation, and improve chronic health conditions.
4. Improving biological drivers of mental health caused by nutrient deficiencies that are difficult to obtain through food sources by providing participants with a targeted nutritional supplement regime.
5. Encouraging individual responsibility for their health and independence by offering easy-to-access online health education that includes nutrition guidance and strategies for better health choices.
6. Supporting participants socially and educationally in an easy to access online community of their peers and program moderators. The community supports them by encouraging comments and questions, showing them that others share their journey, while also enabling them to be as active or anonymous as they desire.

Being Innovative

The Problem We Are Solving

Although the connection between nutrition and mental health is strongly supported by research and is gaining worldwide acceptance, very few clinical or community-based programs exist that offer nutritional support for persons with mental health difficulties. Given the strong research support and scant clinical practice data on this topic, the use of Innovation funds to explore the practical application of nutrition strategies to address mental health is warranted and timely. Addressing mental health through the biological drivers that also affect chronic illnesses will likely result in better overall health for all.

Why This INN Program is Innovative

Despite strong scientific evidence establishing that diet and nutritional interventions can ameliorate depression and anxiety, there are few formal programs in the United States that implement these findings in practice.

- Current traditional approaches to mental health treatment do not include standardized protocols related to improving diet to prevent or treat mental health conditions. This Innovation Program would offer a new strategy not yet tried in this State at the county level. Specifically, it would implement a comprehensive nutritional psychiatry and nutritional psychology approach in the mental health system.
- Depression and anxiety accounts for a significant proportion of global disability and poses a substantial social, economic, and health burden. Treatment is presently dominated by pharmacotherapy, such as antidepressants, and psychotherapy, such as cognitive-behavioral therapy; however, such treatments avert less than half of the disease burden, suggesting that additional strategies are needed to prevent and treat mental disorders. As described above, there are now consistent mechanistic, observational, and interventional data to establish diet quality may be a modifiable risk factor for mental illness.
- Compared to strategies already implemented that revolve around improving access to or delivery of traditional therapeutic strategies, this proposal seeks to implement a targeted nutritional psychiatry/psychology

program that complements the traditional approach to mental health treatment. Additionally, this proposal incorporates highly motivating rewards aimed at increasing participation in the nutrition education, supports and strategies of the Innovation Program.

- The strategies and supports in this INN proposal seek to reduce mental health difficulties by targeting all main biological drivers of mental health conditions, such as nutrient deficiencies, poor gut health, and inflammation, as well as physiological changes connected to chronic health conditions.
- Most existing community-based resources target food insecurity and nutritional deficiencies connected to mental health through increasing access to food at food pantries/kitchens or are national programs that provide cash and food subsidies. However, the supports are not designed to improve the biological drivers of mental health problems, nor do they teach independence with making proper food choices that support good mental health.

Gaps in Current Knowledge

For the past two decades, research on nutritional psychiatry and nutritional psychology has been conducted throughout the world. Repositories of such research studies can be found at:

- The Center for Nutritional Psychology[46]
- The International Society for Nutritional Psychiatry Research[47]
- The Food and Mood Center of Australia[48]
- The University of Canterbury, Department of Psychology, Speech, and Hearing[49]
- Taiwanese Society for Nutritional Psychiatry Research[50]

46 https://www.nutritional-psychology.org/cnp-resource-library/

47 http://www.isnpr.org/

48 https://foodandmoodcentre.com.au/

49 https://www.canterbury.ac.nz/science/schools-and-departments/psyc-speech-hear/research/mental-health-nutrition/

50 https://www.tsnpr.org.tw/

There have also been a number of books written by leaders in the field of nutritional psychiatry. Those books include, but are not limited to, the following:

- *Eat to Beat Depression and Anxiety (Nourish Your Way to Better Mental Health in Six Weeks)* by psychiatrist Dr. Drew Ramsey, M.D.
- *Brain Changer* by Professor Felice Jacka, Ph.D.
- *This is Your Brain on Food* by psychiatrist Dr. Uma Naidoo, M.D.

While the research in nutritional psychiatry/psychology has established a close connection between diet and mental health, information related to the success of dietary changes on mental health in the clinical environment is scant. Currently, research has uncovered only three clinical nutritional psychiatry programs in the United States, located at:

- The Massachusetts General Hospital;[51]
- The Brain Food Clinic in New York[52]; and
- The Cleveland Clinic in Ohio.[53]

Each of these programs is part of each facility's psychiatric department, and they involve one-to-one nutrition counseling, either through a dietitian or treating psychiatrist, as a component of the overall psychiatric treatment.

Additionally, a majority of physicians and therapists report that they lack nutrition education and training, particularly as it relates to the treatment of mental health conditions. Accordingly, a search of nutritional psychiatry/psychology training programs developed by persons knowledgeable about nutrition's role in changing physiology and brain chemistry came up with only two:

- Nutritional Psychiatry for Health Care Practitioners by Dr. Drew Ramsey,[54] and
- Introduction to Nutritional Psychology Methods through the Center for Nutritional Psychology.[55]

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51 https://www.massgeneral.org/charged/episodes/uma-naidoo

52 https://drewramseymd.com/who-we-are/; see also https://youtu.be/BbLFsQubdtw

53 https://my.clevelandclinic.org/ccf/media/Files/Neurological_Institute/Cleveland-Clinic-Food-for-Brain-Health-Michael-Roizen.pdf

54 https://the-brain-food-academy.teachable.com/p/nutritional-psychiatry.

55 https://www.nutritional-psychology.org/np110/

There appear to be two main gaps in the literature and existing practice that can be addressed through this INN project. First, most nutritional psychiatry research focuses on individual nutrients or narrow components of biological drivers affecting mental health. Although certain "diets" (such as the Mediterranean diet and the standard American diet) have been studied for correlations with mental health, scant information exists that reconciles the research globally into a cohesive and comprehensive approach to treating mental health.

Second, the existing practice in the area of nutritional psychiatry appear to treat patients on an individual basis through one-to-one counseling and/or treatment. While highly personalized, this approach is very inefficient and costly. Moreover, requiring persons to come to appointments to receive nutrition counseling may impact access to such treatment, particularly for certain racial groups and during this COVID pandemic. Instead, we propose providing nutrition counseling through online video education courses that can be viewed at the patient's convenience and rewatched as needed to solidify their understanding of the concepts. This way, there is consistency in the content of dietary advice, participants can involve their family for support and encouragement, and the education could reach the largest population possible simultaneously.

As explained more fully above, this INN proposal includes specialized meals manufactured by persons knowledgeable about food ingredients that impact health, a supplement regime that reconciles the research in the field of nutritional psychiatry, and the education program is developed by a physician with expertise in nutrition and integrative medicine. This INN program can serve many diverse populations simultaneously, and access barriers can be addressed by shipping the meals and supplement regime straight to homes of the participants with the nutrition education accessible online from any computer, tablet, or smartphone.

Learning Goals/Project Aims

This proposal seeks to obtain more information related to the connection between diet and mental health. Specifically, we would like data to determine:

- Whether, and to what degree, a prepared meal service and supplement regime that reduces or eliminates sugar and processed foods that cause inflammation, that improves gut health through increased fiber and resistant starches, and that addresses nutrient deficiencies, will result in improved mood and overall mental health, as self-reported by the participant in pre- and post-program surveys.

- Whether, and to what degree, a pre-recorded online nutrition education curriculum with online community support from peers and trained moderators will lead to improved mental health long term, as measured by post-program interviews and surveys at 6 months and 1 year post program completion.
- Whether, and to what degree, access to online nutrition education and an online support community will lead to greater knowledge and awareness of, and independence with, health choices affecting mental health by participants, as determined by self-report via pre- and post-program surveys.
- Whether, and to what degree, the addition of nutritional psychiatry/ psychology supports and strategies improves mental health outcomes of persons already receiving traditional mental health treatment, as determined by pre- and post-program surveys.

By understanding and controlling the possible biological precursors and contributors to mental health decline, we may better understand how to expand our arsenal of treatment strategies to prevent or treat mental health problems more globally and effectively.

Summary

Diet and nutrition are not only critical for human physiology and body composition, but also have significant effects on mood and mental wellbeing. While the determining factors of mental health are complex, increasing evidence indicates a strong association between a poor diet and the exacerbation of mood disorders, including anxiety and depression, as well as other neuropsychiatric conditions.[56] Studies focused on understanding the biological pathways that mediate the observed relationships between diet, nutrition, and mental health are pointing to the immune system's inflammation response and the microbiome-gut-brain axis as key targets for nutritional interventions.[57] Poor nutrition may be a causal factor in the experience of low mood and improving diet may help to protect not only the physical health but also the mental health of the population.[58] In particular, Western dietary habits have been the object of several research studies focusing on the relationship between nutrition and mental health.[59]

In the past 20 years, a new approach to treating both mental and physical health simultaneously has gained momentum and acceptance – namely, the implementation of nutritional psychiatry. In this proposal, we offer a new approach to treating depression and anxiety that incorporates the thousands of studies conducted in this field. This INN Program seeks to improve mental health outcomes through a comprehensive nutritional psychiatry/psychology approach that offers a targeted meal service, nutritional supplement regime, online health education program, and accessible support through an online community group. This approach to mental health treatment can increase access to groups that typically avoid care due to stigma, and can serve large and diverse groups simultaneously, efficiently, and cost-effectively.

We look forward to opening a dialogue with county mental health agencies about this exciting approach, and to the potential opportunity to serve our communities.

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56 https://pubmed.ncbi.nlm.nih.gov/31735529/

57 https://pubmed.ncbi.nlm.nih.gov/28242200/

58 https://pubmed.ncbi.nlm.nih.gov/32601102/

59 https://pubmed.ncbi.nlm.nih.gov/33763446/ Page 4 of 24

About Us

Dr. Ban G. Truong, DO, PhD, FACEP, ABAARM

Dr. Ban is a physician with a Ph.D. in Nutrition, and who is quadruple board certified in Emergency Medicine, Obesity Medicine, Anti-Aging and Regenerative Medicine, and as a Physician Nutrition Specialist. Dr. Ban has treated patients in a wide range of medical settings from primary care to urgent care to the emergency room setting, many of whom struggled with preventable diet-related illnesses. Among his many roles, he currently serves as Medical Director for Weightless4Life, and online health education company. He approaches that role with the thoughtfulness and compassion gained from years regularly seeing patients in the primary, urgent, and emergency settings.

Dr. Ban was also formerly a college professor who taught nutrition and the sciences. He is the co-creator of the Reset Program and the Diabetes Reversal Program, online educational courses that have helped thousands of people to improve health through education and better nutrition.

Van T. Vu, JD, LLM

Van has devoted her entire professional career to furthering education for all. She previously served as special legal counsel to public educational agencies and county mental health agencies, whom she helped to provide appropriate education to students with special needs. In this capacity, she facilitated collaborations between school districts and mental health agencies to serve the mental health needs of students following the repeal of AB 3632, the law that required county mental health agencies to provide mental health services to students as part of their educational program. She also helped school districts develop a full continuum of mental health procedures and programs, ranging from response to intervention models to placements of students in residential facilities to meet their unique needs.

Van also formerly served as an administrative law judge presiding over educational hearings throughout California, as an adjunct law professor, and as a Senate appointee to the Statewide Pupil Assessment Review Panel. She currently serves as Chief Executive Officer to two companies—Weightless4Life, an online health education company, and Twin Dragons Baking Company, a commercial manufacturer of healthy sugar-free and diabetic-friendly foods. She is the co-creator of the Reset Program and the Diabetes Reversal Program, both targeted to improve health through education.

Organizational Description

Yolo Community Care Continuum (YCCC) is a non-profit agency (tax id 94-2623205) that has provided an array of community-based programs for people experiencing a psychiatric disability for over 42 years. Each service is designed to meet the individual needs at specific points in the recovery process. Community settings are voluntary, and clients have support from staff, peers, and volunteers.

Services provided at YCCC programs are designed to improve the mental health of those served and provide support to prevent costly psychiatric hospitalization and incarceration. Staff work individually with the residents to teach independent living skills, mental health management skills, and care of health problems. Staff help residents obtain benefits and to integrate into the community through volunteer work or a job. The services provided ensure that the residents housed by YCCC do not experience the negative consequences that are often associated with psychiatric decompensation: homelessness, involuntary hospitalization, and incarceration.

Description of Request

YCCC has served over 8,000 Yolo County residents in their time of need. Buildings that are continually used suffer disrepair issues more quickly than an average individual residence, and YCCC facilities have some needs for repairs and upgrades that will make the program more energy efficient and keep us a community resource for years to come. This request is for funding to address efficiency upgrades that will reduce the operating costs of delivering services. Some energy efficiency updates will ensure that YCCC can provide cost effective services to the residents of Yolo County for years to come. Improvements include:

- Energy efficient windows
- Weatherstripping/sealing
- Insulation
- Outside solar lighting
- Solar panels to reduce electrical usage and improve energy efficiency.
- Tankless water heater to meet the requirements of Department of Social Services Community Care Licensing Department
- Energy efficient radiant floor heating

Experience Completing similar projects

YCCC has a demonstrated track record of successfully managing construction and building improvement projects. We have received funding for services for over 15 consecutive years and have completed a number of capital projects. Those projects include:

> Project: Renovation of 10-bed long term residential treatment facility
> Fiscal Years 11 to 13 (multi-year funding) Completed renovation of a 10-bedroom residential care facility in Davis that serves Woodland residents. All CDBG funds were expended by the end of fiscal year 13-14. Currently, 10 very low-income individuals with a mental illness live there.
>
> Project: Renovation of special needs affordable housing
> Fiscal Years 09 to 10 Completed renovation of a 5-unit affordable housing unit on College St. All CDBG funds were expended by the end of this fiscal year. The installation of a

wheelchair lift for accessibility met an identified need in this community for Woodland residents. Currently, 5 very low-income individuals with a mental illness live there.

Project: Development of 14-bed crisis shelter to respond to community needs for increased crisis beds. Fiscal Years 01 to 07: Completed construction of a 14-bed, 5,000-square-foot crisis residential facility located on Kentucky Avenue.

Project: Renovation of same 14-bed crisis shelter above. Fiscal Years 19 to 20

Project: Renovation of special needs affordable housing
Fiscal Years 11 to 13 Completed renovation of an affordable housing unit on College St. All CDBG funds were expended by the end of this fiscal year. This center provides services to mentally ill individuals many of whom are homeless. Currently, it serves individuals with a mental illness who have housing needs.

Yolo Community Care Continuum has owned the properties for which we are requesting funds for over 42 years.

The Need

Funding to remodel nonprofit facilities is difficult to obtain. Other funding sources have been explored such as fundraising and donations, but we are unable to raise the amount of funding needed for the project for which we are requesting funding. Fundraising efforts are used to support the services provided to Yolo County residents and others with a mental illness in crisis. YCCC serves very low income mentally ill individuals who only receive $1,040 per month on SSI and cannot afford extra payments for the much-needed improvements to the grounds and buildings.

Energy Upgrades

Safe Harbor (584 Kentucky Ave. Woodland)
Solar tankless water heater
Solar panels
New roof
Weatherstripping/sealing
Outdoor lighting

Farmhouse (24321 County Rd. 96 Davis)
Dual paned, energy efficient windows between 0.17 and 0.30 U-factor rating
solar tankless water heater
Insulation
Ducting repair and sealing
Solar panels
Weatherstripping/sealing
Outdoor lighting

Be House (168 College St. Woodland)
Insulation
Weatherstripping/sealing
Ducting repair and sealing
Dual paned, energy efficient windows between 0.17 and 0.30 U-factor rating

Weatherstripping/sealing
Electrical panel upgrades or replacement
Water piping upgrades or replacement
Structural building modifications or supports
Outdoor lighting

Haven House (166 College St. Woodland)
Insulation
Ducting repair and sealing
Solar panels
Dual paned, energy efficient windows between 0.17 and 0.30 U-factor rating
Weatherstripping/sealing
Electrical panel upgrades or replacement
Water piping upgrades or replacement
Structural building modifications or supports
Outdoor lighting
EV charging station

Anticipated Energy Savings

Solar tankless water heaters $26,000. A solar water heater qualifies for a 30 percent tax credit, and studies have shown that they reduce water heating expenses by 50 to 80 percent at each site proposed. These types of water heaters are recommended in sunny locations. They're easy to maintain and operate quietly. Once the solar water heater is up and running, they don't have any energy costs since they run on the sun's power. This will pay for the repairs and maintenance over time.

Dual paned windows are made from two panes of glass separated by a spacer that holds trapped gas, such as argon or krypton. They are considered an energy efficient window type. Double-paned windows are some of the best replacement energy efficient windows available. The average cost for standard sized, double hung, replacement vinyl double pane windows is $600 to $1100 per window. Installation cost will depend on local labor rates (usually $70 per hour), window brand choice, type of window, and window framing materials.

Underfloor heating heats a room evenly from the floor up without overheating, saving up to 15% on the average annual heating bill. Underfloor heating turns the entire floor surface into a radiant heater creating a comfortable overall room temperature. To fully benefit from the energy efficiency achieved with an underfloor heating system, it is important that insulation has been thought of. Energy efficient heating systems are best achieved when sufficient levels of insulation are in place so as with any system, good insulation means efficient running costs. Electric-based radiant floor heating runs between $15 to $30 per square foot. Both range in cost from $1 to $5 a day to run.

Insulation filling a wall cavity costs $2 to $4 per square foot on average. The national average cost for insulating a home is $7,000 to $14,000, with most people paying around $10,500 for a mixture of batts and blown-in insulation

New roof between the hot summer sun and the cold temperatures in the winter, Safe Harbor's roof takes the brunt of seasonal weather changes. It's time to replace the roof because it is nearly 20 years old, we have noticed some shingles that are missing, cracking or curled and the solar panels need a stable foundation. $35,000

Solar panels The state average cost to install solar panels before tax credits is $29,460 to $39,260, with most homeowners paying around $26,860 to install a 6 kW system using monocrystalline panels on the roofs of their homes. This project's low cost is $12,880 to install a 2 kW system using polycrystalline panels installed on a roof. The high cost is $65,000 for a 8 kW system with a full battery backup using monocrystalline panels installed in an array.

Weatherstripping/sealing Air loss in the home is one of the biggest contributors to energy waste and higher utility bills. Sealing these leaks properly can prevent further loss and improve the efficiency and lifespan of any HVAC system. Air leaks in the walls or windows and doors of a home can create moisture problems and make it difficult to maintain a comfortable temperature.

Weatherstripping	$1.75 per linear foot	$1,000
Caulk	$6.50 per linear foot	$1,200
Metal flashing	$40 per linear foot	$1,000
Spray foam insulation	$2.50 per board foot	$6,750
Total Cost		$9,950

Duct repair/sealing The importance of HVAC duct sealing can't be overstated. Having your HVAC duct-work tested and properly sealed is one of the home improvements with the highest payback. Duct sealing can lower your heating and cooling costs by 15%, 20% or more. Replacing ductwork costs $25 to $50 per linear foot. This includes the price to remove the existing materials and install new. If you must cut into the floor or ceiling to reach it, add an extra $550 to $1,750 to the total. Aging ductwork needs attention just the same as any other home system. With good maintenance and periodic cleaning, they can last up to 25 years. They lose efficiency over time, as much as 40 percent. The materials can also rust or crack.

Electrical panel upgrades or replacement YCCC needs to be confident that our older facilities are safe and the electrical systems are reliable and up to code. Our breakers trip repeatedly which may indicate problems with the electrical panel, faulty wiring, or a bad breaker. We have looked at all simple fixes and it is likely time for an electrical panel replacement. Ensuring our facilities are compliant with electrical codes ensures client's safety.

Haven House, Be House and the Farmhouse are more than 20 years old. Older homes were built with older appliances and power needs in mind. An electrical panel upgrade will increase service from 100/150 amps to industry standard 200 amp service if need be. While having an older home may not necessitate an electrical panel upgrade if you have improved your current device it will ensure our electrical system is up to code for the new solar, water heater, etc. installation occurring at the sites.

Water Piping Upgrades This would upgrade all outdated water meters with new, automated models. The replacement of old pipes can have tremendous efficiency and safety benefits. Older

homes often have galvanized or lead piping. Even if you can't see those sections of pipe, that doesn't mean they don't exist. The galvanized pipes develop blockages from built-up minerals and corrosion, while lead piping is toxic and can affect health. Both of these types of old piping can be replaced during a water service upgrade.

YCCC is required to replace the privately-owned section of piping, and this can be a costly exercise if you do it as a stand-alone project. The most important efficiency improvement is repairs to water leaks.

Approximate Utility Rebates: $ 4,400.00

Motion sensor indoor lights Motion sensors are one of the most common energy-efficient improvement trends. They can help save on energy costs by turning off the light when clients are not in a room, so that you don't have to remember to turn off lights. If you leave a room longer than 15 minutes, turning off the lights will help you save money. To maximize the savings provided by these sensors, it's best placing them in medium- or low-traffic rooms. $22/fixture plus installation

Outdoor solar lights 400W solar streetlight can provide 7500k daylight white as it equipped with 864pcs high quality LED beads and 3.2v-40Ah battery (life up to 50,000 hours). IP67 waterproof grade make it works well even in bad weather all year round. Die-cast aluminum frame and high efficiency solar panels makes it good heat dissipation, durable and lighting performance. Dusk to dawn solar lights outdoor have three methods control : 1. Light control: Automatically turn on at dusk and turn off at dawn . 2.Motion sensor: Automatically turn to 100% brightness mode when motion is detected. It reverts back to 30% energy saving mode again if people out of the detected area (up to 26ft with 120°detection angle). 3.Remote control switch, timing, adjust the brightness. This led solar flood lights built in bigger solar panel 40W (35*14 in) and new energy vehicles power battery (3.2v/40Ah) which are faster charging efficiency and more light span, safety, and stability. Working time is up to 16~18 hours after fully charging, about 48 hours in dim mode. This outdoor solar security lights comes with assembly accessories set. Mount on the wall, pole, tree, balcony, anywhere outdoor. No wiring required, no maintenance. Ideal for street and driveway, courtyard, parks, squares, private gardens, courtyard, etc. More than 50,000 hours long lifespan. $180/light + installation

EV charging station Haven House has a Leaf vehicle which we currently have to park down the street to charge. An at-home EV charging station will allow them to charge the electric car at Haven House. The installation to mount a station and run 50-amp dedicated wiring, it will cost between $1,500 and $4,500 to mount a new station, install a new service panel, do wiring, and equip it with a 240-volt outlet. The same goes for if there is a need for extensive wiring or if trenching and running conduit around the home are necessary. A 200-amp panel upgrade costs between $1,800 and $2,500. Wiring, on the other hand, costs up to $8 per foot, and trenching is $4 to $12 per foot.

Budget

Dual paned, energy efficient windows	$38,000
Solar tankless water heaters	$40,000
Underfloor heating	$59,000
Insulation	$42,500
New roof (Safe Harbor)	$35,000
Solar Panels and battery	$260,000

Weatherstripping/sealing (x3 buildings)	$29,850
Duct repair/sealing	$20,000
Electrical panel upgrades or replacement, water piping upgrades or replacement, and structural building modifications or supports (x3 buildings) (estimate obtained from Brower Mechanical)	$150,121
Removal of almond husks in attics/damaged Materials (x3 buildings)	$20,000
Motion sensor lights indoors (x3)	$4,200 (installation included)
Motion sensor lights outdoors (x3)	$6,480 (installation included)
EV charging station (Haven House)	$6,500
Subtotal	$711,651
Contingencies (20%)	$142,330
Total	**$853,981**

COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA):
Additional Community Feedback

Annual Update FY 2022-2023

Additional Community Feedback may be submitted to MHSA for the Annual Update process. Please submit this information to mhsa@yolocounty.org by Friday April 15, 2022. MHSA Annual Updates are published every year and available at www.yolocounty.org/mhsa.

Project Title: Community Outreach and Engagement Campaign

What is the identified issue or gap in service?

Recognizing the concern of Board and Care's closing throughout the State, HHSA contracted with Resource Development Associates (RDA) to conduct a Board and Care study for Yolo County specifically. This study was finalized in April 2019 and had several key findings and recommendations. Some of these findings and recommendations included: the need to develop a full continuum of care that allows for step-down housing and reserves the higher levels for consumers who need them; support existing Board and Care homes while looking to new innovative models to meet the growing need for adult residential care systems; assessing community housing needs semi-regularly; and the need for 35-50 local step-down options for Yolo County clients. Since that study, HHSA has collected data multiple times on the need and found that the estimate largely remains the same as recently as December 2021 which indicated that 20 individuals were awaiting step-down from higher levels of care and 39 individuals placed in Board and Cares outside of Yolo County that could return to Yolo if adequate Board and Care options were available in Yolo.

Additionally, in 2019 HHSA, CAO, Public Defender, Probation, District Attorney, and Yolo County Housing staff collaborated on two State grant applications to bring housing and substance use treatment facilities to Yolo County to expand the continuum of options for the homeless or at risk of homelessness population involved in the criminal justice system. The first application was to purchase and renovate two properties for individuals being served in diversionary programs that had wraparound supports and needed interim housing while permanent housing was secured. The second application was to purchase and renovate one property to add 8-12 residential substance use treatment beds, including 2 detoxification beds, given the lack of local resources for these needs. According to the 2019 Point in Time Count (PIT) it was noted that approximately 14% of those surveyed (93 individuals) identified as having co-occurring mental health and substance use needs, with 60 of those 93 being unsheltered, and that 47% of those surveyed (309) had a criminal conviction, with 208 of the 309 being unsheltered. This is data that supported the need for the application to bring on two additional houses to serve the criminal justice involved with co-occurring

needs. In addition to the PIT data, for the second application it was noted that in FY2018/2019 the average wait time for residential treatment placement once referred was 39 days, with those being incarcerated waiting approximately 40% longer for placement into a program. It was based on this need that partners pursued the second application.

Since that time, all departments have worked diligently to try and bring these projects to fruition. Unfortunately, there have been many obstacles along the way, one of which being significant community feedback in opposition of these new locations when a property was found suitable for the grant needs. The Board of supervisors asked staff for a community engagement workplan around these efforts to better inform the public of the needs, the potential programs, and hear concerns with the hope that creating a countywide ongoing effort would lead to easier approval and support in the future. Ultimately, because of these barriers including the community opposition, HHSA had to return their $1.6M grant to the State due to running out of time in the grant period after trying to work on 12 different properties. Probation previously had 2 homes identified for their grant and both were opposed. While they are still searching, the need for these and other housing and program opportunities like these have only grown. To be successfully moving forward on siting new Board and Cares, interim and permanent housing options, and treatment programs, we need a more robust outreach and engagement campaign focused on this effort.

What is the recommended solution, or concept? The recommended solution for this would be to release an RFP to find a vendor that could support a robust community outreach and engagement campaign throughout the entire County. This effort would have the objectives and goals of facilitating community town halls, sharing data on the needs of Yolo County residents currently being unmet or met elsewhere, reducing stigma in the community associated with these housing and program opportunities, making recommendations to address barriers and concerns community members bring to light, outreach materials, working with County staff to facilitate a communication strategy, implementing the various components of the County's draft Community Engagement Strategies document.

Budget (if applicable)? Approximately $300,000 in the current 3-year MHSA plan. Potential future funding could be considered in the next 3-year plan to sustain and build out this effort.

Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?

Ian Evans, Ian.Evans@yolocounty.org

Target population is TAY, Adults, and Older Adults.

COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA):
Additional Community Feedback

Annual Update FY 2022-2023

Additional Community Feedback may be submitted to MHSA for the Annual Update process. Please submit this information to mhsa@yolocounty.org by Friday April 15, 2022. MHSA Annual Updates are published every year and available at www.yolocounty.org/mhsa.

Project Title: Pine Tree Gardens Transition Support Position

What is the identified issue or gap in service? Several partners have been meeting for approximately 3 years to look at fiscal and programmatic sustainability of both Pine Tree Gardens homes in Davis. While HHSA dedicated one-million in MHSA funding for the purchase, renovation, and repairs of East House, and has committed $876,000 annually to North Valley Behavioral Health LLC to provide operational supports at both properties two additional gaps arose in addition to these supports being in place. Clients and family members identified a need for more activities and engagement opportunities for the clients, and through comprehensive assessments with each client conducted by HHSA and input from family members a need for transition support for clients that are not being served by an FSP team was identified.

North Valley Behavioral Health has addressed the first need by bringing on a staff that will serve as an activities coordinator. This position will work with NVBH and clients to identify activities that support daily living but also fun and engaging opportunities for clients to be part of the community, have outings, and work towards skill development. This was something NVBH could absorb with the funding in their current operational contract.

The other need identified was more robust engagement and support for new clients entering Pine Tree Gardens, and for those who are ready to leave Pine Tree Gardens for a different housing/living situation. Moving to a new environment with multiple other clients can be unsettling for some, and at the other end of the journey, once clients are ready to move on from PTG it can take a lot of work to complete housing applications, tour new properties, complete move-in ready documentation and existing supports through NVBH and/or family and friends is not enough to support these needs. NVBH does not have funding in their current contract to absorb this need and therefore this proposal aims to fill that gap.

What is the recommended solution, or concept? The recommended solution would be to add a case manager type position that would support clients at both Pine Tree Gardens East and West House during their intake/admission to the program and for those ready to transition to their next housing/living situation. This support would be for non-FSP clients at both PTG homes as the supports provided by this position already occur for FSP clients through their treatment team. The new position would provide support as folks move into PTG, completing intake paperwork, meeting with the client regularly in the first few weeks of being new to PTG to help ensure they are settling in, being supported, any needs identified are being addressed and coordinated and over time as the client settled in would meet less and less frequently until this support was not needed any longer. Additionally, for those ready to move on from PTG there is a lot of time and effort that is needed to conduct housing searches, complete applications, schedule tours, ensure all move-in ready documentation is in order (ID, Birth Certificate, etc), help clients with background checks, and ensure a smooth transition into their new home. It is anticipated that this position would meet with the client at least a few times after moving into their new home to help ensure ongoing stability. This concept has been discussed with HHSA, NVBH, and several members of the Save PTG group. Final job duties and structure would be worked out by HHSA and NVBH staff and presented to the Save PTG group if approved so all have a clear understanding of expectations for this new position.

Budget (if applicable)? Approximately $68,000 in year 1, anticipated COLA increase each year. There may be a need for a vehicle purchase to help support the transportation and move-in needs of these individuals. NVBH and HHSA would determine if this can be absorbed into their existing contract or if future funding would be needed.

Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)? Ian Evans, Ian.Evans@yolocounty.org and Arne Hyson, ahyson@nvbh.com

Target population is primarily Adults and Older Adults but can be TAY as well.

Attachment 2

Prevention and Early Intervention 3-Year Evaluation Report 2018–2021

Program: **Integrated Behavioral Health for Latino Community and Families, a.k.a. CREO**

Provider: CommuniCare Health Centers

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	27%	30%	43%	3,906
Total Clients Served: 964				
New Clients	47%	70%	53%	56%
Returning Clients	53%	30%	47%	44%
% of Prevention and Early Intervention				
Prevention (Total 262 Services)	56%	27%	29%	40%
Early Intervention (Total 401 services)	44%	73%	71%	60%
Individual Family Members				
Individual Family Members Served	45%	35%	20%	793
Client Relationship to Mental Health				
Mental Health Client/Consumer	99%	93%	96%	96%
Family Member of MH Client/Consumer	1%	7%	4%	4%
% of Clients Served by Age				
Children 0-15	2%	0%	1%	1%
Transition Age Youth 16–25	7%	2%	1%	3%
Adult 26–59	88%	93%	91%	91%
Older Adult 60+	4%	5%	7%	5%
% of Clients Served by Race and Ethnicity				
Other (Includes Hispanic/Latino)	93%	55%	40%	57%
White (includes Non Hispanic/Latino)	0%	26%	8%	12%
More than one race	1%	5%	<1%	2%
American Indian or Alaska Native	0%	0%	<1%	<1%
Asian	0%	0%	0%	0%
Black or African American	0%	0%	0%	0%
Native Hawaiian or other Pacific Islander	0%	0%	0%	0%
Declined to State	5%	14%	52%	28%
Hispanic or Latino:	100%	100%	100%	100%

% of Clients Served by Gender	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Male	21%	23%	22%	22%
Female	78%	76%	78%	77%
Not Applicable: Minor exempt from answering this question	<1%	0%	0%	<1%
Declined to State	<1%	<1%	<1%	<1%
Client Snapshot				
Requested written communication in Spanish	100%	100%	100%	
Requested spoken communication in Spanish	100%	100%	100%	
Have a disability	1%	7%	4%	3%
Gay or Lesbian	<1%	0%	0%	<1%
Heterosexual or Straight	95%	86%	83%	89%
Bisexual	0%	2%	1%	<1%
Clients' City of Residence				
Woodland	41%	47%	43%	44%
West Sacramento	30%	32%	27%	30%
Davis	14%	16%	16%	16%
Clarksburg	2%	<1%	2%	2%
Esparto	2%	<1%	2%	2%
Out of County	2%	1%	2%	2%
Winters	1%	2%	2%	2%
Knights Landing	3%	<1%	0%	1%
Homeless	2%	0%	3%	1%
Dunnigan	0%	0%	<1%	<1%
Madison	0%	0%	<1%	<1%
Yolo	2%	0%	<1%	<1%
Yolo County Unincorporated areas	<1%	<1%	0%	<1%

Outreach	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Percentage of outreach events held by FY	47%	30%	22%	Total 309 events
Percentage of outreach participants held by FY	46%	34%	21%	
Outreach Settings				
Other	18%	18%	48%	44%
Cultural Organization	13%	11%	22%	21%
School	18%	22%	11%	12%
Support Group	33%	20%	9%	12%
Church	1%	2%	6%	6%
Clinic	5%	23%	3%	4%
Faith-Based Organization	0%	1%	0%	<1%
Family Resource Center	3%	0%	0%	<1%
Law Enforcement Departments	1%	1%	0%	<1%
Library	1%	0%	0%	<1%
Mental/Behavioral Health Care	0%	1%	<1%	<1%
Primary Health Care	3%	1%	0%	<1%
Recreation Center	2%	0%	0%	<1%
Shelter	<1%	0%	0%	<1%
Percentage of referrals by Fiscal Year	19%	44%	37%	Total 52 referrals
Average Duration of Untreated Mental Illness				
Less than 1 month	5%	0%	8%	4%
1–2 Months	2%	11%	20%	11%
2–3 Months	5%	14%	4%	8%
3–4 Months	5%	15%	2%	8%
4–5 Months	2%	7%	8%	6%
5–6 Months	18%	18%	16%	17%
6–7 Months	5%	10%	8%	8%
7–8 Months	<1%	4%	7%	4%
8–9 Months	3%	<1%	6%	3%
9–10 Months	3%	2%	4%	3%
10–11 Months	1%	0%	1%	<1%
11–12 Months	<1%	5%	1%	3%
More than 12 Months	11%	7%	11%	9%
Unable to determine	34%	5%	5%	13%
Not Applicable	4%	<1%	0%	2%

Average Interval between the referral and participation in treatment/referred service	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Less than 1 month	19%	50%	25%	25%
1-2 Months	17%	45%	49%	38%
2-3 Months	7%	5%	16%	12%
3-4 Months	3%	0%	8%	6%
4-5 Months	2%	0%	<1%	1%
Participation in Treatment not Recorded	45%	0%	0%	15%
Treatment not Completed: Referral Closed	6%	0%	2%	3%

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Crisis Intervention Training**

Provider: Disability Response

	FY 18–19	FY 19–20	Total FY 2018–2020*
Client Contacts	48%	52%	130
% of Early Intervention			
Early Intervention	48%	52%	Total 130 services
Client Relationship to Mental Health			
Family Member of Mental Health Client/ Consumer	12%	No data	
Not Applicable	88%	No data	
% of Clients Served by Age			
Transition Age Youth 16-25	10%	19%	15%
Adult 26-59	90%	79%	85%
Declined to State	0%	1%	<1%
% of Clients Served by Race and Ethnicity			
White (includes Non Hispanic/Latino)	62%	79%	70%
Other (Includes Hispanic/Latino)	21%	6%	14%
Asian	8%	4%	6%
Black or African American	6%	2%	4%
American Indian or Alaska Native	2%	6%	3%
More than one race	2%	2%	2%
Native Hawaiian or other Pacific Islander	0%	2%	1%
Hispanic or Latino:	46%	23%	35%
0% of clients requested communication in Spanish			
% of Clients Served by Gender			
Male	69%	84%	91%
Female	31%	13%	5%
Declined to state	0%	3%	5%

* Program ended in 2020 so there was no FY 20–21 data to include.

Client Snapshot	FY 18–19	FY 19–20	Total FY 2018–2020
Have a disability	6%	2%	5%
Bisexual	5%	0%	3%
Veterans	14%	23%	18%
Clients' City of Residence			
Out of County	32%	46%	39%
Woodland	37%	25%	31%
West Sacramento	6%	10%	8%
Davis	8%	3%	6%
Esparto	3%	8%	6%
Yolo County Unincorporated areas	8%	5%	6%
Yolo	2%	3%	2%
Madison	2%	0%	<1%
Sacramento [board and care]	2%	0%	<1%
Declined to State	2%	0%	<1%

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Early Signs Training and Assistance**

Provider: Yolo County Health and Human Services Agency

Due to the COVID-19 pandemic, limited data was available for FY 2020-2021. Many trainings were canceled or held virtually, which prevented the collection of demographic data. After a pause in training, a hybrid model was implemented during subsequent quarters.

	FY 18–19	FY 19–20	Total FY 2018–2020
Client Contacts	46%	54%	828
% of Early Intervention			
Early Intervention (Total 449 services)	NA	100%	
Client Relationship to Mental Health			
Mental Health Client/Consumer	21%	17%	19%
Family Member of Mental Health Client/ Consumer	22%	18%	20%
Not Applicable	53%	58%	55%
Prefer Not to Answer	4%	7%	5%
% of Clients Served by Age			
Transition Age Youth 16-25	48%	38%	43%
Adult 26-59	41%	57%	50%
Older Adult 60+	9%	4%	7%
Declined to State	1%	0%	<1%
% of Clients Served by Race and Ethnicity			
White (includes Non Hispanic/Latino)	56%	48%	51%
Asian	No data	24%	16%
More than one race	13%	12%	12%
Other (Includes Hispanic/Latino)	15%	8%	10%
Black or African American	7%	5%	6%
Declined to State	4%	1%	2%
American Indian or Alaska Native	4%	0%	1%
Native Hawaiian or other Pacific Islander	1%	2%	1%
Hispanic or Latino:	36%	31%	33%

% of Clients Served by Gender	FY 18–19	FY 19–20	Total FY 2018–2020
Male	42%	29%	35%
Female	55%	69%	63%
Transgender	<1%	<1%	<1%
Genderqueer	0%	<1%	<1%
Questioning or unsure of gender identity	<1%	<1%	<1%
Another Gender Identity	<1%	0%	<1%
Declined to State	3%	2%	2%
% of Clients Served by Sexual Orientation			
Gay or Lesbian	3%	4%	3%
Heterosexual or Straight	84%	81%	82%
Bisexual	4%	8%	6%
Questioning or unsure of sexual orientation	2%	<1%	2%
Queer	3%	2%	3%
Another Sexual Orientation	<1%	<1%	<1%
Declined to State	4%	3%	4%
% of Clients Requesting Communication by Language			
English—Written	91%	97%	94%
English—Spoken	91%	98%	95%
Spanish—Written	8%	2%	5%
Spanish—Spoken	8%	2%	4%
Russian—Written	0%	<1%	<1%
Russian—Spoken	0%	0%	0%
Other language—Written	<1%	<1%	<1%
Other language—Spoken	<1%	<1%	<1%
Disability			
Percentage of clients with a disability	8%	7%	7%

Clients' City of Residence	FY 18–19	FY 19–20	Total FY 2018–2020
Davis	29%	30%	30%
Woodland	18%	29%	24%
Out of County	23%	11%	16%
Sacramento [board and care]	11%	10%	10%
West Sacramento	4%	6%	5%
Clarksburg	9%	<1%	4%
Yolo County Unincorporated areas	0%	5%	3%
Esparto	<1%	4%	2%
Yolo	3%	2%	2%
Winters	2%	<1%	1%
Brooks	0%	1%	<1%
Dunnigan	<1%	0%	<1%
Guinda	0%	<1%	<1%
Knights Landing	0%	<1%	<1%
Declined to State	<1%	0%	<1%

Outreach	FY 18–19	FY19-20	FY20-21 (Q2 & Q3 only)
Percentage of outreach events held by FY	18%	No data	82%
Percentage of outreach participants held by FY	32%	No data	68%
Total events			Total 17 events

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Help Me Grow Yolo County, First 5**

Provider: CommuniCare Health

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	22%	48%	30%	8,550
Total Clients Served: 48				
New Clients	76%	86%	69%	80%
Returning Clients	24%	14%	31%	20%
% of Prevention and Early Intervention Services				
Prevention (Total 6,441 Services)	59%	95%	81%	82%
Early Intervention (Total 1,407 Services)	41%	5%	19%	18%
Individual Family Members Served				
Family Members Served	36%	51%	13%	Total 17,772 individuals
% of Clients Served by Race and Ethnicity				
Other (Includes Hispanic/Latino)	51%	39%	50%	44%
White (includes Non Hispanic/Latino)	17%	20%	16%	18%
More than One Race	14%	19%	19%	18%
Asian	9%	12%	7%	11%
Black or African American	4%	4%	3%	4%
Declined to State	3%	5%	3%	4%
American Indian or Alaska Native	1%	1%	1%	1%
Native Hawaiian or other Pacific Islander	<1%	1%	<1%	0%
Hispanic or Latino:	28%	40%	55%	42%
% of Clients Served by Gender				
Male	51%	49%	43%	48%
Female	47%	48%	41%	46%
Declined to state	2%	3%	15%	5%
Client Snapshot				
Ages 0–15	100%	100%	100%	100%
Requested written communication in Spanish	23%	28%	37%	29%
Requested spoken communication in Spanish	25%	27%	44%	29%
Have a disability	6%	7%	10%	7%

Clients' City of Residence	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Woodland	35%	35%	39%	36%
West Sacramento	25%	31%	25%	28%
Davis	15%	12%	7%	12%
Out of County	9%	5%	7%	6%
Winters	6%	5%	6%	5%
Esparto	4%	3%	5%	4%
Madison	2%	3%	4%	3%
Sacramento [board and care]	0%	4%	4%	3%
Brooks	1%	<1%	<1%	<1%
Clarksburg	<1%	<1%	<1%	<1%
Dunnigan	<1%	<1%	<1%	<1%
Guinda	<1%	<1%	0%	<1%
Knights Landing	<1%	<1%	<1%	<1%
Yolo	<1%	<1%	<1%	<1%
Yolo County Unincorporated areas	<1%	<1%	<1%	<1%
Homeless	0%	<1%	<1%	<1%
Outreach				
Percentage of outreach events held	19%	8%	73%	Total 2,174 events, including 6 airings of a radio ad
Other	75%	27%	56%	57%
School	8%	11%	25%	21%
Family Resource Center	<1%	4%	8%	6%
Clinic	3%	5%	6%	5%
Recreation Center	<1%	39%	0%	3%
Library	2%	2%	2%	2%
Mental/Behavioral Health Care	5%	9%	<1%	2%
Residence	2%	<1%	2%	2%
Primary Health Care	2%	1%	0%	1%
Faith-Based Organization	2%	2%	0%	<1%
Substance Use Treatment Location	0%	0%	<1%	<1%
Support Group	<1%	1%	<1%	<1%
Church	0%	0%	<1%	<1%
Percentage of referrals by Fiscal Year	23%	39%	38%	Total 566 referrals

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Help Me Grow Yolo County Maternal Mental Health**

Provider: CommuniCare Health

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	16%	55%	29%	323
Total Clients Served: 48				
New Clients	100%	62%	60%	69%
Returning Clients	0%	38%	40%	31%
% of Early Intervention Services				
Early Intervention (Total 37 Services)	24%	49%	27%	
Client Relationship to Mental Health				
Mental Health Client/Consumer	100%	100%	90%	97%
Not applicable	0%	0%	10%	3%
% of Clients Served by Age				
Transition Age Youth 16–25	22%	28%	20%	24%
Adult 26–59	78%	72%	80%	76%
% of Clients Served by Race and Ethnicity				
Other (Includes Hispanic/Latino)	0%	65%	70%	50%
White (includes Non Hispanic/Latino)	89%	24%	30%	42%
American Indian or Alaska Native	11%	6%	0%	6%
Native Hawaiian or other Pacific Islander	0%	6%	0%	3%
Hispanic or Latino:	78%	79%	88%	81%
% of Clients Served by Gender				
Female	100%	94%	100%	97%
Transgender	0%	6%	0%	3%
Client Snapshot				
Requested written/spoken communication in Spanish	44%	28%	50%	38%
Have a disability	0%	6%	10%	5%
Bisexual	0%	0%	10%	3%
Another sexual orientation	0%	6%	0%	3%

Clients' City of Residence	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Woodland	44%	50%	70%	54%
West Sacramento	22%	17%	10%	16%
Davis	11%	11%	10%	11%
Winters	11%	11%	0%	8%
Esparto	11%	6%	0%	5%
Clarksburg	0%	0%	10%	3%
Madison	0%	6%	0%	3%
Outreach				
Percentage of outreach events held by FY	24%	29%	47%	Total 17 events
Percentage of outreach participants held by FY	44%	38%	18%	
Clinic	0%	0%	25%	12%
Law Enforcement Departments	0%	0%	38%	18%
Mental/Behavioral Health Care	50%	40%	25%	35%
Other	0%	60%	0%	18%
Primary Health Care	50%	0%	13%	18%
% Referrals by FY	56%	13%	31%	Total 16 referrals
Average Duration of Untreated Mental Illness				
Less than 1 month	0%	0%	8%	3%
5-6 Months	0%	6%	0%	3%
More than 12 Months	0%	6%	0%	3%
Unable to determine	100%	0%	17%	28%
Not Applicable	0%	89%	75%	64%
Average Interval Between the Referral and Participation in Treatment/Referred Service				
Less than 1 month	100%	89%	67%	90%
1-2 Months	0%	6%	33%	7%
3-4 Months	0%	6%	0%	3%

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Latino Promotore Program**

Provider: RISE, Incorporated

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	38%	32%	29%	2,140
Total Clients Served: 664				
New Clients	65%	55%	75%	63%
Returning Clients	35%	45%	25%	37%
% of Prevention and Early Intervention				
Prevention (Total 337 Services)	96%	93%	89%	94%
Early Intervention (Total 26 services)	4%	7%	11%	6%
Client Relationship to Mental Health				
Mental Health Client/Consumer	29%	18%	0%	24%
Family Member of Mental Health Client/ Consumer	4%	18%	0%	11%
Not Applicable	67%	30%	0%	49%
Prefer Not to Answer	0%	34%	0%	16%
% of Clients Served by Age				
Children 0-15	1%	0%	0%	1%
Transition Age Youth 16–25	21%	24%	14%	20%
Adult 26–59	71%	76%	80%	74%
Older Adult 60+	8%	0%	6%	5%
% of Clients Served by Race and Ethnicity				
Other (Includes Hispanic/Latino)	92%	100%	100%	96%
Declined to State	5%	0%	0%	3%
More than one race	3%	0%	0%	1%
Hispanic or Latino:	100%	100%	100%	100%
% of Clients Served by Gender				
Male	99%	100%	100%	100%
Female	0%	0%	0%	0%
Declined to state	1%	0%	0%	0%

Client Snapshot	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Requested written communication in Spanish	91%	80%	100%	89%
Requested spoken communication in Spanish	91%	80%	100%	89%
Have a disability	6%	0%	4%	4%
Gay, Lesbian, or Bisexual	2%	2%	0%	2%
Veterans	2%	0%	0%	1%
Clients' City of Residence				
Esparto	53%	55%	60%	55%
Winters	26%	12%	13%	20%
Madison	10%	8%	11%	9%
Guinda	4%	9%	4%	5%
Brooks	3%	5%	5%	4%
Dunnigan	0%	6%	8%	3%
Knights Landing	4%	4%	0%	3%
Outreach				
Percentage of outreach events held by FY	41%	24%	34%	Total 70 events
Percentage of outreach participants held by FY	41%	20%	38%	Total 2,354 participants
Outreach Settings				
Other	17%	41%	38%	30%
Family Resource Center	33%	12%	25%	25%
Clinic	13%	6%	29%	17%
Church	27%	29%	8%	21%
School	3%	12%	0%	4%
Cultural Organization	3%	0%	0%	1%
Library	3%	0%	0%	1%
Percentage of referrals by Fiscal Year	26%	47%	26%	Total 34 referrals
Average Duration of Untreated Mental Illness				
Less than 1 month	0%	13%	0%	7%
2-3 Months	0%	13%	0%	7%
3-4 Months	0%	13%	0%	7%
4-5 Months	0%	6%	0%	4%
5-6 Months	0%	25%	0%	14%
6-7 Months	0%	19%	0%	11%
More than 12 Months	100%	0%	100%	43%
Unable to determine	0%	13%	0%	7%

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Rural School-Based Mental Health Services Access and Linkage Program**

Provider: Rural Innovations in Social Economics, Incoporated

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	7%	54%	38%	Total 869 contacts
Total Clients Served: 869				
New Clients	100%	100%	100%	100%
Returning Clients	0%	0%	0%	0%
% of Prevention				
Prevention (Total 30 Services)	100%	0%	0%	100%
Client Relationship to Mental Health				
Mental Health Client/Consumer	53%	56%	54%	55%
Family Member of Mental Health Client/ Consumer	0%	2%	4%	2%
Not Applicable	0%	34%	36%	32%
Prefer Not to Answer	47%	8%	6%	11%
% of Clients Served by Race and Ethnicity				
Other (includes Hispanic/Latino)	27%	51%	57%	51%
White (does not include Hispanic/Latino)	47%	43%	40%	42%
Black or African American	7%	2%	2%	2%
American Indian or Alaska Native	0%	2%	1%	1%
Asian	13%	0%	0%	1%
More than one race	7%	0%	<1%	1%
Decline to State	0%	2%	0%	1%
Hispanic or Latino:	32%	72%	78%	69%
% of Clients Served by Gender				
Male	24%	14%	19%	18%
Female	13%	26%	21%	23%
Transgender	0%	1%	1%	1%
Genderqueer	0%	1%	0%	1%
Questioning	0%	1%	1%	1%
Not applicable	73%	42%	54%	50%
Declined to state	0%	4%	9%	6%

Client Snapshot				
Gay or Lesbian	0%	2%	0%	<1%
Bisexual	0%	4%	0%	2%
Questioning or unsure of sexual orientation	3%	2%	2%	2%
Queer	0%	<1%	0%	0%
Requested written communication in Spanish	0%	2%	5%	3%
Requested spoken communication in Spanish	0%	3%	5%	4%
Have a disability	4%	30%	14%	19%
Client Age				
Children 0–15	43%	89%	85%	83%
Transition Age Youth 16–25	57%	8%	7%	12%
Clients' City of Residence				
Winters	0%	37%	42%	36%
Esparto	0%	41%	36%	35%
West Sacramento	83%	<1%	0%	8%
Knights Landing	0%	6%	4%	5%
Madison	0%	2%	7%	4%
Woodland	0%	5%	3%	4%
Yolo Unincorporated Areas	0%	2%	7%	4%
Brooks	0%	3%	0%	2%
Davis	17%	0%	2%	2%
Yolo	0%	1%	0%	<1%
Guinda	0%	<1%	0%	0%
Sacramento	0%	<1%	0%	0%
Average Duration of Untreated Mental Illness				
Less than 1 month	0%	<1%	84%	37%
1–2 Months	0%	<1%	0%	<1%
4–5 Months	0%	<1%	0%	<1%
5–6 Months	13%	0%	0%	<1%
6–7 Months	25%	0%	0%	<1%
7–8 Months	13%	0%	0%	<1%
8–9 Months	0%	<1%	0%	<1%
10–12 Months	50%	0%	0%	1%
More than 12 Months	0%	<1%	0%	<1%
Unable to determine	0%	51%	16%	35%
Not Applicable	0%	46%	0%	25%

Average Interval between the referral and participation in treatment /referred service	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Less than 1 month	5%	89%	84%	81%
Participation in Treatment not Recorded	86%	11%	16%	18%
Treatment not Completed: Referral Closed	9%	0%	0%	<1%
Outreach				
Percentage of outreach events held by FY	0%	63%	37%	Total 43 events
Percentage of outreach participants by FY	0%	67%	33%	Over 525 people served through outreach efforts
Outreach Settings				
Clinic	0%	37%	31%	35%
School	0%	30%	0%	19%
Family Resource Center	0%	4%	6%	5%
FBO	0%	4%	0%	2%
Other	0%	26%	63%	40%
Percentage of referrals by FY	7%	52%	41%	Total 320 referrals

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Strengths and Mentoring Program**

Provider: RISE, Incorporated

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	40%	28%	32%	8,610
Total Clients Served: 507				
New Clients	59%	82%	56%	67%
Returning Clients	41%	18%	44%	33%
% of Prevention and Early Intervention				
Prevention Services	90%	85%	90%	87%
Early Intervention Services	10%	15%	10%	13%
Total Services				335
Client Relationship to Mental Health				
Mental Health Client/Consumer	45%	2%	0%	16%
Family Member of Mental Health Client/ Consumer	0%	6%	9%	4%
Not Applicable	38%	79%	88%	67%
Prefer Not to Answer	17%	13%	3%	13%
% of Clients Served by Race and Ethnicity				
Other (Includes Hispanic/Latino)	88%	77%	67%	79%
White (includes Non Hispanic/Latino)	7%	13%	26%	14%
Black or African American	3%	7%	6%	5%
American Indian or Alaska Native	0%	1%	0%	<1%
Asian	0%	1%	1%	<1%
More than one race	2%	0%	0%	<1%
Hispanic or Latino:	83%	92%	100%	89%
% of Clients Served by Gender				
Male	53%	49%	70%	55%
Female	47%	51%	30%	45%

Client Snapshot	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Ages 0-15	72%	72%	90%	76%
Transition Age Youth 16-25	28%	28%	10%	24%
Requested written communication in Spanish	60%	39%	0%	38%
Requested spoken communication in Spanish	44%	39%	0%	34%
Gay or Lesbian	3%	5%	3%	4%
Bisexual	0%	2%	0%	<1%
Have a disability	<1%	0%	6%	2%
Clients' City of Residence				
Winters	55%	50%	48%	51%
Esparto	38%	37%	49%	40%
Madison	7%	7%	0%	6%
Guinda	0%	4%	0%	2%
Brooks	0%	1%	0%	<1%
Woodland	0%	0%	3%	<1%
Outreach				
Outreach Events Held	41%	42%	17%	3,019 outreach participants
Outreach Settings				
Church	8%	22%	7%	12%
Clinic	8%	11%	21%	12%
Faith-Based Organization	0%	0%	7%	2%
Family Resource Center	54%	17%	64%	45%
Library	8%	6%	0%	5%
Other	0%	6%	0%	2%
School	23%	39%	0%	22%
Percentage of referrals by Fiscal Year	0%	85%	15%	27 people were referred from 2018–2021
Average Duration of Untreated Mental Illness				
More than 12 Months	0%	0%	100%	10%
Unable to determine	0%	49%	0%	44%
Not Applicable	0%	51%	0%	46%

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Senior Peer Counseling**

Provider: Yolo Hospice

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	44%	53%	3%	7,617
Total Clients Served: 437				
New Clients	55%	33%	47%	36%
Returning Clients	45%	67%	53%	64%
% of Prevention				
Prevention Services (Total 393 Services)	5%	85%	9%	
% of Clients Served by Race and Ethnicity				
White (includes Non Hispanic/Latino)	100%	87%	78%	87%
Other (Includes Hispanic/Latino)	0%	9%	13%	9%
Asian	0%	2%	0%	2%
Black or African American	0%	2%	9%	2%
Hispanic or Latino:	15%	53%	52%	50%
% of Clients Served by Gender				
Male	10%	17%	4%	15%
Female	90%	83%	96%	85%
Client Snapshot				
Ages 60+	100%	100%	100%	100%
Requested written communication in Spanish	6%	8%	5%	7%
Requested spoken communication in Spanish	5%	8%	5%	7%
Have a disability	12%	17%	29%	18%
Gay or Lesbian	0%	<1%	0%	<1%
Bisexual	0%	0%	4%	1%

Clients' City of Residence	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Woodland	71%	88%	72%	85%
Davis	24%	9%	20%	11%
Yolo County Unincorporated areas	0%	3%	6%	3%
Esparto	0%	<1%	0%	<1%
Knights Landing	5%	<1%	2%	<1%
Outreach				
Percentage of outreach events held by FY	33%	61%	6%	Total 310 events
Percentage of outreach participants held by FY	70%	27%	3%	Total 1,042 participants

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Suicide Prevention Line FY 18/19**

Full Year (July 1, 2018 – June 30, 2019)
Provider: Prevention of Yolo County, Inc.

	FY 18–19
Total Client Contacts	7,337
New Clients: Not Seen Previously in This Fiscal Year	5,949
Returning Clients: Returning from Previous Quarter in Same Fiscal Year	1,388
Individual Family Members Served	0
Clients Served: Prevention	7,337
Clients Served: Early Intervention	0
Age Range	
Children 0–15	193
Transition Age Youth 16–25	986
Adult 26–59	3,688
Older Adult 60+	545
Not Recorded/Field Left Blank	1,925
Race	
American Indian or Alaska Native	20
Asian	392
Black or African American	327
Native Hawaiian or other Pacific Islander	1
White (includes Non Hispanic/Latino)	480
Other (Includes Hispanic/Latino)	162
More than one race	52
Declined to State	
Race not recorded /Field left blank	5,903
Gender	
Male	2,805
Female	2,749
Transgender	61
Genderqueer	0
Questioning or Unsure of Gender Identity	12
Another Gender Identity	1
Not Applicable: Minor Exempt from Answering This Question	0
Declined to State	0
Not recorded/Field left Blank	1,709

City of Residence	FY 18–19
Out of County	4,094
Not Recorded/Field Left Blank	2,390
Davis	400
Woodland	349
Homeless	104
West Sacramento	73
Yolo County Unincorporated Areas	16
Winters	8
Clarksburg	4
Dunnigan	1
Guinda	1
Knights Landing	1
Ethnicity	
Hispanic or Latino	
Mexican/Mexican-American/Chicano	13
Caribbean	10
Central American	2
Other	55
Non-Hispanic or Non-Latino	
Vietnamese	254
European	174
More than One Ethnicity	29
Asian Indian/South Asian	24
Chinese	11
African	6
Filipino	4
Japanese	3
Eastern European	2
Middle Eastern	2
Other	46
Not Recorded/Field Left Blank	6,705
Language Requested for Spoken Communication	
English	7,327
Spanish	9
Other (Not a County Threshold Language)	1

Sexual Orientation	FY 18–19
Heterosexual or Straight	561
Gay or Lesbian	31
Questioning or Unsure of Sexual Orientation	15
Bisexual	8
Another Sexual Orientation	2
Queer	1
Not Recorded/Field Left Blank	6,719
Clients with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness	
Yes, DIsablity Indicated	986
Chronic Health Condition, Including but Not Limited to Chronic Pain	182
Physical or Mobility Issue	201
Difficulty Hearing or Having Speech Understood	28
Difficulty Seeing	21
Other Disability	618
Not Recorded/Field Left Blank	6,228
Veteran Status	
Yes, Veteran	159
No, Not Veteran	908
Not Recorded/Field Left Blank	6,270
Relationship to Mental Health	
Mental Health Client/Consumer	308
Outreach	
Outreach Events Held	27
Support Group	10
Church	1
Clinic	1
Library	1
Mental/Behavioral Health Care	1
Other	12

Treatment/Program Client was Referred To	FY 18–19
SPYC Business Office	35
SPYC Crisis Line	30
Yolo County HHSA	16
Empower Yolo	9
UCD CAPS (SHCS)	9
UCD Student Health/Wellness Center	9
West Sacramento MH Urgent Care	9
NAMI Yolo	8
WIC	7
CommuniCare—West Sacramento	6
Crisis Text Line—SPYC	6
Friends & Families of Suicide Loss Support Group (SPYC)	3
Lifeline—SPYC	3
Sutter Davis Hospital	3
CommuniCare—Davis	2
CommuniCare—Woodland	2
Davis Community Meals	2
UCD Office for Student Supoprt & Judicial Affairs	2
Woodland Police	2
Alcoholics Anonymous—Woodland	1
CalFresh	1
Davis Police	1
LGBTQIA RC (UCD)1	1
Patient Rights Advocate	1
Progress House	1
Safe Harbor Crisis House	1
Shores of Hope	1
UCD CAN Counseling (Community Advising Network)	1
UCD Police Department	1
UCD Student Disability Resource Center	1
United Methodist Church	1
West Sacramento Family Resource Center	1
West Sacramento Wellness Center	1
Woodland Community College Counseling	1
Woodland Homeless Outreach Street Team	1
Yolo Hospice	1
Participants who Followed Through on Referral and Engaged in Treatment	44

Program: **Suicide Prevention Line FY 19/20 and FY20/21**

July 1, 2019–June 30, 2021
Provider: Prevention of Yolo County, Inc.

	FY 19–20	FY 20–21
Total Yolo Callers	1,344	1,068
Age Range		
5–14 years	1%	<1%
15–24 years	13%	13%
25–34 years	16%	28%
35–44 years	14%	11%
45–54 years	9%	9%
55–64 years	36%	14%
65–74 years	2%	20%
75–84 years	0%	1%
85+	0%	<1%
Unknown	9%	4%
Race		
African American/Black	1%	4%
White	40%	24%
Asian/Asian American	4%	2%
Hispanic/Latino	6%	8%
Native American/Alaskan Native	0%	1%
Native Hawaiian/Pacific Islander	0%	1%
Unknown	49%	61%
Gender		
Female	49%	57%
Male	46%	39%
Transgender	<1%	<1%
Decline to State/Other	<1%	<1%
Unknown	5%	4%

City	FY 19–20	FY 20–21
Davis		52%
Woodland		34%
West Sacramento		8%
Unknown		4%
Clarksburg		1%
Winters		1%
Esparto		<1%
Knights Landing		<1%
Call Concerns		
Mental Health	35%	33%
Social Issues	24%	18%
Healthcare/Physical Health	7%	17%
Basic Needs	12%	15%
Abuse/Violence	5%	8%
Sexual Orientation	4%	4%
COVID-19	11%	4%
Homicidal Ideation	1%	1%
Gender Identity	1%	0%
Suicidal Content		
Suicidal Desire	39%	48%
Past Attempt/Ideation	48%	33%
Suicidal Intent	11%	16%
Imminently Lethal Caller	2%	3%

Programs: **TAY Speaker's Bureau, TAY Welcome to Wellness/STAYwell, TAY Early Intervention Program**

Providers: Yolo County Health and Human Services Agency, HHSA/Woodland Community College, Yolo County Health and Human Services Agency/TAY team

	TAY Speakers Bureau Total FY2018/2019		TAY Welcome STAYWell Total FY2018/2019		TAY Early Intervention Program Total FY2018/2019
Client Contacts	85		1,898		10
Total Clients Served:	**85**		**1,898**		**10**
New Clients	39%		32%		80%
Returning Clients	61%		68%		20%
% of Prevention and Early Intervention					
Prevention Services	88%		99%		0%
Early Intervention Services	12%		1%		100%
Individual Family Members					
Individual Family Members Served	23				
Clients Served by Relationship to Mental Health					
Mental Health Client/Consumer	6%		25%		100%
Family Member of Mental Health Client/Consumer	12%		5%		0%
Not Applicable	55%		48%		0%
Prefer Not to Answer	27%		22%		0%
% of Clients Served by Race/Ethnicity					
White (includes Hispanic/Latino)	47%		19%		50%
Other (Includes Hispanic/Latino)	25%		49%		0%
Black or African American	9%		10%		0%
More than One Race	9%		2%		50%
American Indian or Alaska Native	6%		5%		0%
Asian	3%		14%		0%
Native Hawaiian or Pacific Islander			2%		0%
Hispanic/Latino	91%		78%		0%
% of Clients Served by Gender					
Male	36%		29%		
Female	61%		68%		50%
Declined to State	4%				
Transgender			1%		50%
Genderqueer			1%		

	TAY Speakers Bureau Total FY2018/2019		TAY Welcome STAYWell Total FY2018/2019		TAY Early Intervention Program Total FY2018/2019
Client Snapshot	**Total 85 clients**		**1,898**		**10**
Requested Written Communication in Spanish	100%		4%		0%
Requested Spoken Communication in Spanish	67%		1%		0%
Have a Disability	14%		17%		0%
Queer	3%		0%		50%
Gay or Lesbian	3%		1%		0%
Veteran	3%		1%		0%
Clients' City of Residence					
Davis	15%		19%		0%
Sacramento (Board and Care)	8%		0%		0%
West Sacramento	4%		3%		50%
Woodland	35%		53%		50%
Dunnigan	0%		3%		0%
Esparto	0%		3%		0%
Yolo	8%		4%		0%
Out of County	31%		13%		0%
Declined to State			1%		0%
Outreach	**2 events**		**12 events**		
Clinic	50%		0%		
Mental/Behavioral Health Care	50%		0%		
School	0%		100%		

Program: **Urban School-Based Mental Health Access and Linkage Program**

Provider: Victor Community Support Services, West Sacramento

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	60%	12%	28%	109
Total Clients Served				
New Clients	100%	100%	100%	100%
Returning Clients	0%	0%	0%	0%
Total Clients Served				74
% of Early Intervention				
Prevention Services (Total 74 Services)	41%	18%	42%	
% of Clients Served by Relationship to Mental Health				
Mental Health Client/Consumer	53%	8%	0%	23%
Family Member of Mental Health Client/ Consumer	0%	8%	0%	1%
Not Applicable	0%	46%	0%	8%
Prefer Not to Answer	47%	38%	100%	68%
% of Clients Served by Race and Ethnicity				
Other (Includes Hispanic/Latino)	27%	43%	45%	37%
White (includes Non Hispanic/Latino)	47%	21%	28%	34%
Black or African American	7%	36%	14%	15%
Asian	13%	0%	0%	5%
More than one race	7%	0%	3%	4%
American Indian or Alaska Native	0%	0%	7%	3%
Declined to State	0%	0%	3%	1%
Native Hawaiian or other Pacific Islander	0%	0%	0%	0%
Hispanic or Latino:	24%	33%	37%	31%
% of Clients Served by Gender				
Male	13%	38%	0%	12%
Female	13%	46%	0%	14%
Not Applicable	73%	15%	100%	74%

Client Snapshot	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Requested written communication in Spanish	0%	0%	6%	3%
Requested spoken communication in Spanish	0%	0%	6%	3%
Have a disability	4%	0%	0%	3%
Questioning or unsure of sexual orientation	3%	0%	0%	1%
Client Age				
Ages 0-15	43%	92%	45%	53%
Transition Age Youth 16-25	57%	8%	55%	47%
Clients' City of Residence				
West Sacramento	83%	100%	26%	62%
Woodland	0%	0%	65%	27%
Davis	17%	0%	0%	7%
Out of County	0%	0%	6%	3%
Declined to State	0%	0%	3%	1%
Outreach				
Outreach Events Held	0%	71%	29%	Total 14 events
Outreach settings				
Other	0%	50%	100%	64%
School	0%	50%	0%	36%
Percentage of referrals by Fiscal Year	51%	9%	40%	Total 43 people referred
Average Duration of Untreated Mental Illness				
% 5–6 Months	13%	0%	0%	6%
% 6–7 Months	25%	0%	0%	12%
% 7–8 Months	13%	0%	0%	6%
% 11–12 Months	50%	0%	0%	24%
% More than 12 Months	0%	33%	17%	12%
% Unable to Determine	0%	67%	83%	41%
Average Interval Between Referral and Participation in Treatment/Referred Service				
Less than 1 month	5%	67%	0%	7%
Participation in treatment not recorded	86%	33%	100%	88%
Treatment not completed	9%	0%	0%	5%

Note: Responses of 'not recorded' were removed from the analyses.

Program: **Urban School-Based Mentorship and Strength-Building Program**

Provider: Victor Community Support Services, West Sacramento

	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Client Contacts	37%	31%	32%	39,135
Total Clients Served: 11,112				
New Clients	100%	68%	65%	81%
Returning Clients	0%	32%	35%	19%
% of Prevention and Early Intervention				
Prevention Services	60%	71%	99%	74%
Early Intervention Services	40%	29%	1%	26%
Total Services				10,035
% of Clients Served by Relationship to Mental Health				
Mental Health Client/Consumer	7%	5%	0%	7%
Family Member of Mental Health Client/ Consumer	3%	6%	0%	4%
Not Applicable	23%	45%	79%	28%
Prefer Not to Answer	67%	43%	21%	61%
% of Clients Served by Race and Ethnicity				
Other (Includes Hispanic/Latino)	38%	56%	15%	41%
White (includes Non Hispanic/Latino)	35%	21%	44%	32%
Asian	10%	3%	11%	9%
Black or African American	10%	7%	7%	9%
American Indian or Alaska Native	5%	<1%	4%	4%
More than one race	2%	10%	0%	4%
Native Hawaiian or other Pacific Islander	1%	1%	7%	1%
Declined to State	<1%	2%	11%	<1%
Hispanic or Latino:	41%	75%	11%	47%

Clients Served by Gender	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Male	11%	42%	56%	18%
Female	10%	31%	37%	15%
Transgender	0%	<1%	0%	<1%
Genderqueer	<1%	<1%	0%	<1%
Questioning or unsure of gender identity	2%	<1%	4%	1%
Another Gender Identity	<1%	<1%	0%	<1%
Not Applicable: Minor exempt from answering this question	74%	12%	0%	60%
Declined to State	3%	13%	4%	5%
Client Age				
Ages 0–15	68%	83%	96%	72%
Transition Age Youth 16–25	21%	12%	0%	18%
Adult 26–60	10%	<1%	0%	8%
Older Adult 60+	<1%	0%	0%	<1%
Declined to State	<1%	4%	4%	2%
Client Snapshot				
Gay or Lesbian	2%	<1%	0%	1%
Bisexual	<1%	4%	0%	1%
Questioning or unsure of sexual orientation	<1%	<1%	0%	<1%
Requested written communication in Spanish	12%	<1%	0%	9%
Requested spoken communication in Spanish	7%	1%	0%	6%
Have a disability	3%	7%	12%	4%
Clients' City of Residence				
West Sacramento	37%	64%	59%	43%
Woodland	28%	22%	0%	26%
Davis	18%	4%	41%	16%
Esparto	5%	0%	0%	4%
Yolo County Unincorporated areas	6%	<1%	0%	4%
Sacramento [board and care]	2%	3%	0%	2%
Winters	3%	<1%	0%	2%
Knights Landing	0%	2%	0%	<1%
Yolo	<1%	2%	0%	<1%
Homeless	<1%	<1%	0%	<1%
Out of County	<1%	<1%	0%	<1%

Outreach	FY 18–19	FY 19–20	FY 20–21	Total FY 2018–2021
Church	15%	0%	0%	13%
Other	8%	0%	100%	20%
School	77%	0%	0%	67%
Total outreach events				15
Outreach Events Held by FY	87%	0%	13%	15 total events
Outreach Participants by FY	100%	0%	0%	86 participants

Note: Responses of 'not recorded' were removed from the analyses.

Attachment 3

Community Feedback & County Response

(To be added to final version after 30-day public comment period)

Yolo County MHSA Draft Plan Public Comments

30-Day Public Comment Period: June 17, 2022 – July 16, 2022.

Yolo
County
MHSA

DRAFT

Summary

The Yolo County MHSA Annual Update Draft Plan 2022-2023 30-day public comment period opened on June 17, 2022 and closed July 16, 2022. The county announced and disseminated the draft plan broadly through community stakeholders, general public, the Community Engagement Work Group, MHSA listservs, service providers, consumers and family members, Board of Supervisors, Local Mental Health Board, county staff, and requested and encouraged partners and community stakeholders to promote the review of the draft plan and participation by posting and sharing with others. Public Notices were also posted in the Davis Enterprise and the Daily Democrat newspapers for several dates. The draft plan was posted to the county's MHSA website, the county Facebook page and could be downloaded electronically, and paper copies were also made available at HHSA department headquarters in Woodland and other sites throughout Yolo County. Any interested party could request a copy of the draft by submitting a written or verbal request to the MHSA program staff. All Public Comments and Yolo County Health and Human Services Agency Responses are compiled within this document. On Monday, July 25, 2022, at 6:00 PM, a public hearing was held by the Yolo County Local Mental Health Board. At that time, HHSA requested the Local Mental Health Board's recommendation for the final draft of the MHSA Annual Update FY 22-23 to be submitted to the Yolo County Board of Supervisors. Having successfully obtained that recommendation the following revisions have been incorporated into this document:

Community Services and Supports (CSS)

- Transition Age Youth (TAY): HHSA will break out TAY Medi-Cal claim data into future MHSA plans.

Prevention and Early Intervention (PEI)

- Subcommittees/PEI Plan: We agree that these subcommittees and/or groups may cross over several areas within the Prevention and Early Intervention Program Plan and will also include the Cultural Competence Program, in which the LGBTQ subcommittee resides, under Suicide Prevention.
- Latinx Programs: The Update will be edited to reflect the inclusion of Older Adults Aged 60+ in the Latinx programs.
- Public Media Campaigns: The program description will be revised to provide additional information and context.

Capital Facilities and Technology (CFTN)

- Remaining unspent funds in CFTN, up to $500,000, will be considered for additional needs including renovations and upgrades to facilities housing MHSA projects. This intent will be added to the Executive Summary.

Other: Program Contract List- HHSA provided the information for Yolo Community Care Continuum and North Valley Behavioral Health in the response and referenced contractors in program descriptions within the plan.

2

End Date			Please write your comments below.
	State	Mental Health Services Provider	Open-Ended Response
2022-06-22 11:36:10	CA	Mental Health Services Provider	I would recommend adding the LGBTQ subcommittee into the suicide prevention section and cultural competence Equity and diversity are suicide prevention
2022-06-22 11:18:56	CA	Mental Health Services Provider	I was wondering if you could respond to the huge disparity between the LatinX contracts for RISE and CommuniCare?
2022-06-22 11:13:48	CA	Mental Health Services Provider	Please include the Transition Age Youth medi-cal claims as a separate table instead of lumping them in with children/adults. Thank you

Comment: Subcommittees

Response (Revision): We agree that these subcommittees and/or groups may cross over several areas within the Prevention and Early Intervention Program Plan and will also include the Cultural Competence Program, in which the LGBTQ subcommittee resides, under Suicide Prevention.

Comment: Latinx Contracts

Response (Clarification): These contracts are unique to each organization's operational reach, service specialties, and the communities they serve. Both Latinx program contractors received additional funding last FY to support increased service demand.

Comment: Transition Age Youth (TAY)

Response (Revision): HHSA will incorporate this data display feedback into future MHSA plans.

4

From:	Sadey Madden
To:	Karleen Jakowski; Brian Vaughn; Ian Evans; MHSA
Cc:	Donna Neville; Jen Boschee-Danzer
Subject:	NAMI Yolo County"s Comments and Response to MHSA Annual Update
Date:	Monday, July 11, 2022 12:51:29 PM
Attachments:	2022 0711 NAMI Yolo County MHSA Comments.pdf

Hello Karleen, Brian, and Ian,

I hope this email finds you well. We are submitting our comments via the mhsa@yolocounty.org email address because the online form did not allow us to include the necessary attachments. If there is another way you would like us to submit these comments please advise.

Sadey Madden
Office Administrator
NAMI Yolo County
PO Box 447, Davis, CA 95617

5

Mental Health Services Act (MHSA) 30-Day Public Comment Form

Public Comment Period—Friday June 17, 2022 through Saturday July 16, 2022

Document Posted for Public Review and Comment:

MHSA Annual Update FY 2022-2023

This document is posted on the Internet at:
http://www.yolocounty.org/mhsa

PERSONAL INFORMATION (optional)

Name: Jen Boschee-Danzer

Agency/Organization: NAMI Yolo County

Phone Number: 530-400-2074 Email address: execdirector@namiyolo.org

Mailing address: PO Box 447, Davis CA 95617

What is your role in the Mental Health Community?

_____ Client Consumer
_X_ Mental Health Services Provider
_____ Family Member
_____ Law Enforcement/Criminal Justice Officer
_____ Educator
_____ Probation Officer
_____ Social Services Provider
_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

See attached.

NAMI
National Alliance on Mental Illness
Yolo County

P.O. Box 447, Davis, CA 95617
(530) 756-8181
www.namiyolo.org
friends@namiyolo.org

July 11, 2022

Ms. Karleen Jakowski, Interim Mental Health Director
Mr. Brian Vaughn, Public Health Director
Mr. Ian Evans, Adult and Aging Branch Director
Yolo County Health and Human Services Agency
25 & 137 North Cottonwood Street
Woodland, CA 95659

Sent via email

Re: Public Comment on the 2022-2023 Yolo County MHSA DRAFT Annual Update

Dear Ms. Jakowski, Mr. Vaughn, and Mr. Evans:

Thank you for the opportunity to comment on the *2022-2023 Yolo County MHSA DRAFT Annual Update (*Annual Update). Mental Health Services Act (MHSA) funding is central to providing mental health care and closing gaps in the mental health care system throughout Yolo County (County), and we appreciate the opportunity to participate in this important planning and decision-making process. Prior to the issuance of the Annual Update, NAMI has been an active participant in meetings with the Community Engagement Work Group (CEWG), the Local Mental Health Board (LMHB), and Yolo County Health and Human Services Agency (HHSA) staff. Throughout this process our understanding of how MHSA funds can be used has grown considerably. For that, we are especially grateful to HHSA leadership and staff who have answered our questions and provided information. We look forward to continuing to work collaboratively with HHSA and other partners to ensure the highest and best use of MHSA funds. As always, our goal is to support persons with mental illness and their families as efficiently and effectively as possible and to reduce the stigma all too often associated with mental illness.

NAMI Commends HHSA for its Achievements During the 21/22 Fiscal Year

NAMI is pleased to see the accomplishments highlighted in the Annual Update. We commend HHSA, especially given the difficulty of service delivery during a worldwide pandemic. In particular, we are pleased to see that HHSA was able to provide permanent stable housing for forty-one individuals in the new West Capitol facility, funded through the *No Place Like Home* program (Annual Update, p.13). NAMI fully recognizes the need to provide permanent stable housing for those living with mental illness, and we will continue to advocate for additional housing, including the upkeep and renovation of existing housing, as we move forward with our advocacy efforts. We also commend HHSA for fully implementing the K-12 School Partnerships

program (Annual Update, p.13). The COVID-19 pandemic has had a devastating impact on the mental health of our school-age children, and this program, which leverages resources to expand access to mental health services for children throughout the County, promises a positive impact.

The Annual Update contains broad goals and objectives for the K-12 School Partnerships program (Annual Update, p. 63). It does not, however, contain specific measurable outcomes that would allow the County to evaluate the effectiveness of the program. Therefore, we request that HHSA develop specific, measurable outcome objectives for the K-12 School Partnerships program. As one example, we point to Objective 2 (Annual Update, p. 296) which reads: "[a]ddress existing mental health challenges promptly with assessment, referral to the most effective service, and short-term treatment." Specific measurable outcome objectives for this might include tracking the number of students who are identified for assessment; the length of time required for the referral to the most effective service; the number of students who receive timely service; and the number of students who report improved outcomes.

HHSA Funding Recommendations for Community Proposals for Fiscal Year 22/23

Turning to the funding plan for the 22/23 fiscal year, late in 2021 NAMI learned that HHSA had a considerable unspent fund balance of approximately $19 million, which, after mid-year approved allocations, has now been brought down to approximately $11 million as the County moves into fiscal year 22/23.

Upon learning of this significant unspent fund balance, NAMI collaborated with community partners, which resulted in the submission of proposals to HHSA with suggested opportunities to fill gaps in the continuum of care or otherwise improve the County mental health system. While NAMI coordinated these proposals, only one proposal was specific to NAMI work. Our nonprofit community partners generated the remaining proposals and/or NAMI made suggestions to our partners for improvements to the system based on our experience working with people living with mental illness and their families and caregivers. HHSA has recommended approval of funding for many of these proposals, and for that, we are very appreciative.

Before turning to the specific proposals that NAMI/ submitted, we thank HHSA leadership and staff for making what we believe are very sound overall recommendations on how to spend/allocate this fund balance. In particular, we point to the HHSA recommendation to provide an additional $1.25 million to support Crisis Now — a program that has the potential to have a significant positive impact throughout the County. We appreciate that the County intends to implement this crisis intervention program with fidelity to the Crisis Now model, which requires an evaluation component with specific measurable outcomes that can be used to evaluate the program. In light of the significant financial commitment being made to Crisis Now and its importance to the community, having a robust evaluation component is critically important as is ensuring there is sustainable funding for this program. Given the closure of the previous West Sacramento community-based mental health urgent care (MHUC) clinic due to "notable underutilization and a lack of fiscal sustainability" (Annual Update, Appendix, Innovations Plan 2021-2024, p. 245), it is imperative that HHSA have a strategy to sustain Crisis Now before spending significant funds to launch the program.

We also applaud the recommendation to allocate $1.4 million to provide a cost-of-living adjustment to full-service providers who are under contract with the County. Full-service providers (FSP) are the unsung heroes of the mental health services world and should be paid in a manner that acknowledges and appreciates their important work. This funding may also have the added benefit of reducing turnover and job vacancies. We recognize that HHSA had to make difficult choices when deciding whether to recommend the proposals it received for funding, and we thank HHSA for listening carefully to stakeholder concerns and giving each proposal careful consideration.

NAMI's Formal Position on Select HHSA Funding Recommendations

The Board of Directors of NAMI has taken a formal position of support for six HHSA staff funding recommendations based on our strong familiarity with the need for this funding. Only one of these funding recommendations benefits NAMI directly; the others help to fill gaps in the mental health care system that we are very familiar with based on our work throughout the County. In addition, NAMI requests one change to the HHSA staff recommendations: the proposal to approve $162,500 in funding to make energy efficiency improvements to the Yolo Community Care Continuum's Farmhouse is currently not recommended for approval. We urge you to revise this recommendation to one of approval. This group home for adults living with mental illness is in dire need of improvements, which will have a direct impact on the mental well-being of those who live at the Farmhouse. The list that follows outlines our position on each of these proposals.

1. Community Engagement for Housing: HHSA recommends approval of $300,000 to support a robust community outreach and engagement campaign throughout the County to destigmatize the siting and purchasing of housing for those who live with a serious mental illness (Annual Update, p. 193-4). One of the most frequent requests we receive at NAMI is for assistance finding housing for those living with serious mental illness. Sadly, we are often unable to provide any assistance other than recommending that individuals place their name on the waiting list for every property and hope that a space opens soon. NAMI is thrilled to see this funding recommendation and we are ready to assist in this important community outreach and engagement campaign. In fact, NAMI has already been in discussions with homeowners who may be interested in making housing available for MHSA clients. This funding will go a long way toward removing the social barriers that exist to siting and purchasing housing.

> Requested Action: NAMI requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors approve this funding recommendation.

2. ClipDart Give Back Program: HHSA recommends approval of $7,500 to improve community mental wellness by employing hair professionals impacted by the COVID-19 pandemic who will be paid to provide free haircuts and connections to social services for adults living with mental illness and other disabilities within the County by working with nonprofit partners (Annual Update, p.118). Although the dollar amount for this program is small, the benefits are large: it promotes self-esteem and well-being and has the added side benefit of supporting local businesses.

Requested Action: NAMI requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors approve this funding recommendation.

3. Pandemic Technical Support for Tele-Health: HHSA recommends $60,000 to purchase computer tablets so that those participating in support groups have increased access (Annual Update, p.143-144). Removing barriers to access is critical to improving the delivery of health care and other mental health services. While adaptations to daily life during the pandemic increased accessibility for some; the pandemic created new accessibility barriers and greater isolation for others. This proposal will allow those with limited resources to participate more fully in their communities and access much-needed support to increase their mental well-being.

Requested Action: NAMI requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors approve this funding recommendation.

4. NAMI Yolo County Peer-and Family-Led Support Services (NAMI Yolo County Program Expansion): HHSA recommends approval of $70,000 in addition to the $100,000 previously allocated for these services, to add an additional 1.5 Full-time Equivalent position on an annual basis to develop a pool of paid peers/staff to facilitate support groups and mental health education (Annual Update, p. 127-128). NAMI agrees that this would provide greater consistency with the available facilitators and peers and would offer peers the ability to earn income for their service. Providing paid compensation for facilitators with lived experience helps to reduce a barrier to their participation as leaders. At the same time, this funding will help us recruit additional facilitators with lived experience so that we may expand our support group and education program offerings.

Requested Action: NAMI requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors approve this funding recommendation.

5. Pine Tree Gardens (PTG) Case Manager: HHSA developed a proposal, in consultation with individuals whose adult children live at PTG, to provide $67,600 for a case manager who would provide services to non-FSP individuals who live at Pine Tree Gardens East and West (Annual Update, p. 195-196). The proposal indicates that the case manager would “support clients at both Pine Tree Gardens East and West House during their intake/admission to the program and for those ready to transition to their next housing/living situation.” NAMI consulted with the NAMI Committee to Save Pine Tree Gardens (Committee) to discuss this proposal. We learned that the Committee had various concerns, including that the proposal suggested that those who live at PTG homes are only there on a transitional basis, when, in fact, many who live at PTG consider it their permanent home. Attachment A describes the changes that NAMI, in consultation with the Committee, is requesting to the HHSA proposal.

We met with Karleen Jakowski, Interim Mental Health Director, and Brian Vaughn, Public Health Director of HHSA on July 6, 2022, to discuss the proposal. They assured us that the proposal would provide support to non-FSP individuals living at both Pine Tree Gardens East and West. They acknowledged that the word “transition” was problematic and clarified that the proposal was not intended to suggest that those who live at PTG do so on a transitional basis. They also committed to working closely with NAMI and the operators of the two homes to ensure that the case manager services would be tailored to the needs of the people living in the homes.

Requested Action: NAMI requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors approve this funding recommendation with the requested modifications, or if it is not feasible to make these changes in the Annual Update, approve this funding recommendation with the understanding HHSA will work with NAMI and the Committee, to ensure the services provided by this case manager meet the needs of the individuals living at PTG.

6. Hold Sufficient Funds in Reserve: Recognizing that MHSA funding fluctuates from year to year and continuity of services is critical, NAMI recommended that HHSA retain a prudent funding reserve. At this point, HHSA proposes to hold $7 million in reserve.

Requested Action: NAMI requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors approve the proposal to retain a healthy reserve.

7. The Farmhouse Energy Efficiency Improvements: NAMI Yolo County collaborated with community partners that provide housing for adults living with mental illness in our community to submit various funding proposals. The proposals requested funding to cover the cost of making necessary repairs and/or installing energy and water efficiency upgrades at facilities throughout the County that provide housing for individuals with a serious mental illness. HHSA has not recommended these proposals for approval. We have carefully reevaluated the housing-related funding proposals that NAMI and our partners submitted and have confirmed with HHSA that the proposal to make energy and water efficiency improvements at the Farmhouse is eligible for Capital Facilities and Technology (CF/TN) funding (a component of MHSA). Therefore, we request that HHSA reconsider this recommendation and change it to one of approval.

The Farmhouse, located in the unincorporated area of the County, provides residential treatment of up to 18 months coupled with MHSA-funded supports and services. The Yolo Community Care Continuum has requested funding to install energy efficient windows, weather stripping/sealing, solar tankless water heater, solar panels, and outdoor lighting (Annual Update, p. 187-192). The estimated cost of these repairs is $162,150.

We request that HHSA reconsider its recommendation to deny funding for this proposal and change it to one of approval for several key reasons:

- First, it is important to recognize that these improvements are not just about convenience; they tie directly to protecting the mental well-being of those who live at the Farmhouse. The Farmhouse is currently so poorly insulated that it is extremely difficult to regulate the temperature within the home, making it difficult to keep it warm in cold weather and cool in hot weather. This inability to regulate the temperature within the home has significant mental health consequences. As Ken Duckworth, the Medical Director for NAMI explains, “[f]or the nearly 1 in 5 adults who experience mental illness, heat can be dangerous. If a patient is on anti-psychotics, for example, the medication can interfere with the body’s ability to regulate temperature, leading to dehydration or heat stroke.” One way to moderate this is to be able to keep the home cool in the hotter months, which can help staff to ensure that the clients remain hydrated and avoid the negative impacts that extreme heat can have on an individual with a serious mental illness. Similarly, cold can also have a negative impact on mental

health. During the winter months, the Farmhouse is often cold and drafty, and this can trigger flashbacks and trauma among those who live there who previously experienced homelessness during the winter months. The energy efficiency upgrades in this proposal would allow for better regulation of the temperature within the facility, which will have a direct impact on the lives and well-being of those who live at the Farmhouse.

- Secondly, we believe that it is important to take care of the assets we currently have. Putting off making these environmentally efficient upgrades will likely cost more to implement in the future.

- Finally, installing energy and water efficiency upgrades will save on operational and utility costs and assist in achieving the County's goal of mitigating the effects of climate change.

Prior to formally submitting these written comments on July 11, we met with Interim Mental Health Director Karleen Jakowski and Public Health Director Brian Vaughn regarding this request for reconsideration and they advised us that there are funds currently available within the CF/TN fund that could be used for this purpose. However, they do not believe that it is prudent to use CF/TN funds for this proposal at this time and would not be supportive of changing their recommendation. Nonetheless, NAMI believes that the proposal merits reconsideration.

> Requested Action: NAMI urges HHSA to reconsider its recommendation to deny funding for this proposal, and requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors recommend it for approval.

Upcoming Three-Year Planning Cycle

As the County moves toward the upcoming three-year planning cycle, NAMI looks forward to continuing to work with HHSA and various other stakeholders. One of our key priorities is to secure stable housing options for individuals with serious mental illness and to maintain existing housing. As Darrell Steinberg, the author of the Mental Health Services Act, recently stated, "housing has been a critical missing piece in our treatment protocols." We wholeheartedly agree. Although we recognize that some housing has been made available there is still a significant unmet need. As we move into the upcoming planning cycle NAMI will continue to work collaboratively with HHSA and other stakeholders to identify appropriate sources of funding to secure stable housing options. Thank you again for this opportunity to comment on the Annual Update. We are deeply appreciative of your dedication and commitment to our community.

Respectfully submitted,

Donna L. Neville
President, NAMI Yolo County

cc: Board of Directors, NAMI Yolo County
Jen Boschee-Danzer, Executive Director, NAMI Yolo County

Pine Tree Gardens Life Skills Coach~~Transition Support~~ Position: $67,626

Add a Life Skills Coach~~case manager type~~ position that would support clients at both Pine Tree Gardens East and West Houses to build skills in Instrumental Activities of Daily Living (IADLs) including managing medication, meals (shopping and meal preparation), finances, and house cleaning and home maintenance, among other activities. ~~during their intake/admission to the program and for those ready to transition to their next housing/living situation.~~ This support would be for non-FSP clients at both PTG homes as there are similar supports already available ~~provided by this position already occur~~ for FSP clients through their treatment team. ~~The new position would provide support as folks move into PTG, completing intake paperwork, meeting with the client regularly in the first few weeks of being new to PTG to help ensure they are settling in, being supported, any needs identified are being addressed and coordinated and over time as the client settled in would meet less and less frequently until this support was not needed any longer.~~ The Life Skills Coach would meet individually with any interested non-FSP client to assess their strengths and weaknesses with regard to IADLs, develop and implement a Life Skills Plan that identifies areas where the client would like to improve, however minimal.

Pine Tree Gardens is a non-transitional facility resulting in very few residents leaving. For the rare resident who has the interest and potential in stepping down to a less restrictive setting,the Life Skills Coach shall provide the needed IADLs training to prepare the client for a successful transition out of PTG, which is ultimately the sole decision of the client and family. When the client is ready, the Coach would assist the client with the logistics of finding and securing new housing, including~~There is a lot of time and effort that is needed to~~ conducting housing searches, completing~~e~~ applications, scheduling~~e~~ tours, ensuring~~e~~ all move-in ready documentation is in order (ID, Birth Certificate, etc), helping clients with background checks, applying for and coordinating In Home Supportive Services (IHSS), and ensuring~~e~~ a smooth transition into their new home. It is anticipated that this position would meet with the client at least a few times after moving into their new home to help ensure ongoing stability, including coordinating with an IHSS worker or other support people at the new home.

Final job duties and structure would be worked out by HHSA and NVBH staff and presented to the Save PTG group if approved so all have a clear understanding of expectations for this new position. Approximately $68,000 in year 1, anticipated COLA increase each year. There may be a need for a vehicle purchase to help support the transportation and move-in needs of

13

these individuals. NVBH and HHSA would determine if this can be absorbed into their existing contract or if future funding would be needed

14

From:	Sadey Madden
To:	Karleen Jakowski; Brian Vaughn; Ian Evans; MHSA
Cc:	Donna Neville; Jen Boschee-Danzer
Subject:	Re: NAMI Yolo County"s Comments and Response to MHSA Annual Update
Date:	Tuesday, July 12, 2022 11:05:37 AM
Attachments:	image001 (1).jpg

Hello,

The attached letter of support should be added to the written public comment submitted by NAMI Yolo County on July 11, 2022.

Sadey Madden
Office Administrator
NAMI Yolo County
PO Box 447, Davis, CA 95617

On Mon, Jul 11, 2022 at 12:51 PM Sadey Madden <officeadmin@namiyolo.org> wrote:

> Hello Karleen, Brian, and Ian,
>
> I hope this email finds you well. We are submitting our comments via the mhsa@yolocounty.org email address because the online form did not allow us to include the necessary attachments. If there is another way you would like us to submit these comments please advise.
>
> ***Sadey Madden***
> **Office Administrator**
> **NAMI Yolo County**
> PO Box 447, Davis, CA 95617
>
>

15

YOLO COMMUNITY CARE CONTINUUM

July 11, 2022

Ms. Karleen Jakowski, Interim Mental Health Director
Mr. Brian Vaughn, Public Health Director
Ian Evans, Adult and Aging Branch Director
Yolo County Health and Human Services Agency
25 & 137 North Cottonwood Street
Woodland, CA 95659

Re: Support of MHSA Funding for Energy Efficiency Improvements at The Farmhouse

Dear Ms. Jakowski, Mr. Vaughn, and Mr. Evans:

On behalf of the Yolo Community Card Continuum, I write to urge you to approve the proposal to fund energy efficiency improvements at the Farmhouse as you make decisions regarding the Mental Health Services Act update spending plan for the 2022-23 fiscal year. As NAMI Yolo County points out in its written public comment, the Farmhouse is in dire need of improvements. But most importantly, these improvements are not simply for the sake of convenience: they will have a direct impact on the mental well-being of those who live at the Farmhouse.

I fully support this funding proposal and urge the Local Mental Health Board and the Yolo County Board of Supervisors to approve this proposal for funding.

Thank you for your consideration.

Sincerely,

Amber E. Salazar

Amber Salazar
Executive Director, Yolo Community Care Continuum

P.O. Box 1101
Davis, CA 95617
530.758.2160 (phone)
530.758.1386 (fax)

Response (Acknowledgement): Thank you for your participation and recognition of the work, relationships, and collective stakeholder efforts undertaken between the county and the Yolo community to engage in this important MHSA planning process.

HHSA acknowledges the NAMI Yolo County support and recommendation for local county leadership approval of the following draft Annual Update items below with county response, where applicable in bold, to modifications requested:

1. Community Engagement for Housing
2. ClipDart Give Back Program
3. Pandemic Technical Support for Tele-Health
4. NAMI Yolo County Peer-and Family-Led Support Services

5. **Comment: Pine Tree Gardens (PTG) Case Manager**
   Requested Action: NAMI requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors approve this funding recommendation with the requested modifications. Or if it is not feasible to make these changes in the Annual Update, approve this funding recommendation with the understanding HHSA will work with NAMI and the Committee, to ensure the services provided by this case manager meet the needs of the individuals living at PTG.

   Response (Clarification): HHSA has worked with the operators to understand the needs of the non-FSP clients currently residing at both PTG homes. Staff will continue to seek input from NAMI and work with the operators of the PTG homes to ensure that the services provided by this new position meet the needs of all non-FSP residents living in the homes.

6. Hold Sufficient Funds in Reserve

7. **Comment: The Farmhouse Energy Efficiency Improvements**
   Requested Action: NAMI urges HHSA to reconsider its recommendation to deny funding for this proposal, and requests that the Yolo County Local Mental Health Board and Yolo County Board of Supervisors recommend it for approval.

   Response (Clarification): HHSA staff will continue to work with YCCC regarding the Farmhouse to identify any safety and health risk items that may be a priority. Energy efficiency upgrades are not priorities of MHSA funding.

17

From: Nicelma J King <njking@ucdavis.edu>
Sent: Thursday, July 14, 2022 2:05 PM
To: Brian Vaughn <Brian.Vaughn@yolocounty.org>
Cc: Jonathan Raven <Jonathan.Raven@yolocounty.org>
Subject: Comments on MHSA Update

Hi Brian,

Thanks for the excellent presentations this morning. I am sending my comments directly to you.

1. On the Community Planning Process (pg.18): I think it would be great to include a description of the efforts made to outreach to underserved communities, given the importance of the inclusion of Cultural Competence in the MHSA guiding principles
2. On the adult Wellness Center: When will in-person wellness programs begin again. The Day Treatment programs are sorely missed and gave mentally ill clients things to do during the day.
3. On the "Transition Planner" for PTG (pg.32): I think the language for the description of the position should include …This position will support the acquisition of skills for ADL for all residents, with particular attention to residents who are transitioning into or out of the residential care facility. Some examples could include planning and budgeting; using bank services including ATMs and online services; understanding and avoiding pitfalls and scams of social media; etc.
4. On the P/EI programs for youth (pg. 33?): Attention will be paid to the mental health needs of the children of FSP clients.
5. Error (pg.62): Children and Transition aged youth are aged 6-25, not 6-18.
6. Latinx outreach by promotoras (pg.64): Should include older adults as well. These are often the opinion leaders in the Latinx community.
7. It Only Takes (pg. 68): This program is not explained adequately, and for the content I have seen so far, it quite expensive and ambiguous
8. Crisis Now description (pg. 75): I think the plan needs to include some past numbers to give a ballpark for the expected impact of Crisis Now when it finally rolls out.

Thanks for this,

Nicki

Nicki King, Ph.D.
California Reducing Disparities Project
Department of Human Ecology
njking@ucdavis.edu

Comment: On the Community Planning Process (pg.18)

Response (Clarification): HHSA alignment with the guiding principles included expanded outreach at the local level to create, renew, and expand relationships with communities, consumers, organizations, and service providers throughout the engagement process starting with the initial 3-year planning process to keeping these communities up to date with MHSA planning and engagement activities and opportunities as annual updates occurs. HHSA engaged community partners through existing organizations to conduct the preliminary focus groups (MHSA 3 Year Plan pg.33). As a team, HHSA reviewed the MHSA regulations and created a list of ideal participants and partners as part of a larger effort to ensure broad input from all levels of stakeholders throughout the county. Once the ideal list of participant groups was created, HHSA reached out to key community organizations and service partners to set up focus groups. When focus groups centered around an organization and its employees, efforts were made to hold the meeting as part of a regularly scheduled meeting. Additionally, HHSA has made a concerted effort to apply cultural competence guiding principles to its program language, including renaming various MHSA programs (e.g., Adult Wellness Programs, Latinx programs).

Comment: On the adult Wellness Center

Response (Clarification): In person Wellness programs in both the Woodland and West Sacramento clinics have resumed operations for several months. They are currently operating with reduced capacity given the COVID rates in the County and staff are constantly working on evaluating expansion of services back to full in-person capacity.

Comment: On the "Transition Planner" for PTG (pg.32)

Response (Clarification): HHSA has worked with the operators to understand the needs of the non-FSP clients currently residing at both PTG homes. Staff will continue to seek input from NAMI and work with the operators of the PTG homes to ensure that the services provided by this new position meet the needs of all non-FSP residents living in the homes.

Comment: On the PEI programs for youth (pg. 33?)

Response (Clarification): Additional clarification information needed for follow up.

Comment: Error (pg.62): Children and Transition aged youth are aged 6-25, not 6-18.

Response (Clarification): The ages are correct in the Update in that they target only a portion of the Transition Aged Youth range.

Comment: **Latinx outreach by promotoras (pg.64)**

Response (Revision): The Update will be edited to reflect the inclusion of Older Adults Aged 60+ in the Latinx programs.

19

Comment: It Only Takes (pg. 68)

Response (Revision): The program description will be revised to provide additional information and context. HHSA received significant community and stakeholder feedback regarding the widespread challenges the community was facing on the heels of the COVID-19 pandemic. According to the Mayo Clinic, national and worldwide data indicate significant increases in symptoms of stress, anxiety, depression, and insomnia throughout the pandemic. Additionally, the stigma associated with mental health and accessing mental health supports can increase feelings of isolation. Stigma harms health and well-being in many ways and stigmatized groups may often be deprived of the resources they need to care for themselves and their families. In response to this feedback, HHSA allocated funding for a series of public media campaigns to address wellness strategies to increase resilience and provide information about mental health and access to mental health services. HHSA intends to use a multiphase process to address these identified needs over at least two separate public media campaigns. For the first public media campaign, Yolo County partnered with EMRL to develop "It Only Takes," a countywide wellness campaign. This campaign was developed to increase awareness about stress-reduction strategies and increase wellness across the community by focusing on lifestyle changes that encourage personal resilience in times of high stress. The campaign shares unique, easy toxic stress reduction techniques, backed by research, including the California Surgeon General's recommendations on stress busters. These include prioritizing a good night's sleep, spending time with loved ones, practicing resilience skills, breaking old habits, asking for help, and maintaining a healthy diet. The "It Only Takes" campaign is being implemented in a two-phase process. Objectives completed in Phase 1 included: campaign research, interviews with county supervisors, brand, voice, and website development, billboard creation, and design of a children's activity book. The campaign is now heading into Phase 2. In Phase 2, the work will expand with online ads, smaller outdoor signs, a flashcard set, other materials as needed, and reporting. Phase 2 is scheduled to be completed by June 30, 2022, and the associated contract will sunset at that time. Although "It Only Takes" was designed as a broad, community-wide campaign to address wellness strategies to increase resilience, the second campaign is intended to focus on more significant mental health symptoms and access to mental health services. The second campaign aims to reduce the stigma associated with accessing mental health services. To achieve this, HHSA intends to issue an RFP for a second public media campaign with the remaining funds allocated, approximately $300,000.

Comment: **Crisis Now description (pg. 75**)

Response (Clarification): The anticipated numbers served by Crisis Now is located on page 75.

20

From:	Leslie Carroll
To:	Brian Vaughn; MHSA
Cc:	Nancy Temple
Subject:	Comments: draft MHSA 2022-2023 Annual Update
Date:	Friday, July 15, 2022 6:43:50 PM
Attachments:	Comments 2022-2023 MHSA Annual Update.pdf

Dear Brian,

Because of the difficulty of writing in the small online box for MHSA Annual Update comments, we're submitting written comments via email. We're unsure where to email them so are sending to you and also to mhsa.yolocounty.org. We trust you'll get this to the appropriate place.

We hope that next year, there will be a better method developed for submitting comments online or at least an alternative email address to use. Thank you for your help.

Sincerely,

Leslie Carroll
Nancy Temple
Concerned Community Members

Comments on the 2022-2023 MHSA Annual Update
Submitted by: Leslie Carroll and Nancy Temple
July 15, 2022

Annual Report Additions
There are a number of new sections in the MHSA Annual Update that greatly enhance the reader's understanding, including:

- Acronyms
- MHSA Guiding Principles
- Community Planning Process description
- Demographic Update
- System Capacity Assessment
- Reorganization of the Program and Budget Summary Tables

All are helpful in enabling readers to get a broader overview of the MHSA plan and decipher information.

The evolving MHSA Evaluation Report for 2020-2021 is a keyhole to the effectiveness of MHSA programs. Would it that there would be time to read it in depth. The same goes for the Crisis Now Innovation Report but they're there for future reference.

MHSA Fund Balance 2022-2023
Last year, the Health and Human Services Agency (HHSA) informed the Local Mental Health Board (LMHB) about ~ $20M MHSA fund balance (surplus) that must be spent within a certain amount of time or the balance would revert to the State. A Mid-Year plan for FY 2021-2022 was adopted, along with another plan for FY 2022-2023 for spending the surplus.

It's difficult to find answers to the following basic questions in the MHSA update:

- What was the original surplus amount?
- How much was disbursed in fiscal year 2021-2022 and for what programs?
- How much is budgeted for 2022-2023 and for what programs?
- What is the remaining fund balance if there is one?

There have been several presentations at recent Local Mental Health Board meetings (May, June 2022) but they can be challenging to process for some of us as the presentations are brief and sometimes the numbers change from presentation to presentation.

Fund Balance information should be part of the MHSA Annual Update, as indeed it is but it's not easily found in the 2022-2023 Update. Reviewing component budgets on pgs 86-100, one can search for "Available Prior Year Revenue" (Fund Balance) totals for FY 2022-2023 components and calculate a total for each of the three years. However, it's time-consuming and can lead to inaccuracies.

MHSA 2022-2023 Fund Balance Table

MHSA Fiscal Year	CSS	PEI	INN	WET	CFTN	Total Fund Balance
2020-2021	10,190,050	$3,383,117	$657,488	$436,840	$1,439,984	$16,107,479
2021-2022	13,017,799	$4,062,266	$1,385,972	$389,671	$926,324	$19,782,032
2022-2023	10,333,596	$3,560,272	$2,265,125	$171,977	$0	$16,330,970

According to the above table, it appears was a ~$19.8.M fund balance in FY 2021-20222 with ~$3.5M spent in 2021-2022 leaving a fund balance of ~$16.3M. If the numbers are correct, this partially answers how much was disbursed in MidYear 2022 and what's available in FY 2022-2023. It doesn't answer how much of that is budgeted for this fiscal year and for what programs.

Although the Executive Summary (pg 11) lists new programs, many of which, if not all, are funded by the MHSA surplus, it doesn't include totals or the projected fund balance for FY 2023-2024.

We suggest that in future MHSA Annual Updates, fund balance totals be more prominent to provide a clear understanding of how much surplus is available, how much is budgeted, and the projected fund balance for the following fiscal year as can be seen in the **2021-2022 MHSA Annual Update** (pg. 77-79). Pg. 79 is attached at the end of these comments as an example.

Component Budget Discrepancies

During the search for answers to surplus spending, several 2022-2023 MHSA component budgets were reviewed resulting in some confusion.

A sampling of MHSA Component Expenditures in the table below shows discrepancies in budget totals on different pages of the Annual Update report, e.g. CSS totals can differ by as much as $1.9M. It's expected that other MHSA components would show similar discrepancies, making the budget totals presented in the report unreliable.

Draft MHSA 2022 2023 Annual Update		
CSS	**Expenditures**	**Page**
Budget Summary Table (calculated)	$19,397,435	28
Overall Budget Update	$21,309,020	85
CSS Budget Update FY 2022-2023	$20,564,463	88
PEI	**Expenditures**	**Page**
Budget Summary Table (calculated)	$7,664,520	28
Overall Budget Update	$6,851,845	85
PEI Budget Update FY 2022-2023	$7,949,555	91
WET	**Expenditures**	**Page**
Budget Summary Table(calculated)	$178,028	28
Overall Budget Update	$207,342	85
WET Budget Update FY 2022-2023	$207,342	97

It's unclear why there are differences. Perhaps information is incomplete resulting in the reader not fully understanding how the numbers are calculated. Perhaps, the numbers are wrong. In any case, there should be consistency between the budget totals or an explanation as to why they're not the same.

Public Media Campaigns.
In 2022, EMRL, an advertising firm was contracted for a wellness public media campaign using $500K MHSA Surplus funds that were part of the Mid-Year MHSA Surplus plan. They were to provide outdoor billboards, a website, activity/coloring books for school-aged children, flashcards, website traffic reporting, a social media campaign and a video commercial for $200K, to be completed by June 1, 2022.

They didn't live up to their contract. HHSA reached an agreement for them to complete their contractual obligations by the end of the 2022 calendar year with no additional funding.

In the MHSA Annual Update report on pg 68, it appears that EMRL continues a partnership with HHSA for the $300,000 left of the $500K budgeted for Public Media Campaigns. Based on their previous performance, they should not be contracted for additional work.

Pine Tree Gardens Case Manager
We're very grateful for the new case manager position at Pine Tree Gardens homes to support non-FSP clients.

In the draft MHSA Annual Update about the new PTG position (pg 32), the description appears to indicate services are only for residents moving into or out of PTG. Pine Tree Gardens is permanent housing. Very few clients will be moving out of PTG.

Please change the position description on pg 32 so it clearly states that case manager services are for **all** non-FSP residents who want them, not just people transitioning into or out of the homes.

Program Contract List
The Program Contract List is a welcome addition to the MHSA Annual Update Report and is very helpful, making it easy to see at a glance which programs are contracted out or HHSA-managed. It be easier for the reader to have the contractor name/s on the program pages where appropriate. Is that possible?

Some providers such as Suicide Prevention, Yolo Community Care Continuum, North Valley Behavioral Health and others aren't listed. It's possible that YCCC doesn't receive MHSA funds but Suicide Prevention and NVBH do. Is there a reason they're not listed?

24

Example of Fund Balance Totals by Component
2021-2022 Yolo County Draft MHSA Update

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

25

Comment: MHSA Fund Balance 2022-2023

Response (Clarification):

• What was the original surplus amount? $19,782,032.79

• How much was disbursed in fiscal year 2021-2022 and for what programs?

FY21-22 projected spending displays $3,451,062.85 use of fund balance. MHSA Mid-Year Update information available here.

• How much is budgeted for 2022-2023 and for what programs?

FY22-23 projected spending displays $11,295,477.88 use of fund balance. Budget Summary Tables (pages 28-29) available here.

• What is the remaining fund balance if there is one?

The projected ending fund balance is $5,035,492.06.

Fiscal information is not static – expenditures and revenue get updated in the County based on 3 separate budget processes and at least 2 projection processes. Due to the lengthy year end close process, and following required audits, year-end actuals are not final for almost a year after close.

The table below shows the budgeted spending in each fiscal year of the 3-year plan by component and shows what the ending fund balance is projected to be for that year.

	CSS	PEI	INN	WET	CFTN	Total End FB
FY2021	13,017,798.68	4,062,266.26	1,385,971.99	389,671.37	926,324.49	19,782,032.79
FY2122	10,333,596.38	3,560,272.04	2,265,124.90	171,976.62	-	16,330,969.94
FY2223	2,743,123.30	138,064.35	1,292,131.57	171,976.62	690,196.22	5,035,492.06

Comment:Component Budget Discrepancies

Response (Clarification): Each financial section of the plan exists for a different purpose, which is why at first glance, it appears some of the numbers don't fully balance. The Budget Summary tables on pages 28-29 show the components and programs in the same way the annual Revenue and Expenditure report would (for audits we have to balance the plan to this claim) and therefore breaks out allocated costs such as evaluation separately. The Overall Budget Update tables on page 84-85 show only how much MHSA revenue will need to be used to balance the budget, so we know if we will receive enough MHSA revenue in that year to cover all expenditures (including allocated costs) or whether we need to dip into fund balance. The Component Budget Update tables on pages 86-100 show the total program costs, which includes both allocated costs and expenditures that have a different funding stream other than MHSA.

Comment: Public Media Campaigns

Response (Revision): The program description will be revised to provide additional information and context. Previously described in previous response.

Response (Clarification): The financial agreement with EMRL ended on June 1, 2022. A no-cost extension was exercised to ensure remaining deliverables are completed by the end of the calendar year. HHSA intends to issue a separate RFP for the remaining $300,000 for additional, more targeted public media campaigns.

Comment: Pine Tree Gardens Case Manager

Response (Clarification): HHSA has worked with the operators to understand the needs of the non-FSP clients currently residing at both PTG homes. Staff will continue to seek input from NAMI and work with the operators of the PTG homes to ensure that the services provided by this new position meet the needs of all non-FSP residents living in the homes.

Comment: Program Contract List
Response (Revision): The Suicide Prevention contract is listed (CalMHSA-NVSP Suicide Prevention of Yolo County page 264). HHSA provided the information for Yolo Community Care Continuum and North Valley Behavioral Health below and referenced contractors in program descriptions within the plan.

Yolo Community Care Continuum-Farmhouse
Total contract amount-$2,008,791
Contract Term-July 1, 2019 through June 30, 2023
Amount for FY 21-22 $495,700

Yolo Community Care Continuum-Safe Harbor
Total contract amount-$2,400,000
Contract term-July 1, 2020 through June 30, 2023
Amount for FY 21-22-$800,000

North Valley Behavioral Health
Total contract amount- $2,136,000
Contract term- January 26, 2021 through June 30, 2023
Amount for FY 21-22- $876,000

Attachment 4

MHSA Contractor List

Branch	Program Name	Service Contractor Provider Name	Contract Amount	Term	FY21-22
Community Services & Supports (CSS) Plan					
AA	Adult Wellness Services Program	Telecare Corp & TLCS, Inc dba Hope Cooperative	$8,828,300	4/1/21–6/30/23	$2,750,157
CYF	Children's Mental Health Services	HHSA Program, Turning Point Community Programs	$2,331,606	9/1/18–6/30/23	$520,000
AA	Communty Based Drop-In Navigation Center	CommuniCare	$179,94.50	8/1/20–6/30/22	Amount crosses over fiscal years
AA	Older Adult Outreach Assessment Program	TLCS, Inc dba Hope Cooperative	$5,816,086	4/1/21–6/30/23	$2,729,997
AA	Mental Health Crisis Services & Crisis Intervention Team Training	HHSA Program			
AA	Pathways to Independence	Telecare Corp	$5,828,300	4/1/21–6/30/23	$2,750,157
AA	Peer- and Family-Led Support Services	NAMI Yolo County	$200,000	7/1/20–6/30/22	$100,000
AA	Tele-Mental Health Services	HHSA Program; Locum Tenens	$2,000,000	7/1/17–6/30/22	$100,000
Prevention & Early Intervention (PEI) Plan					
CYF	College Partnership	CommuniCare	$450,000	1/19/21–6/30/23	$174,924
CHB	Cultural Competence	HHSA Program; Contractor(s) TBD			
CYF	Early Childhood Mental Health Access & Linkage Program	First 5	$1,200,000	7/1/20–6/30/23	$400,000
CHB	Early Signs Training and Assistance	CalMHSA-NVSP Suicide Prevention of Yolo County	$278,484	7/1/19–6/30/22	$55,034
CYF	K-12 School Partnerships – Davis	CommuniCare	$1,334,277	11/15/21–6/30/24	$331,674
CYF	K-12 School Partnerships – Rural	RISE, Inc.	$813,400	11/15/21–6/30/24	$202,600
CYF	K-12 School Partnerships – West Sacramento	Victor Community Support Services	$1,250,126	11/15/21–6/30/24	$312,532
CYF	K-12 School Partnerships – Woodland	CommuniCare	$1,663,514	11/15/21–6/30/24	$413,441
AA	Latinx Outreach/Mental Health Promotores Program	RISE, Inc.	$177,700	10/1/17–6/30/22	$36,350
AA	Latinx Outreach/Mental Health Promotores Program	CommuniCare	$1,292,718	10/1/17–6/30/22	$402,162
CHB	Maternal Mental Health Access Hub	Contractor(s) TBD			
AA	Senior Peer Counseling	YoloCARES	$98,400	7/1/20–6/30/22	$50,000

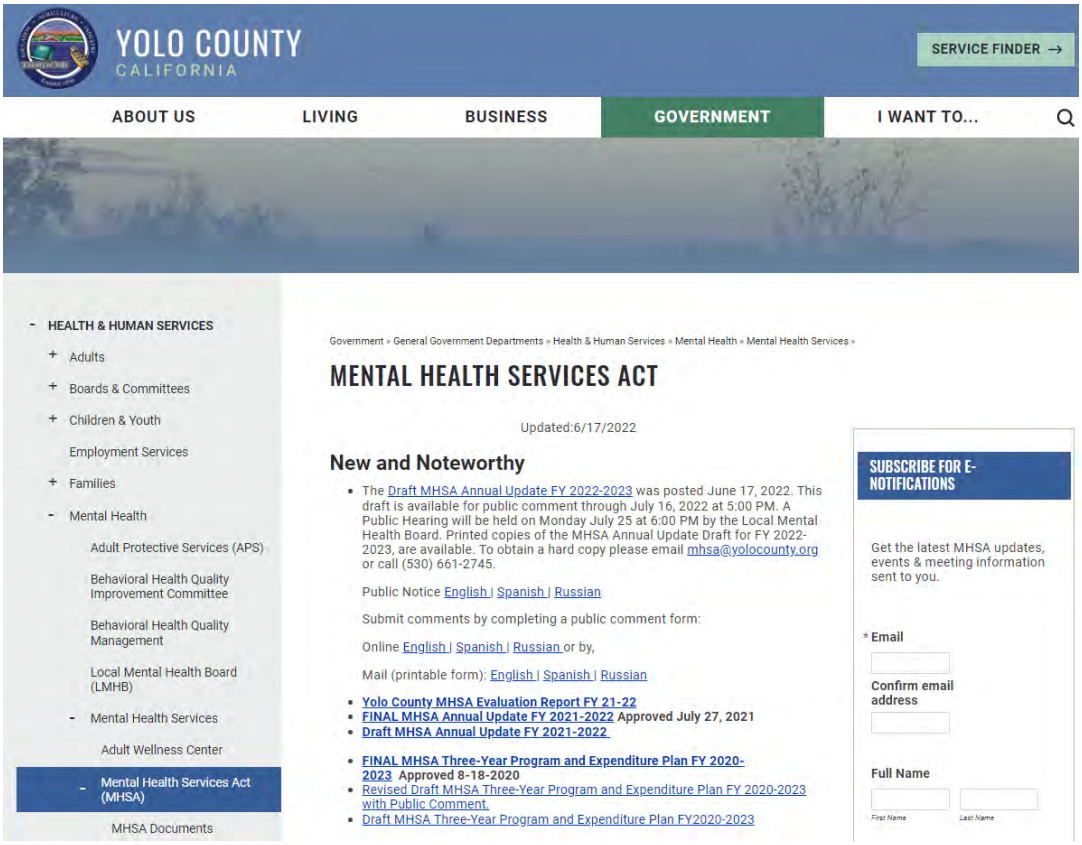
Branch	Program Name	Service Contractor Provider Name	Contract Amount	Term	FY21-22
Workforce, Education, & Training (WET) Plan					
AA	Central Regional WET Partnership	Regional Partnership MOU with CalMHSA	$82,756	9/15/20–6/30/26	not broken down by FY
AA	Mental Health Career Pathways	Individual Provider			
AA	Mental Health Professional Development	HHSA Program			
AA	Peer Workforce Development Workgroup	HHSA Program			
CSS; PEI; INN; WET					
CHB	Evaluation	Community Advocacy Research and Evaluation Consulting Group (C.A.R.E.)	$572,174	3/1/21–6/30/23	$236,858

Last revised March 3, 2022.

Attachment 5

Documentation and Information Resources

Yolo County MHSA Website Posting 6/17/2022



COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA):
NOTICE OF 30-DAY PUBLIC COMMENT PERIOD and NOTICE OF PUBLIC HEARING

MHSA Annual Update FY 2022-2023

To all interested stakeholders, Yolo County Health and Human Services Agency (HHSA), in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled document.

I. **THE PUBLIC REVIEW AND COMMENT PERIOD begins Friday June 17, 2022 and ends at 5:00 p.m. on Saturday July 16, 2022.** Interested persons may provide comments during this timeline either online (https://www.research.net/r/AUPblcCmmnt2022) or by mail. Written comments should be addressed to HHSA, Attn: MHSA Coordinator, 25 N. Cottonwood Street, Courier #16CH, Woodland, CA 95695. Please use the Public comment form provided for the MHSA Annual Update FY 2022-2023.

II. **A PUBLIC HEARING will be held by the Yolo County Local Mental Health Board on Monday, July 25, 2022, at 6:00 PM,** by teleconference**.** Call information will be published in advance of the meeting and listed on the Local Mental Health Board event listing found here for the purpose of receiving further public comment on the MHSA Annual Update for FY 2022-2023 pursuant to the Governor's Executive Order N-29-20 (March 17, 2020), available at the following link.

III. **To review the MHSA Draft Update for FY 2022-2023**, or other MHSA documents via Internet, follow this link to the Yolo County website: http://www.yolocounty.org/mhsa.

IV. **Printed copies** of the MHSA Plan Draft for FY 2022-2023, are available. To obtain copies by mail, or to request an accommodation or translation of the document into other languages or formats, call HHSA's MHSA Office at (530) 666-8536 or email mhsa@yolocounty.org by Friday July 8, 2022.

CONDADO DE YOLO

Agencia de Salud y Servicios Humanos

LEY DE SERVICIOS DE SALUD MENTAL (MHSA):
AVISO DEL PERÍODO DE COMENTARIOS PÚBLICOS DE 30 DÍAS y AVISO DE AUDIENCIA PÚBLICA

Actualización anual de la MHSA para el año fiscal 2022-2023

Para todas las partes interesadas, la Agencia de Salud y Servicios Humanos del Condado de Yolo (Yolo County Health and Human Services Agency, HHSA), de acuerdo con la Ley de Servicios de Salud Mental (Mental Health Services Act, MHSA), publica este **Aviso del período de comentarios públicos de 30 días** y **Aviso de audiencia pública** con respecto al documento mencionado arriba.

I. **El PERÍODO DE REVISIÓN Y COMENTARIOS PÚBLICOS comienza el viernes 17 de junio de 2022 y termina a las 5:00 PM al sábado, 16 de julio, 2022.** Las personas interesadas pueden proporcionar comentarios durante este plazo, ya sea en línea (https://www.surveymonkey.com/r/TPZG59B) o por correo. Los comentarios por escrito deben dirigirse a HHSA, Attn: MHSA Coordinator, 25 N. Cottonwood Street, Courier #16CH, Woodland, CA 95695. Use el formulario de comentarios públicos provisto para la Actualización anual de la MHSA para el año fiscal 2022-2023.

II. **La Junta de Salud Mental Local del Condado de Yolo (Yolo County Local Mental Health Board) llevará a cabo una AUDIENCIA PÚBLICA el lunes 25 de julio de 2022 a las 6:00 p. m.** por teleconferencia**.** La información de la llamada se publicará antes de la reunión y se incluirá en la lista de eventos de la Junta de Salud Mental Local, que está disponible aquí, con el fin de recibir más comentarios del público sobre la Actualización anual de la MHSA para el año fiscal 2022-2023 de conformidad con la Orden Ejecutiva del Gobernador N-29-20 (17 de marzo de 2020), que está disponible aquí.

III. **Para revisar el borrador de la Actualización de la MHSA para el año fiscal 2022-2023** u otros documentos de la MHSA por internet, siga este enlace al sitio web del condado de Yolo: http://www.yolocounty.org/mhsa.

IV. Se pueden obtener **copias impresas** del borrador del plan de la MHSA para el año fiscal 2022-2023. Para obtener copias por correo, o para solicitar una adaptación o la traducción del documento a otros idiomas o formatos, llame a la Oficina de la MHSA de la HHSA al (530) 666-8536 o envíe un correo electrónico a mhsa@yolocounty.org antes del viernes 8 de julio de 2022.

ОКРУГ ЙОЛО

Агентство здравоохранения и социальных услуг

ЗАКОН О СЛУЖБАХ ПСИХИЧЕСКОГО ЗДОРОВЬЯ (MHSA): УВЕДОМЛЕНИЕ О 30-ДНЕВНОМ ПЕРИОДЕ ОТКРЫТОГО ОБЩЕСТВЕННОГО ОБСУЖДЕНИЯ и УВЕДОМЛЕНИЕ ОБ ОБЩЕСТВЕННЫХ СЛУШАНИЯХ

MHSA Annual Update FY 2022-2023

Ежегодная актуализация MHSA на 2022-2023 финансовый год

Всем заинтересованным лицам, Агентство по вопросам здравоохранения и социального обеспечения округа Йоло в соответствии с «Законом о службах психического здоровья» (MHSA) публикует настоящее **уведомление о 30-дневном периоде открытого общественного обсуждения и уведомление об общественных слушаниях** в отношении указанного выше документа.

I. **ПЕРИОД ОТКРЫТОГО ОБЩЕСТВЕННОГО РАССМОТРЕНИЯ И ОБСУЖДЕНИЯ начинается в пятницу 17 июня 2022 г. и заканчивается в 5:00 PM в субботу 16 июля 2022 г.** Заинтересованные лица могут направлять комментарии в указанный срок по Интернету (https://www.research.net/r/2022Fdbck) или почтой. Письменные комментарии направляются в HHSA по адресу: Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695. Пожалуйста, используйте форму открытого общественного обсуждения для «Ежегодной актуализации MHSA на 2022-2023 финансовый год».

II. **ОБЩЕСТВЕННЫЕ СЛУШАНИЯ будут проводиться местным советом по психическому здоровью округа Йоло в понедельник 25 июля 2022 г. в 18:00** в форме телеконференции**.** Номера телефонов будут опубликованы до проведения конференции и размещены в списке мероприятий местного совета по психическому здоровью, который можно найти здесь, с целью получения дополнительных комментариев общественности к «Ежегодной актуализации MHSA на 2022-2023 финансовый год» в соответствии с Указом губернатора N-29-20 (от 17.03.2020), с которым можно ознакомиться по следующей ссылке.

III. **Чтобы ознакомиться с проектом актуализации MHSA на 2022-2023 финансовый год** или другими документами MHSA в Интернете, перейдите по этой ссылке на сайт округа Йоло: http://www.yolocounty.org/mhsa.

IV. Имеются **печатные экземпляры** проекта плана MHSA на 2022-2023 финансовый год. Чтобы получить экземпляр документа по почте или сделать запрос на предоставление аккомодации или перевода документа на другие языки или в другие форматы, позвоните в Офис MHSA HHSA по номеру (530) 666-8536 или напишите по адресу: mhsa@yolocounty.org до пятницы 8 июля 2022 г.

Woodland Daily Democrat
c/o Legals 57 Commerce Place, Suite A
Vacaville, CA 95687
530-406-6223
legals@dailydemocrat.com

3827661

YOLO COUNTY HEALTH & HUMAN SERVICES AGENCY (HHSA)
137 N COTTONWOOD ST.
WOODLAND, CA 95695

Legal No. **0006680159**

PROOF OF PUBLICATION
(2015.5 C.C.P.)

STATE OF CALIFORNIA
COUNTY OF YOLO

Mental Health Services Act (MHSA) Annual Update FY

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above-entitled matter. I am the Legal Advertising Clerk of the printer and publisher of The Daily Democrat, a newspaper published in the English language in the City of Woodland, County of Yolo, State of California.

I declare that the Daily Democrat is a newspaper of general circulation as defined by the laws of the State of California as determined by this court's order dated June 30, 1952 in the action entitled In the Matter of the Ascertainment and Establishment of the Standing of The Daily Democrat as a Newspaper of General Circulation, Case Number 12659. Said order states "The Daily Democrat" has been established, printed and published in the City of Woodland, County of Yolo, State of California; That it is a newspaper published daily for the dissemination of local and telegraphic news and intelligence of general character and has a bona fide subscription list of paying subscribers; and...THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED:...That "The Daily Democrat" is a newspaper of general circulation for the City of Woodland, County of Yolo, California. Said order has not been revoked.

I declare that this notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

07/01/2022, 07/09/2022, 07/13/2022

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Woodland, California, this
13th day of July 2022

(Signature) Jill Teer

Notice is hereby given: the 30-Day Public Review and Comment Period pertaining to the draft Mental Health Services Act (MHSA) Annual Update FY 2022-2023 began Friday June 17, 2022; the draft plan and comment forms are posted on the MHSA page of the Yolo County Website at www.yolocounty.org/mhsa. The draft MHSA Annual Update is available for public comment and review until 5:00 PM on Saturday July 16, 2022; all interested stakeholders are encouraged to submit comments. A public hearing will be held by the Yolo County Local Mental Health Board on Monday, July 25, 2022, at 6:00 PM, by teleconference. Call information will be published in advance of the meeting and listed on the Local Mental Health Board event listing page. After final revisions the MHSA Annual Update will be presented to the Yolo County Board of Supervisors in August 2022. Questions? Email MHSA@yolocounty.org or call 530-666-8536.

THE DAVIS enterprise

PROOF OF PUBLICATION
(2015.5 C.C.P.)

Proof of Publication
PUBLIC NOTICE
#1900

Yolo County Health & Human Services
Attn: Fabian Valle
25 N. Cottonwood Street
Woodland, CA 95695

STATE OF CALIFORNIA
County of Yolo

I am a citizen of the United States and a resident of the County aforesaid; I'm over the age of eighteen years, and not a party to or interested in the above-entitled matter. I am principal clerk of the printer at the Davis Enterprise, 315 G Street, a newspaper of general circulation, printed and published Monday, Wednesday, and Friday, in the City of Davis, County of Yolo, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court to the County of Yolo, State of California, under the date of July 14, 1952, Case Number 12680; that the notice, of which the annexed is a printed copy (set in type no smaller than non-pareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

June 29, July 10, 13

All in the year **2022.**
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

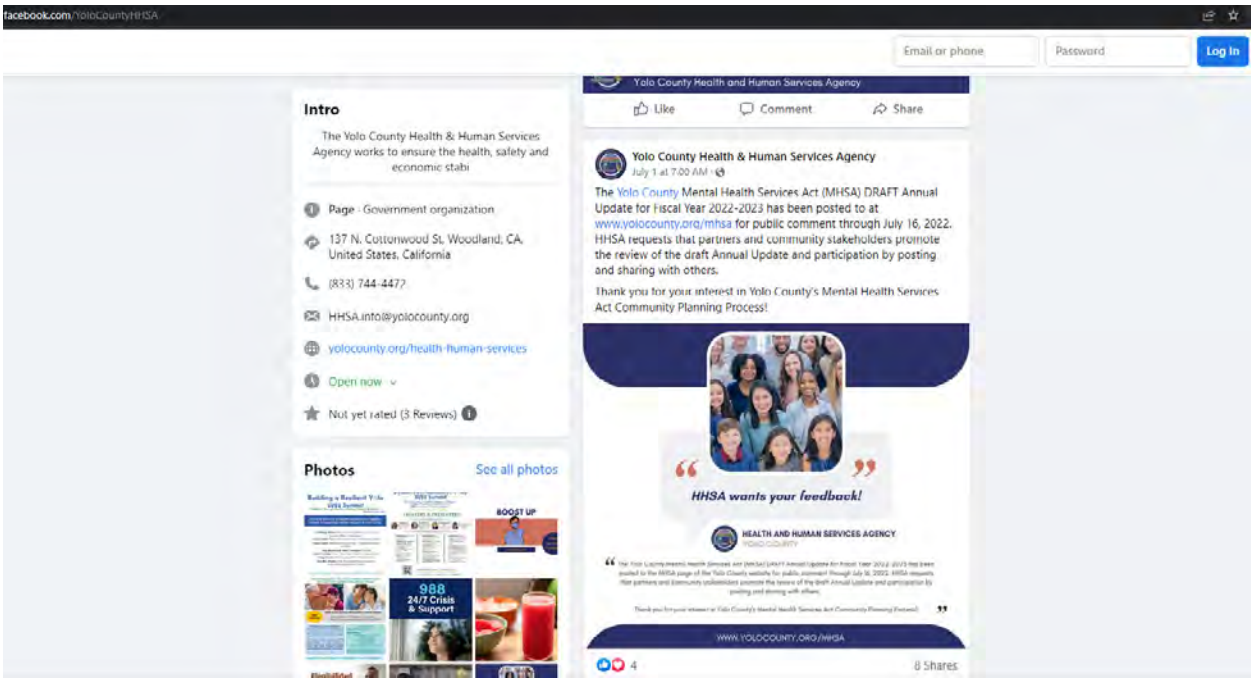
Dated at Davis, California, this **13th day** of **July, 2022.**

Shawn Collins
Legal Advertising Clerk

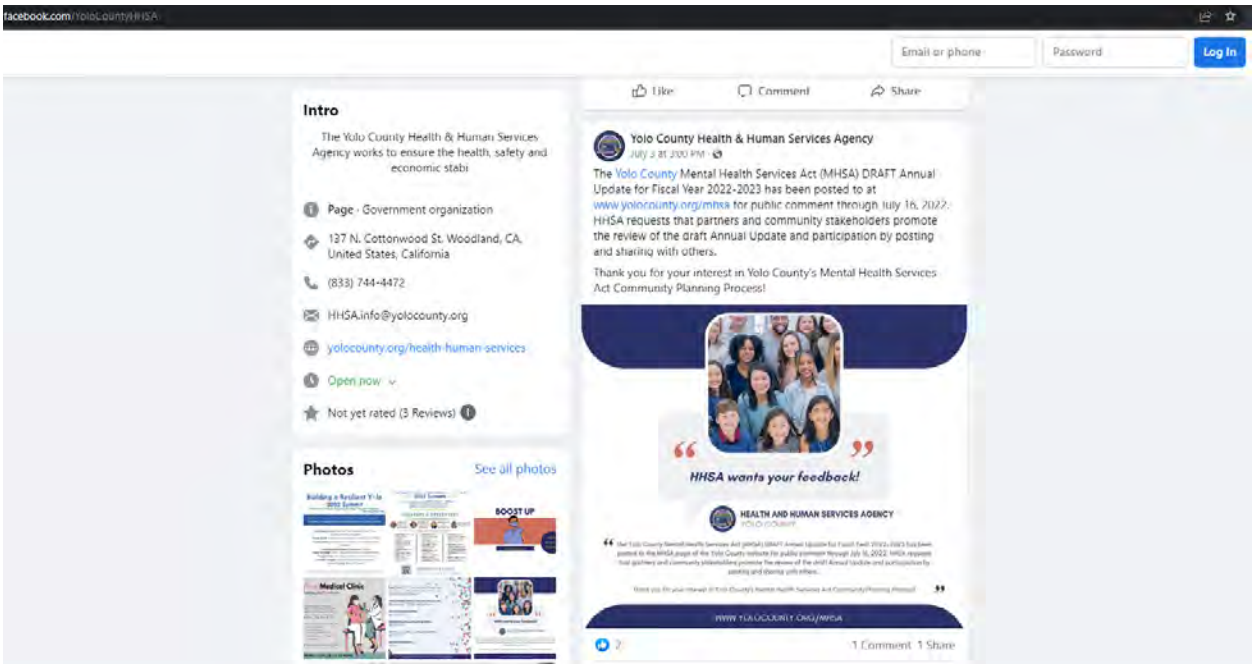
Notice is hereby given: the 30-Day Public Review and Comment Period pertaining to the draft Mental Health Services Act (MHSA) Annual Update FY 2022-2023 began Friday June 17, 2022; the draft plan and comment forms are posted on the MHSA page of the Yolo County Website at www.yolocounty.org/mhsa. The draft MHSA Annual Update is available for public comment and review until 5:00 PM on Saturday July 16, 2022; all interested stakeholders are encouraged to submit comments. A public hearing will be held by the Yolo County Local Mental Health Board on Monday, July 25, 2022, at 6:00 PM, by teleconference. Call information will be published in advance of the meeting and listed on the Local Mental Health Board event listing page. After final revisions the MHSA Annual Update will be presented to the Yolo County Board of Supervisors in August 2022. Questions? Email MHSA@yolocounty.org or call 530-666-8536.
Published June 29, July 10, 13, 2022 #1900

Yolo County HHSA MHSA Facebook Postings:

July 1, 2022

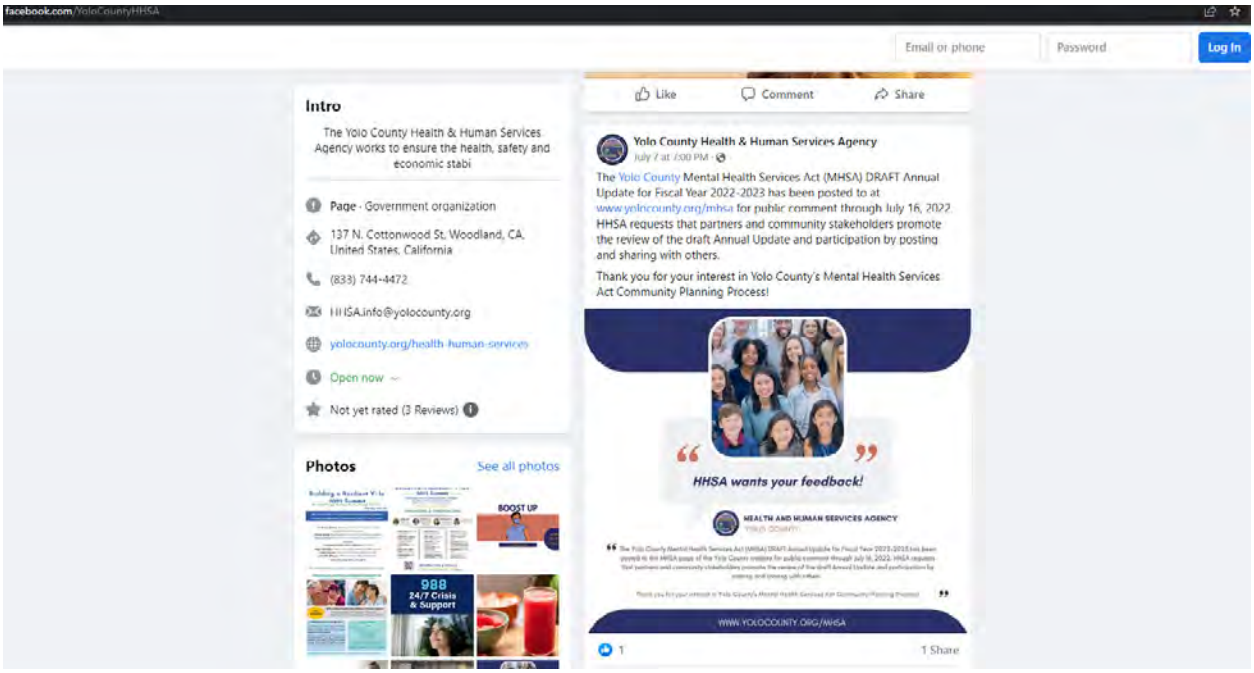


July 3, 2022

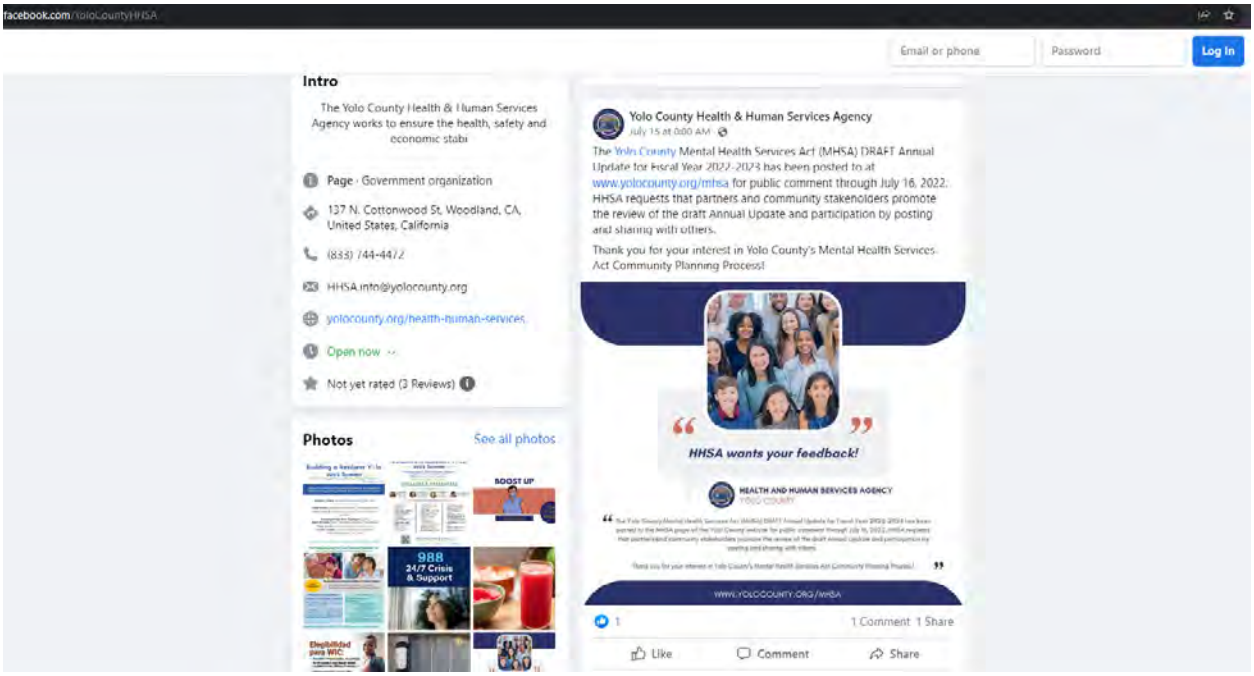


Yolo County HHSA MHSA Facebook Postings:

July 7, 2022



July 15, 2022



COUNTY OF YOLO

Health and Human Services Agency

137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8940 • www.yolocounty.org

Local Mental Health Board

Regular Meeting: Monday, July 25th 6:00 PM–8:00 PM

Join Zoom Meeting
https://us02web.zoom.us/j/82164661979?pwd=YkhmcGpjRkNoYmRKR1QxODFjQ0FRdz09

Meeting ID: 821 6466 1979
Passcode: 644wP0

All items on this agenda may be considered for action.

CALL TO ORDER ---------- 6:00 PM – 6:10PM

1. Public Comment
2. Approval of Agenda
3. Approval AB 361-Brown Act
4. Approval of minutes from June 27, 2022
5. Chair Report-Jonathan Raven
6. Member Announcements
7. Correspondence

Public Hearing ---------- 6:10 PM – 7:10 PM

8. **Public Hearing** MHSA Annual Update-Karleen Jakowski
   - Recommendation to the Board of Supervisors on the MHSA Plan

TIME SET AGENDA ---------- 7:10 PM – 7:30 PM

9. Planned Approach to Mental Health Director Role-Nolan Sullivan
10. Project Finding on Mental Health Needs of Older Adults-Jorge Hurtado, UCD MPH Intern

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

11. Mental Health Director's Report – Karleen Jakowski
    a. COVID-19 update
    b. ARP Rescue Plan Workgroups

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should contact the Local Mental Health Board Staff Support Liaison at the Yolo County Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, Woodland, CA 95695 or 530-666-8516. In addition, a person with a disability who requires a

modification or accommodation, including auxiliary aids of services, in order to participate in a public meeting should contact the Staff Support Liaison as soon as possible and preferably at least twenty-four hours prior to the meeting.

CONTINUED ON REVERSE

c. CalAIM
d. Peer Certification
e. K-12 Services
f. Upcoming RFP
g. Public Media Campaign
    a. Mental Health/Wellness
    b. Overdose Awareness/Prevention
h. Crisis Now
i. Department of State Hospital Programs
j. QM Audits/Reviews
k. 988 Launch

REGULAR AGENDA ---------- 7:45 PM – 7:55 PM

12. CARE Court-Jonathan Raven
13. Board of Supervisors Report – Supervisor Villegas and Provenza
14. Criminal Justice Update: MHC- Jonathan Raven
15. Public Comment- on tonight's agenda Items

PLANNING AND ADJOURNMENT ---------- 7:55 PM – 8:00 PM

16. Future Meeting Planning and Adjournment
    - Approve August 1st Special Meeting at 6pm-Closed Session item on Mental Health Director Appointment

Next Meeting Date and Location
Regular Meeting: September 26th, 2022

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, July 22nd, 2022. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

Appendix

Yolo County Health and Human Services Agency
Mental Health Services Act

Innovation Program Plan Description:
Crisis NOW

FY 2021–2024

Innovation Plan

c.a.r.e. CONSULTING GROUP

May 2022

Contents

Statement of Need

Yolo County has distinct geographic, cultural, and socioeconomic characteristics and the unique challenge of providing services to diverse groups and communities across varied geography. The county has about 212,605 people and is 93% urban and 7% rural. It features four incorporated cities—Davis, West Sacramento, Winters, and Woodland—where most of the population lives. To assess the needs of the population, the county currently operates on a "continuum of crisis" that ranges from "excellent," defined as cheerful, joyful, and high performing, to "in crisis," defined as a danger to self or others, gravely disabled, and active psychosis. This continuum has been established as a result of our longstanding efforts to address crises in our community.

Yolo Crisis Response History

Throughout the years, the county has made strides to tailor its crisis response to meet the needs of the community residents.

Since 2008, the county has funded crisis intervention training for all law enforcement, dispatch, and probation partners utilizing the Memphis Model. This is an innovative police-based first responder program of pre-arrest jail diversion for those in a mental illness crisis. This program provides law enforcement-based crisis intervention training for helping individuals with mental illness. This is a 40-hour free training with an 8-hour annual refresher course.

In 2014, Yolo County secured SB82 funding and contracted with a local provider to offer the Community Intervention Program (CIP), which ran from November 2015 through March 2017. CIP was a collaboration among county law enforcement agencies, the Health and Human Services Agency (HHSA), and community-based behavioral health service providers designed to have trained clinical staff members available when law enforcement responds to a mental health crisis. The overarching goals were to:

- Reduce unnecessary emergency department (ED), hospital, and jail service utilization.
- Increase participation in mental health or other necessary services after a crisis.
- Reduce the overall system and per-person costs associated with behavioral health care.

A program assessment showed that overall, the investment did not result in a return that was sustainable based on the following key points:

- Successes were seen for specific community members in need.
- The collaboration did not effectively assist consumers with remaining in the community and avoiding an ED visit or jail.
- Partners recognized that relying on Medi-Cal and grant funding alone was not a sustainable model, so co-responders were re-engaged at the request of law enforcement, with the cities and the Community Corrections Partnership sharing the cost.
- CIP HHSA staff members were not called on as often as they could have been.
- An average of only 1–2 calls per day was seen across multiple city CIP teams.

As of 2018, Yolo County HHSA began working with its two local EDs to have dedicated, 24-hour HHSA clinicians available to respond to crisis evaluations in the EDs for any consumer. These clinicians also coordinated any necessary acute inpatient bed placement for any consumer if they were placed on an involuntary hold. Simultaneously, an MHSA-approved innovations project involving a community-based mental health urgent care (MHUC) clinic called the HHSA's First Responders Initiative began. It was designed to integrate non-law enforcement personnel into first response by providing drop-in access and a crisis clinic for anyone in need. In February 2018, HHSA opened this clinic in West Sacramento. The MHUC clinic was initially open 7 days a week from 12 to 9 p.m., based on community input regarding crisis service needs. Contracting difficulties resulted in a delay in the incorporation of contracted psychiatric nurse practitioners into the MHUC staff, which delayed the ability to provide short-term bridge medication support as a tool to help stabilize those in need in the moment. Close tracking of resident use and law enforcement drop-offs revealed notable underutilization. As a result, the MHUC operating hours were reduced to 6 days a week, Monday through Saturday, in January 2020. However, the MHUC closed in March 2021 due to notable underutilization and lack of fiscal sustainability.

In April 2020, HHSA management elected to shift the focus of the clinic operations and close the MHUC clinic because of the following:

- Lower than anticipated law enforcement utilization, due to the far distance in West Sacramento making it harder to take individuals to jail or hospitals
- A legal barrier preventing county emergency medical services from bringing people in behavioral distress to the MHUC
- Lack of fiscal sustainability with only Medi-Cal and MHSA as billing options

The county began offering walk-in crisis and access services to the community, restricted to crisis services only during COVID-19, during business hours at all three of its clinics (in West Sacramento, Woodland, and Davis). Additionally, local law enforcement dispatch has been linked with the county's contractor-provided 24/7 call center to better serve callers with a mental health crisis that can be addressed over the phone.

Crisis Response Statistics

Individuals in crisis are most visible in the community, and people in crises often enter our local EDs. Fifty percent of residents who enter local EDs on a 5150 hold are released to the community without receiving inpatient treatment. Of those, approximately half stay less than 4 days, indicating that they could benefit from short-term beds as opposed to inpatient psychiatric hospitalization. The lack of room availability for these people has been amplified during COVID-19 as both county hospitals struggle to manage individuals with behavioral health crises, COVID-19 surges, and other health issues. This has created challenges, and patients often wait hours to be seen and are usually released without any treatment, taking up space in our EDs that are reserved for medical emergencies.

In the criminal justice system, approximately 70% of inmates booked into jail are released within 3 days, indicating that they are not a threat to society but generally commit low-level crimes, many of which are tied to substance use or mental health.

Incorporating the Crisis NOW Model

The Crisis NOW model was developed by the National Action Alliance for Suicide Prevention's Crisis Services Task Force and is recommended as a highly effective methodology to meet the rising needs of individuals in mental health and behavioral health crisis who may otherwise end up in the emergency room, at risk of suicide, or involved in the criminal justice system. The core elements of Crisis NOW include:

1. Regional or statewide crisis call centers coordinating in real time

2. Centrally deployed, 24/7 mobile crisis units

3. Short-term, "subacute" residential crisis receiving/stabilization programs

4. Essential crisis care principles and practices

Yolo County HHSA is in a good position to replicate and tailor the Crisis NOW model locally. It has a 24/7 crisis and access call center that it is seeking to enhance through state funding to improve technology. It subsequently plans to link 911 dispatch, 988 (a new mental health crisis number coming to the state in summer 2022), and real-time data regarding bed availability for clients in crisis. Yolo also has mobile crisis teams staffed by five co-responding clinicians who are paired with law enforcement throughout the county. Davis has one crisis clinician. Woodland has one clinician and has secured the grant for an additional co-responder. West Sacramento has two clinicians. The fifth clinician is shared by the county Probation and Sheriff Departments and funded in part by Community Corrections Partnership funding. All these partners contribute approximately half of the funding for these positions, with the county covering the rest of the costs and administrative oversight. Eventually, the county also plans to add people with lived experience to these crisis response teams and respond to crises without law enforcement. As it stands, Yolo is currently trying to find innovative ways to implement all elements of the Crisis NOW model, with particular attention to the third piece of the model, short-term residential crisis receiving/stabilization, while infusing the core principles of being trauma informed, putting safety first, using peers in the workforce, and collaborating with law enforcement. Understanding the local statistics regarding those experiencing a substance use crisis and aligning with the Crisis NOW approach of addressing behavioral health crises rather than only mental health crisis, Yolo County's crisis receiving/stabilization facility will act as a sobering center for those experiencing a substance use crisis as well.

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Proposed Innovation

The proposed innovation project will support the following MHSA innovation general requirement:

- Introduces a new practice or approach to the overall mental health system, including but not limited to prevention and early intervention

The proposed project will include all elements of the Crisis NOW model. Yolo County finds this model particularly applicable to the need in the local community because it is for all people experiencing a mental health or substance use (behavioral health) crisis and not only for specific populations. The county seeks to be a pioneer in California as the only county striving to implement all three elements of the model. The county will be selecting a vendor for the high-tech crisis call center and crisis receiving/stabilization components of Crisis NOW based on a Yolo County request for proposals released in early 2022.

Key components

High-Tech Crisis Call Centers

The county will work with the selected vendor to ensure technological aspects are implemented, linking 911 dispatch; 988, a new behavioral health crisis number in summer 2022; and real-time data regarding bed availability for clients in crisis.

24/7 Mobile Crisis Teams

The county will continue its mobile crisis teams with co-responders and utilize the model's "no wrong door" policy to facilitate direct linkage to the crisis receiving portion of the program. As mentioned the county will add individuals with lived experience to these teams soon and work over a longer period to shift to a model that does not involve law enforcement responses in situations where law enforcement is not needed for safety. Last, because cost projection data indicated that funding 24/7 mobile crisis teams for a county the size of Yolo would not be sustainable, the county intends to slightly overstaff the receiving/stabilization program to allow for mobile response from that program during the days or hours that HHSA co-responder staff members are not on duty. Since implementation of the existing co-responder teams, the county has seen effective diversion from hospital and jail placements, and we expect this diversion to increase with the implementation of the other Crisis NOW model components.

Crisis Receiving/Stabilization Programs

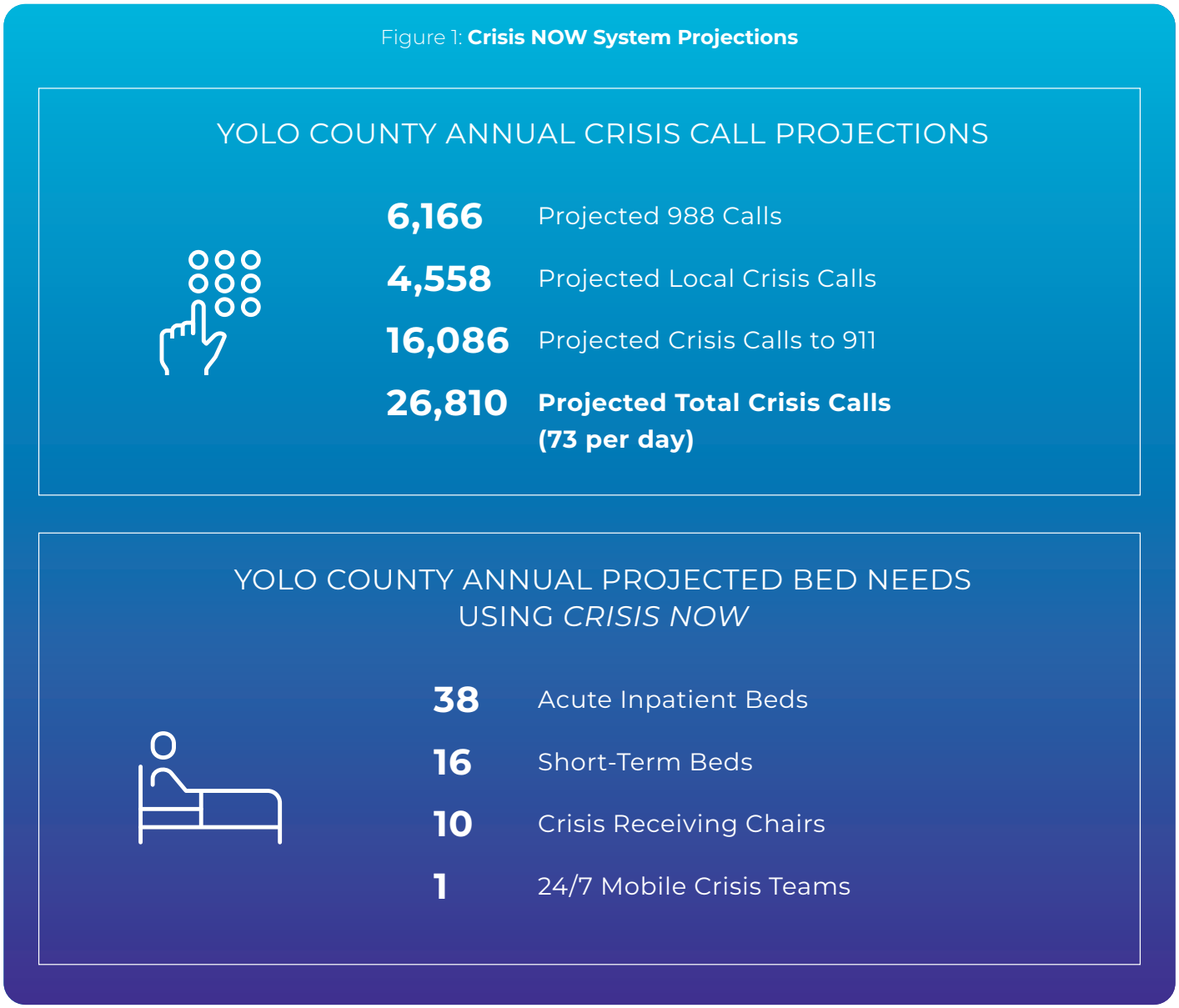
Yolo County will add a 10-chair crisis receiving center that operates under a "no wrong door approach" to serve individuals who can receive care and safely return to the community in less than 24 hours. Additionally, Yolo County will add 16 short-term beds for patients under care for 2-4 days. This will create a local respite service that offers a safe, supportive environment for community members to use when they are experiencing a crisis. It is more cost effective than a hospital setting and designed to immediately connect individuals to needed supports. Creating a new receiving center where law enforcement can drop off people and ED transfers, individual walk-ins, and community referrals will shift Yolo County from overdependence on EDs and law enforcement involvement to a patient-centered approach. An estimated 64 FTE staff will be required to provide these services. This includes but is not limited to 14 peer support specialists, 14 registered nurses, 14 clinicians, two nurse practitioners, multiple milieu specialists trained in de-escalation, multiple supervisory and management positions, and administrative support staff members. This staffing model also incorporates two FTE psychiatrists on-site daily and available by phone 24/7. The target population for this model is all Yolo County residents aged 18 or older in a mental health or substance use crisis who are medically stable and not currently on a 5150 hold, regardless of race, gender (including gender identity and expression), sexual orientation, culture, etc. For those who are not able to stabilize enough to return to the community within the 2-4 days in the short-term beds, the staff would work to determine if a 5150 hold is appropriate at that time or if a transition to crisis residential for up to a 28-day stay is appropriate. The site will be in a central county location surrounded by multiple services to be easily accessible by community members and law enforcement for drop off and promote streamlined referrals to necessary services and supports. Utilizing the lessons learned about utilization and familiarity for law enforcement drop offs, this centrally located program has been carefully chosen in collaboration with multiple local stakeholders.

Essential Principles and Practices

Yolo County will engage a strong recovery-oriented approach in this work, including the hiring of peer support staff members, training and engagement in trauma-informed care approaches, and prioritization of creating safety for consumers and staff, all conducted in collaboration with law enforcement.

Yolo County has worked with key stakeholders and experts in the county to estimate the use of services and direct staffing costs for the model locally. Figure 1 illustrates the basic estimates of the number of individuals expected to utilize the services in the county. An itemized, detailed budget and narrative are provided in the budget section of this plan.

Figure 1: **Crisis NOW System Projections**



Research on Innovation Project

Yolo County learned about this model through participation in RI International's Crisis NOW learning collaborative. County representatives participated in this learning collaborative for 8 months. It included 13 educational sessions with multiple counties. Throughout the collaborative, participants explored well-founded and provocative Crisis NOW-related topics, forged relationships with one another, and developed and adopted productive learning methodologies while making conceptual connections among the content of each course. The county received timely, succinct, and actionable information and weekly technical assistance; attended biweekly presentations from people who have implemented this model or similar models; and learned the disadvantages and advantages of implementation. These presentations helped Yolo County understand the health system and law enforcement benefits of the Crisis NOW model. Some examples of knowledge gained in this process are as follows:

- The Health Care Financial Management Association estimates that eliminating unnecessary ED visits for behavioral health emergencies in the United States could save as much as $4.6 billion annually.
- Maricopa County has a robust crisis system composed of call centers, mobile teams, and crisis stabilization centers. In 2016, the system served approximately 22,000 individuals and generated savings of $260 million in hospital spending, $37 million in ED spending, and 45 years' worth of ED psychiatric boarding hours.
- Maricopa County's crisis intervention program resulted in savings equivalent to 37 FTEs police officers' time and salary.
- In Tucson, the police department saw a reduction in SWAT deployments from 14 per year to two, at a cost savings of $15,000 per deployment.
- In Colorado, the Denver Police Department found that implementation of crisis intervention programs resulted in follow-up care for 44% of individuals rather than arrest and incarceration, resulting in savings of more than $3 million in jail expenses.

RI's Crisis NOW component assessment tools were utilized throughout the learning collaborative to assist with evaluating our current crisis response systems and planning and projecting the capacity, costs, and other considerations for crisis response system optimization utilizing the Crisis NOW framework. All estimated costs and projections were developed using the Crisis NOW system calculator.

Learning Objectives and Evaluation Plan

An innovative project must also have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Promotes interagency and community collaboration related to mental health services or supports or outcomes

The following key learning questions will guide our project and help us determine whether the Crisis NOW model is beneficial for our community and its residents:

- Will this innovative approach reduce the number of involuntary 5150 holds and hospitalizations, arrests, and incarcerations?
- Will this approach increase the number of individuals linked to a community mental health or substance use provider or community provider of homelessness services?
- To what extent did we respond to crises in a timely and satisfactory manner?
- To what extent did the implementation of the full Crisis NOW model create cost savings in the hospital and law enforcement sectors?

Yolo County will work with an outside evaluator and internal system analysts to identify the key qualitative and quantitative data to collect and measure and the most effective way to capture data through our system. The county utilizes a results-based accountability (RBA) framework for evaluating programs. RBA is a disciplined method for learning, planning, and acting across organizations to improve the lives of children, families, and the community. RBA is also used by agencies to improve the performance of their programs. This framework will be used to assess provider performance for this model. Yolo County focuses on three broad performance measures categories with the RBA framework. To evaluate the success of the current co-responder services, the following data indicators are collected for each of three performance measures:

Performance Measure 1: How Much Did We Do?

1.1: Number of unduplicated clients served

1.2: Number of co-responder clinician responses

1.3: Number and percentage of clients referred by each referral source (law enforcement agency, family or self, HHSA or community provider, other)

1.4: Number and percentage of clients referred for each of the following: crisis, mental health needs, substance use disorder needs, or other

1.5: Number of minutes spent providing training or presentations, consulting, and reviewing holds written with law enforcement personnel

Performance Measure 2: How Well Did We Do?

2.1: Average clinician response time, in minutes, measured from request notification to initial in-person contact with a client

2.2: Average clinician time spent on the scene, in minutes

2.3: Average law enforcement officer wait time for clinician response, in minutes

2.4: Law enforcement personnel satisfaction with co-responder clinician project services

Performance Measure 3: Is Anyone Better Off?

3.1: Number and percentage of clients served who were NOT placed on an involuntary hold

3.2: Number and percentage of clients served who were NOT arrested or taken to jail

3.3: Number and percentage of client served who were linked to an HHSA or community provider for mental health or substance use services

3.4: Number and percentage of clients referred to an HHSA or community provider for homelessness services

These performance measures were established for the co-responder (or mobile crisis) portion of the Crisis NOW program already in place. Performance measures in the RBA format for the high-tech crisis call center and the crisis receiving/stabilization center components will be developed prior to those programs being started.

Contracts

Yolo County HHSA will use data from evaluation and stakeholder engagement activities to ensure continuous quality improvement throughout the project period. Yolo County will keep contract partners informed of regulatory compliance policies relevant to the project. All aspects of the model will be contracted to local service providers, and the county will use its robust contract management process to monitor the program. With this approach, the Yolo County contract manager will engage with funded programs based on level of risk, which can be seen in Figure 2.

These risk levels will determine how often the contract manager meets with contractors to talk about issues, outcome measures, billing, and outstanding questions. Meetings will be required with all contractors at least three times a year. These contract-monitoring meetings will have a general agenda that includes a general contract review and discussion of performance measures, quality management and compliance issues, future contracting and systems changes, and a question-and-answer session. ■

Figure 2: **Active Contract Management Standards for Contract Administrators**

Characterizing Contracts by Risk Level

Low Risk

- Services are not complex
  - Direct client services—more complex
  - Services for the agency—less complex
- Low dollar value agreement (up to $49,999.99 per fiscal year)
- No past history of poor contractor performance
- Low impact on business needs of HHSA
- No or low scope sensitivity (i.e., not politically charged or highly scrutinized services)
- Very experienced contractor (5+ years providing the services specified in the scope of work)

Average Risk

- Services are moderately complex
- Mid-range dollar value agreement (from $500,000.00 to $199,999.99 per fiscal year)
- Moderate impact on business needs of HHSA
- Moderately sensitive scope
- Moderately experienced contractor (3–5 years providing the services specified in the scope of work)

High Risk

- Highly complex services
- High dollar value agreement ($200,000.00 or more per fiscal year)
- History of poor performance
  - Multiple schedule delays or slow deliveries
  - Frequent personnel changes or juggling of work assignments
  - Failure to return calls or respond to information requests
  - Vague or evasive responses to inquiries and status requests
  - Lack of progress on completing deliverables
  - Requests for payment increases that don't align with service deliverables
  - Downplaying seriousness of contract noncompliance
  - Lack of preparation or planning for upcoming requirements or activities
- High impact on business needs of HHSA
- High scope sensitivity
- Flags based on internal or external audits

Community Program Planning: Stakeholder Process

Yolo County is fully invested in having a dynamic and robust community planning process for all MHSA-funded projects, programs, and innovations. Input from the residents and community of Yolo County is vital to effective planning and program development. In addition to traditional community and stakeholder engagement efforts, HHSA incorporated feedback from a community health needs assessment; Community Corrections Partnership strategic planning sessions; maternal, child, and adolescent health planning process; county self-assessment of child welfare and probation; and community listening sessions and surveys for the countywide strategic plan. These inputs and processes, as well as data, informed the new 3-year plan.

The community planning process for the FY2020–2023 MHSA 3-Year Plan occurred during 6 months from August 2019 to January 2020. This process included three large MHSA educational sessions and 31 focus groups with more than 500 participants from diverse communities and varying roles. These education sessions were open to anyone who wanted to attend and were promoted on the HHSA listserv. They focused on the general organization of MHSA services in the county and reviewed what programs and services are currently funded by Yolo County's MHSA. They drew 112 unique attendees. HHSA reviewed the MHSA regulations and created a list of ideal participants and partners as part of a larger effort to ensure broad input from all levels of stakeholders throughout the county. Once the ideal list of participant groups was created, HHSA reached out to key community organizations and service partners to set focus groups.

Several salient themes were identified across focus groups, including aspects of service provision (access, navigation, integrated services, telehealth, and respite care); prevention (education, support groups, and training); cultural competence (e.g., attending to the special needs of certain groups and reducing stigma); funding; and collaborating to improve community planning of business partnerships. To build on the momentum generated by the community outreach and education process, the county engaged the participants by inviting them to be part of an ongoing Community Engagement Workgroup (CEWG). This group has been asked to provide ongoing input and remains an engaged partner as Yolo County moves forward with implementation, reviewing reporting, annual updates, etc. The CEWG acts as a partner to HHSA and helps disseminate information to the community while providing an ongoing opportunity for community engagement and feedback to the county regarding mental health services.

MHSA General Standards

This project is consistent with the following MHSA general standards set forth in Title 9 of the California Code of Regulations, Section 3320.

Community Collaboration. This project contributes to the increased engagement of county partners in the behavioral health community structure, including planning and delivery of services, thus improving communication across providers and emergency care services.

Cultural Competence. The varied demographic characteristics of Yolo County behavioral health consumers contribute to the need for culturally appropriate services and supports for these populations. The county has a cultural competence program that provides training and education on a broad range of issues affecting service delivery, including issues related to race, ethnicity, language, culture, and sexual and gender identity. The providers working on this innovation project will be included in this training, thus increasing the ability of consumers and their families to access culturally competent services in this area.

Client Driven. The primary emphasis of this innovation project is to provide safer and more appropriate services to people having or at risk of experiencing a mental health crisis. As such, the county will provide a recovery-based location for crisis intervention that police, consumers, and families can access before or during a mental health crisis not requiring 5150 intervention. The project will also gather input from consumers participating in project-related services. Information regarding consumers' experiences and perceptions, gathered through evaluation activities, will inform program planning, procedures, and evaluation strategies.

Family Driven. The Crisis NOW initiative fosters family support and involvement at the Crisis Receiving/Stabilization Center, where families will be integrated into the consumer's process and able to bring consumers there before a crisis escalates to requiring an involuntary hold (i.e., 5150).

Wellness, Recovery, and Resilience Focused. The proposed innovation program focuses on wellness and recovery because it encourages providers to focus on the clients' health and understand their unique needs without overburdening the ED and involving law enforcement. It also empowers individuals and family members to seek services in an inclusive and safe environment and emphasizes providing peer-to-peer services.

Integrated Service Experience for Clients and Families. The project supports the capacity of providers to engage with each other collaboratively to provide the services necessary to address consumer needs. Crisis NOW increases information sharing to the network of individuals important to the consumer's recovery to integrate input from providers when appropriate.

Cultural Competence and Stakeholder Involvement in Evaluation

Yolo County has a longstanding commitment to cultural competence and responsiveness. To maintain these values in planning, implementation, and evaluation activities, the Crisis NOW project will rely on the CEWG, local mental health board, and Board of Supervisors for engagement and feedback regarding this program. These stakeholder groups will serve as the body that enacts and monitors the continuous quality improvement efforts for the project. Evaluation findings will be communicated to stakeholders, and stakeholders will have the opportunity to contribute to interpretation and reporting and inform any plan modifications.

Yolo HHSA and provider staff members will reach out to linguistically isolated communities, particularly Yolo County's large Latino/Hispanic population. A Spanish-language interpreter will be available at community meetings, and flyers related to stakeholder engagement will be made available in Spanish. While Russian was recently removed as a threshold language for Yolo County, we recognize this important community in Yolo and will work to implement supports for this population as well in this process. In addition, the HHSA staff will reach out to the homeless and LGBTQ communities to identify potential participants to represent their respective communities' perspectives.

Evaluation and planning tools will be vetted with minority groups represented in the target population or stakeholder group. Furthermore, all planning, implementation, and evaluation activities will include collection of participant data on an anonymous demographic form. This will allow the county to monitor information about participants' age, sexual identity, gender identity, race and ethnicity, residency (i.e., urban or rural), and whether they identify as a consumer, family member, or service provider. Disparities revealed through evaluation findings will be addressed by modifying planning activities to increase meaningful stakeholder involvement across diverse populations.

Innovation Project Sustainability and Continuity of Care

Yolo County believes that there will be enough resources and community investment to allow for sustainability and continuity of care. Once the county learned about the cost savings that others have achieved, it requested local stakeholders and community partners to reinvest resources and money to promote the long-term sustainability of these programs. In addition to these local commitments, Yolo County will leverage resources from federal changes to crisis billing through Medi-Cal that allow 85% reimbursement slated for several quarters. Furthermore, California is invested in addressing mental health and substance use and has included increased Medi-Cal billing opportunities for both mental and behavioral health in the CalAIM proposal. Another critical component of fiscal sustainability is the fact that the county will ensure the vendor chosen for these services is eligible for Medicare billing, and billing to commercial andprivate insurance. Although Medicare and commercial and private insurance do not cover all components of Crisis NOW, it is anticipated that due to the "no wrong door" approach, we will see 20%–25% of the revenue coming from Medicare and commercial and private insurance. Due to this combination of factors—the commitment of local partners and increased revenues from Medi-Cal billing—the county believes this approach will increase sustainability and strengthen the overall continuity of care for service recipients.

Communication and Dissemination Plan

Updates, communication, and information around Crisis NOW will be disseminated through the stakeholder groups: CEWG, local mental health board, and the Board of Supervisors. Yolo County also sends reports to participating cities that have committed to investing resources and money. The county will continue to engage cities, including meeting with them to gather feedback, concerns, and improvements they want to see included in the approach. The county will also conduct an initial outreach and education process so that the broad stakeholder community is aware of this initiative and how to access services. This will include the MHSA distribution list maintained by the county and MHSA annual updates that follow the procedures and requirements for community planning, approval, and dissemination. Additionally, Yolo County will post all information about the Crisis NOW model on the MHSA website, including information about how to access mental health urgent care services and evaluation reports. People who are interested in learning more about our project will be able to use the following search terms: Crisis NOW, Mental Health, Innovation, Community, and Substance Use. ■

Timeline

From May to June 2022, the county plans to release the request for proposals for the high-tech 24/7 access and crisis call center and the receiving/stabilization center. The plan is to have a contractor in place by January 1, 2023. As site remodeling is needed, the county will work with the vendor to hire and train staff members to operate the 24/7 Crisis Call Center as of that date while providing a portion of the planned Crisis Receiving/Stabilization Center facility services, including Short-Term Crisis Beds while site finalization occurs. ■

Budget

Budget Narrative

Expenditures:

1. N/A
2. N/A
3. N/A
4. N/A
5. Direct operating costs include contract administration/oversight, fiscal, outcome tracking, and reporting
6. N/A
7. Total operating costs
8. Startup costs include renovation of the spaces to make them useable for work, including construction, furniture and appliances.
9. N/A
10. Total startup costs
11. Direct consultant/contracts include contracted services for the Crisis Receiving/Stabilization program
12. N/A
13. Total Consultant /contracts costs
14. N/A
15. N/A
16. N/A

Budget Context:

A1. Estimated administration costs paid by Innovation funds

A2. N/A

A3. N/A

A4. N/A

A5. N/A

A6. Total proposed administration costs

B1. Estimated evaluation costs paid by Innovation funds

B2. N/A

B3. N/A

B4. N/A

B5. N/A

B6. Total proposed evaluation costs

C1. Total INN funds proposed. (Includes administration and evaluation)

C2. Total estimated Medi-Cal to be received.

C3. N/A

C4. N/A

C5. Proposed other funding:

OTHER FUNDING			
	FY 22/23	FY23/24	FY24/25
Sutter Community Benefit funds	$150,000	$150,000	$150,000
Statham	$10,000	$10,000	$10,000
AB109	$293,466	$293,466	$293,466
NEW City of Davis	$385,542	$385,542	$385,542
UC Davis	$190,000	$190,000	$190,000
NEW City of West Sac	$289,157	$289,157	$289,157
NEW City of Woodland	$325,301	$325,301	$325,301
MHBG Discretionary	$66,036	$66,036	$66,036
MHBG Crisis Stabilization	$94,423	$0	$0
SABG Discretionary	$63,333	$63,333	$63,333
Private Insurance Billing	$0	$224,401	$277,454

C6. Total funding for Crisis Receiving/Stabilization Program

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

		FY 22/23	FY 23/24	FY 24/25	TOTAL
	EXPENDITURES				
	PERSONNEL COSTS (salaries, wages, benefits)				
1	Salaries				
2	Direct Costs				
3	Indirect Costs				
4	**Total Personnel Costs**				**$**
	OPERATING COSTS*				
5	Direct Costs	100,000	104,000	108,160	312,160
6	Indirect Costs				
7	**Total Operating Costs**	**100,000**	**104,000**	**108,160**	**$ 312,160**
	NON-RECURRING COSTS (equipment, technology)				
8	Startup costs	1,200,000			1,200,000
9					
10	**Total non-recurring costs**	**1,200,000**			**$ 1,200,000**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)				
11	Direct Costs	4,679,842	4,773,439	4,868,908	14,322,189
12	Indirect Costs				
13	**Total Consultant/Contract Costs**	**4,679,842**	**4,773,439**	**4,868,908**	**$14,322,189**
	OTHER EXPENDITURES (please explain in budget narrative)				
11					
12					
13	**Total Other Expenditures**				**$**
	BUDGET TOTALS				
	Personnel (Total in Line 1)				**$**
	Direct Costs (Sum of Lines 2, 5, and 11)	**4,779,842**	**4,877,439**	**4,977,068**	**$14,634,349**
	Indirect Costs (Sum of Lines 3, 6, and 12)				**$**
	Nonrecurring Costs (Total in Line 10)	**1,200,000**			**$1,200,000**
	Other Expenditures (Total in Line 16)				**$**
	TOTAL INNOVATION BUDGET				**$15,834,349**

BUDGET CONTEXT —EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

		FY 22/23	FY 23/24	FY 24/25	TOTAL
	ADMINISTRATION				
A	**Estimated total mental health expenditures for administration for the entire duration of this INN project by FY and the following funding sources:**				
1.	Innovative MHSA Funds	1,794	5,380	5,380	12,734
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	**Total Proposed Administration Costs**	1,794	5,380	5,380	**$12,734**
	EVALUATION				
B.	**Estimated total mental health expenditures FOR EVALUATION for the entire duration of this INN project by FY and the following funding sources:**				
1.	Innovative MHSA Funds	532	532	532	1,596
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	**Total Proposed Evaluation Costs**	**532**	**532**	**532**	**$1,596**
	TOTALS:				
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN project by FY and the following funding sources:**				
1.	Innovative MHSA Funds*	1,884,337	600,000	600,000	$3,084,337
2.	Federal Financial Participation	2,228,247	2,280,203	2,326,779	$6,835,229
3.	1991 Realignment				$
4.	Behavioral Health Subaccount				$
5.	Other funding**	1,867,258	1,997,236	2,050,289	$5,914,783
6.	**Total Proposed Expenditures**	**5,979,842**	**4,877,439**	**4,977,068**	**$15,834,349**

* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting

** If “other funding” is included, please explain within budget narrative.

c.a.r.e.
CONSULTING GROUP

Yolo County MHSA
Evaluation Report

PREPARED BY

c.a.r.e. CONSULTING GROUP

2021–2022

Mental Health Services Act, Evaluation Report

Revised 1/13/2022

Contents

Acronyms

Evaluation Report v.9 Acronym listing*

AA	Adult and Aging Branch
ACT/AOT	Assertive Community Treatment/Assisted Outpatient Treatment
ASQ 3	Ages Stages Questionnaires Third Generation
ASQ SE	Ages Stages Questionnaires Social-Emotional
ASQ	Ages Stages Questionnaires
CBT	Cognitive Behavioral Therapy
CCHC IBH	CommuniCare Integrated Behavioral Health
CCHC PN	CommuniCare Perinatal
CCHC	CommuniCare
CHB	Community Health Branch
CREO	Creando Recursos y Enlaces Paran Oportunidades
CYF	Children, Youth, and Family Branch
FB	Facebook
FEP	First Episode Psychosis
FSP	Full Service Partnership
FTE	Full Time Employee
FY	Fiscal Year
HFYC	Healthy Families Yolo County
HHSA	Health and Human Services Agency
HMG	Help Me Grow
IG	Instagram
K-12	Kindergarten through 12th Grade
M-CHAT	Modified Checklist for Autism in Toddlers
MHP	Mental Health Plan
MHSA	Mental Health Services Act
N	Number
NAMI	National Alliance on Mental Illness
PHQ9	Patient Health Questionnaire-9
Q1	Quarter 1 (July–September)
Q2	Quarter 2 (October–December)
Q3	Quarter 3 (January–March)
Q4	Quarter 4 (April–June)
SEEK	Safe Environment for Every Kid
TAY	Transitional Age Youth
UC Davis ORALE	Organizations to Reduce, and to Advance, and Lead for Equity against COVID-19
YCN	Yolo Crisis Nursery

* (Rev 11-9-21)

Acronyms in the MHSA Response Document

ARP	American Rescue Plan
CLAS standards	The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
CREO	Creando Recursos y Enlaces Paran Oportunidades
ECMHA	Early Childhood Mental Health Access and Linkage Program
FSP	Full Service Partnership
FY	Fiscal Year
HHSA	Health and Human Services Agency
IT	Information Technology
K-12	Kindergarten through 12th Grade
LMHB	Local Mental Health Board
LPS	Lanterman–Petris–Short
MH	Mental Health
MHSA	Mental Health Services Act
PIP	Pathways to Independence Program
PTG	Pine Tree Garden
QC	Quality Control
QI	Quality Improvement
RBA	Results Based Accountability
SID	Sensory Integration Disorder
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SUD	Substance Use Disorder

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Executive Summary

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

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

This report is organized into sections:

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

Yolo County HHSA uses results-based accountability as the basis of evaluation to measure the impact of contract-based services provided under MHSA. The intent is to have this framework in place for all MHSA programs in the Three-Year Plan as part of the evaluation program initiatives. These are individualized for each contract and follow a general framework of: (1) How much did we do? (2) How well did we do? (3) Is anyone better off? Data provided throughout this report summarize these individual metrics. They also include some measures for the Full-Service Partnership programs (funded under Community Services and Supports) and demographic information for the Prevention and Early Intervention Programs.

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

Evaluation work to assess the overall impact, success, and challenges of MHSA funding in Yolo County will continue, as will assessment, planning, and implementation of a stronger and more effective system moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multiphase approach to continuous evaluation of the county MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the county strategic plan, HHSA's mission, and the results-based accountability framework.

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

- The pandemic has clearly had an impact on both demand for services and capacity to provide services.
- The county and its contractors have adapted quickly to frequently changing conditions on the ground, including developing video-based approaches, working around internet connectivity issues, and engaging clients via the telephone, basically doing whatever needs to be done to keep services available.
- Many providers have found it challenging to create strong enough rapport with clients such that referral and service delivery can be provided effectively.
- Despite the broad context of the pandemic and its many demands, providers are committed to adapting and adjusting to ensure information about services continue. Of particular note: Programs have partnered with farmworker vaccination efforts to conduct outreach for mental health services; urgent care services have remained open continuously and safely with no COVID-19 outbreak, providing much needed partnership for first responders.

How to Get Help in Yolo County

Yolo County Crisis Resources

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

Yolo County HHSA Directory Line

NEW: Yolo County Health and Human Services Agency Phone Line

Toll Free: (833) 744-HHSA (4472)
The new number provides access to services for callers who do not know how to reach the programs or services directly.

Access & Crisis Lines

24/7 Yolo County Mental Health Services

Toll Free: (888) 965-6647
TDD: (800) 735-2929
Website: https://www.yolocounty.org/government/general-government-departments/health-human-services/mental-health

Last verified: 04/29/2021

24/7 Sexual Assault & Domestic Violence Line

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

Last verified: 03/22/2019

ASK — Teen/Runaway Line

Davis: (530) 753-0797
Woodland: (530) 668-8445
West Sacramento: (916) 371-3770

Last verified: 02/28/2019

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

Contact: (530) 756-8181

Last verified: 02/28/2019

Suicide Prevention 24/7

Davis: (530) 756-5000
Woodland: (530) 668-8445
West Sacramento: (916) 372-6565

Last verified: 03/22/2019

National Suicide Prevention Lifeline

(800) 273-(TALK) 8255

Nacional de Prevención del Suicidio

(888) 628-9454

Protective Services

Yolo County Adult Protective Services

Toll Free Adult Abuse Reporting: (888) 675-1115
Adult Abuse Reporting (24/7 Intake Line): (530) 661-2727
Locations:
137 N. Cottonwood Street, Woodland, CA 95695
500 A Jefferson Boulevard, Suite 100, West Sacramento, CA 95605
Website: https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/adult-protective-services

Last verified: 04/29/2021

Yolo County Child Welfare Services

Emergency: 911
Online Form: https://www.yolocounty.org/home/showpublisheddocument/55319/636743382093670000
Website: https://www.yolocounty.org/government/general-government-departments/health-human-services/children-youth/child-welfare-services-cws

Last verified: 04/29/2021

Emergency Child Respite Services

Yolo Crisis Nursery

Contact: (530) 758-6680
Email: info@yolocrisisnursery.org
Website: www.yolocrisisnursery.org

Last verified: 02/28/2019

Domestic Violence & Abuse Resources

Empower Yolo

24-Hour Crisis Line: (530) 662-1133
24-Hour Crisis Line: (916) 371-1907
Main Line: (530) 661-6336
Website: http://empoweryolo.org/crisis-support/

Last verified: 02/28/2019

Empower Yolo, Dowling Center

Location: 175 Walnut Street
Woodland CA 95695
Contact: (530) 661-6336
Website: http://empoweryolo.org/

Last verified: 02/28/2019

Empower Yolo, D-Street House

Location: 441 D Street
Davis, CA 95616
Contact: (530) 757-1261
Website: http://empoweryolo.org/

Last verified: 02/28/2019

Empower Yolo, KL Resource Center

Location: 9586 Mill Street
Knights Landing, CA 95465
Contact: (530) 735-1776
Website: http://empoweryolo.org/

Last verified: 02/28/2019

Empower Yolo, West Sacramento

Location: 1025 Triangle Court, Suite 600
West Sacramento, CA 95465
Website: http://empoweryolo.org/

Last verified: 02/28/2019

MHSA Evaluation Report

July 1, 2020–June 30, 2021

PROGRAM EVALUATION SUMMARY TABLE FY2020–2021

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

Shaded rows designate evaluation data in process

* Full Service Partnership
** CYF = Children, Youth, and Families Branch
AA = Adult and Aging Branch
CHB = Community Health Branch

Community Services and Supports Data

Evaluation Data 2021–2022

FSP

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

Target Population: ● Children Aged 0–20 ○ Transitional-Age Youth Aged 16–25 ○ Adults Aged 26–59 ○ Older Adults Aged 60+

Administered by: ● Contractor ○ County

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

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

PROGRAM STAFF: FULL-TIME EMPLOYEES

7 CHILD FSP

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

FSP

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

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

Administered by: ● Contractor | ○ County

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

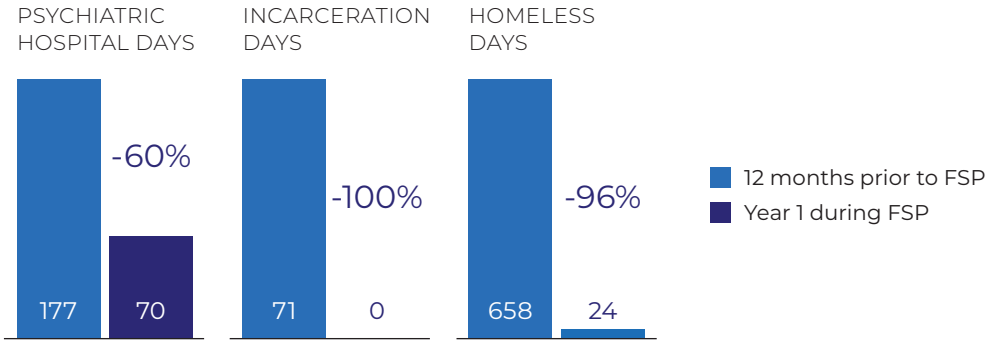
Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
$2,092,947	**75**	**$27,905**

PROGRAM STAFF: FULL-TIME EMPLOYEES

2 TAY FSP

We served **16 clients** in 2020–2021

TAY PATHWAYS TO INDEPENDENCE OUTCOMES



FSP

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

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

Administered by: ● Contractor ○ County

Goal 1	Meet the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with serious mental illness who may be experiencing 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 promote wellness, recovery, and independent living.
Objective 2	Reduce the impact of living with serious mental illness (e.g., homelessness, incarceration, isolation).
Objective 3	Promote the development of life skills and opportunities for meaningful daily activities.

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

PROGRAM STAFF: FULL-TIME EMPLOYEES

6 ADULT FSP

We served **58 clients** in 2020–2021

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

ADULT FSP OUTCOMES

FSP

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

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

Administered by: ● Contractor ○ County

Goal 1	Provide treatment and care that promotes wellness, reduces isolation, and extends the individual's ability to live as independently as possible.
Objective 1	Support older adults and their families through the aging process to develop and maintain a circle of support, thereby reducing isolation.
Objective 2	Promote the early identification of mental health needs in older adults to prevent suicide, isolation, and loss of independence and address co-occurring medical and substance use needs.
Objective 3	Coordinate an interdisciplinary approach to treatment that collaborates with the relevant agencies that support older adults.

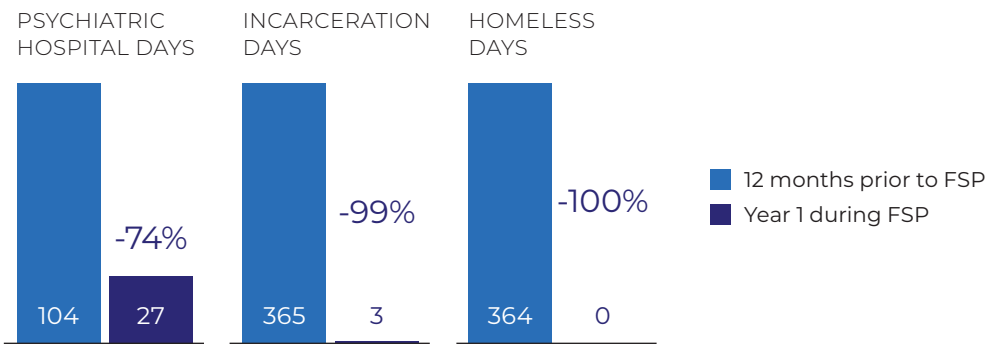
Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
$1,668,669	**60**	**$27,811**

PROGRAM STAFF: FULL-TIME EMPLOYEES

1.2 OLDER ADULT FSP

We served **11 clients** in 2020–2021

HHSA OLDER ADULT OUTCOMES



FSP

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

Data Status: ● In Process

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

Administered by: ● Contractor ○ County

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

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

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

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

Administered by: ○ Contractor ● County

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

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

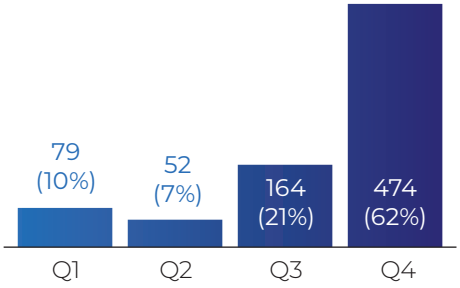
In FY 2020-2021, we spent **9,545 minutes (159 hours)** training, presenting, consulting, and reviewing holds written with law enforcement personnel.

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

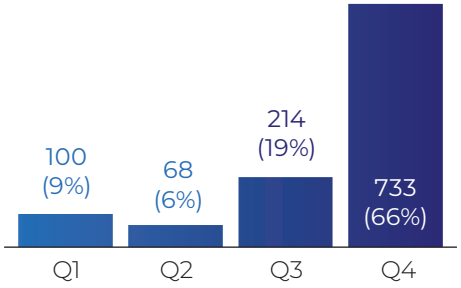
Average clinician response time: **24 minutes**

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

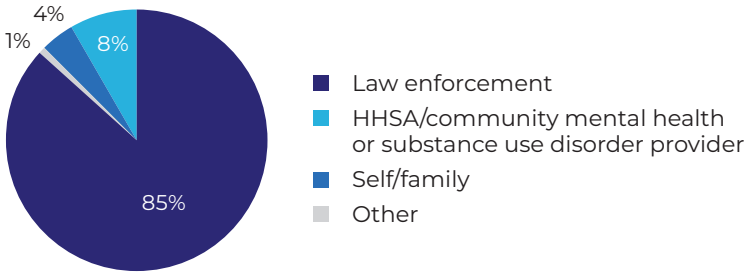
CLIENT SERVED (TOTAL = 769)



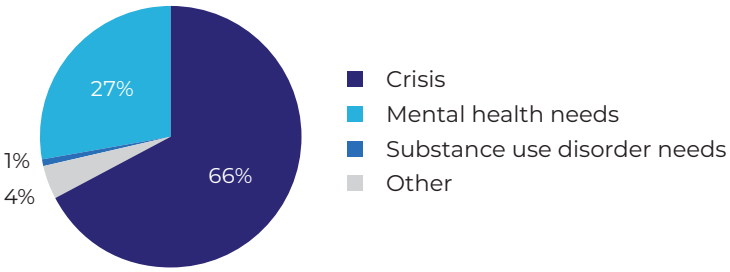
CO-RESPONDER CLINICIAN RESPONSES (TOTAL = 1,115)



SOURCES OF CLIENT REFERRALS



REASONS FOR REFERRALS



79% of clients were NOT placed on an involuntary hold

98% of clients were NOT arrested or taken to jail

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

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

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

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

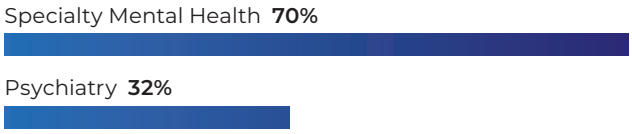
Administered by: ● Contractor | ○ County

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

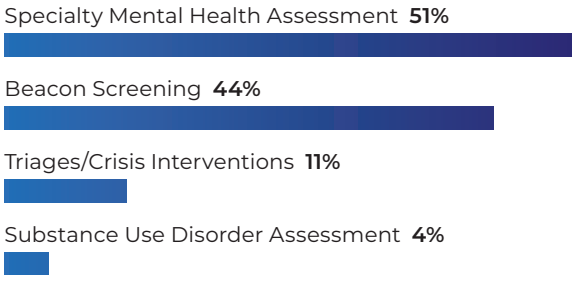
Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
$1,167,877	**250**	**$4,672**

We served **466 clients** in 2020–2021

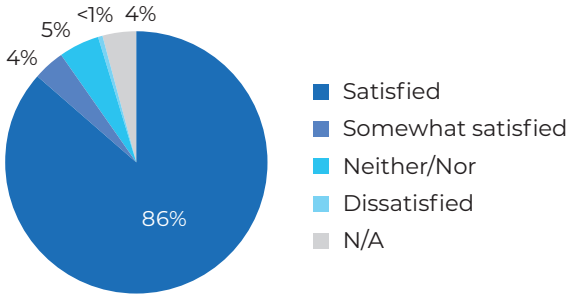
CLIENTS SUCCESSFULLY LINKED WITH PROVIDERS



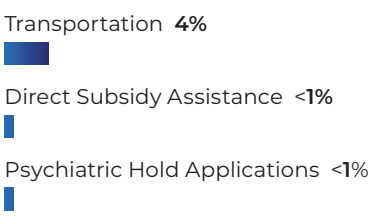
TYPES OF ASSESSMENT GIVEN TO CLIENTS



CLIENT SATISFACTION WITH SERVICES



TYPES OF SERVICES PROVIDED



PROGRAM ACCOMPLISHMENTS

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

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

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

Administered by: ● Contractor | ○ County

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

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

56 staff and volunteers supported peer- and family-led services in 2020-2021

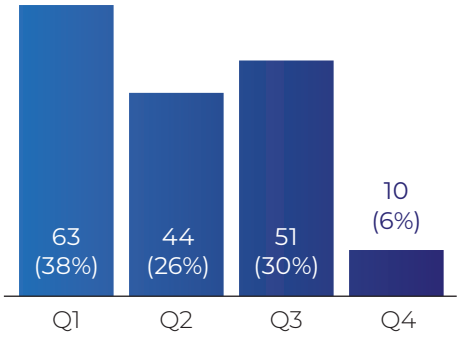
Volunteers dedicated **4,652 hours** this year!

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

We held **3 educational presentations and outreach events**

We held **6 annual events**

HELPLINE CALLS RECEIVED AND RESPONDED (TOTAL = 168)

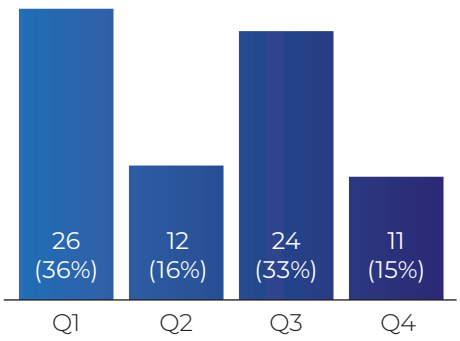


SUPPORT GROUP PARTICIPANTS
Total: 635

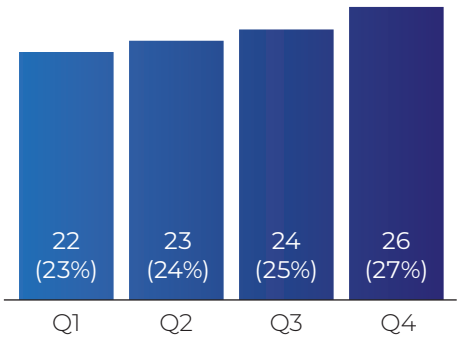
FAMILY SUPPORT GROUPS (N = 324)

CONNECTIONS GROUPS (N = 311)

FAMILY SUPPORT GROUPS (TOTAL = 73)



CONNECTIONS GROUPS HELD (TOTAL = 95)



STIGMA REDUCTION

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

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

INCREASED ACCESS TO MENTAL HEALTH SERVICES

100% of participants in **Peer to Peer education classes** agreed or strongly agreed that their ability to access community resources and services had increased after attending their session.

100% 100% of participants receiving **NAMI supports** agreed or strongly agreed that they had an increased ability to access community resources and services from attending the group.

INCREASED KNOWLEDGE OF MENTAL HEALTH SYMPTOMS

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

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

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

INCREASED SUPPORT FOR FAMILY MEMBERS

100% of participants of Family Education classes agreed or strongly agreed that they felt an increase in support after taking the class.

PROGRAM ACCOMPLISHMENTS

- Created a brand new website with double the content. It has more extensive possibilities and a support team. Our "In Crisis" page has been updated and has improved layout. We added a program calendar, Spanish language pages, and updated our local resources pages. In addition to featuring the programs that are part of the grant, it also includes links to on-line classes and support for teens, the BIPOC community, veterans and active-duty military, and frontline professionals.
- We hired a full-time program director on February 9. She has been working to rebuild NAMI Yolo's programs and has conducted outreach in the community, organized trainings, and connected with past NAMI volunteers in an attempt to find teachers, facilitators, and presenters to re-engage with the programs. We also hired a full-time executive director, who began her position on June 1. She has been meeting with county supervisors, learning about NAMI Yolo County programs, and planning the program calendar for the upcoming fiscal year.
- We have used a variety of platforms to recruit volunteers and participants for our programs; Facebook, website, email blasts, and contact with other affiliates. We created interest forms available on our website, allowing those looking for support easier and more streamlined access to NAMI Yolo County.
- Due to COVID-19, much like all other NAMI affiliates, we have seized the opportunity to use Zoom to train our volunteers out of the county. One of our volunteers was trained out of state (NAMI Massachusetts) via Zoom and another was trained out of county (NAMI Sonoma and NAMI Sacramento) via Zoom.
- Nearly 50 individuals participated in a special NAMI Yolo event titled Chalk Walks, which took place in downtown Davis. Individuals were encouraged to draw images and messages of hope. Four elected officials attended (including Assemblymember Aguilar-Curry), as did the Yolo County assistant district attorney. We received 75 photos of messages people created at their homes or places of work in an effort to help bring awareness to the community about mental health conditions and reduce stigma. The chalk drawings remained visible for a week, so countless others also saw the messages of hope.

PROGRAM CHALLENGES

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

Prevention and Early Intervention Program Data

Evaluation Data 2021–2022

PREVENTION

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

Yolo County Programs/Strategies:

- Youth Early Intervention First Episode Psychosis (FEP) Program

EARLY INTERVENTION

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

Yolo County Programs/Strategies:

- K-12 School Partnerships
- College Partnerships
- Senior Peer Counseling
- Maternal Mental Health Access Hub
- Cultural Competence

IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS

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

Yolo County Programs/Strategies:

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

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

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

Yolo County Programs/Strategies:

- Early Signs Training and Assistance

ACCESS AND LINKAGE TO TREATMENT

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

Yolo County Programs/Strategies:

Early Childhood Mental Health & Linkage

STIGMA AND DISCRIMINATION REDUCTION

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

Yolo County Programs/Strategies:

Latinx Outreach/ Mental Health Promotores Program

SUICIDE PREVENTION

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

Yolo County Programs/Strategies:

Early Signs Training and Assistance

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

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

Data Status: In Process

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

Administered by: Contractor; County

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

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
$911.732	**To be determined**	**To be determined**

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

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

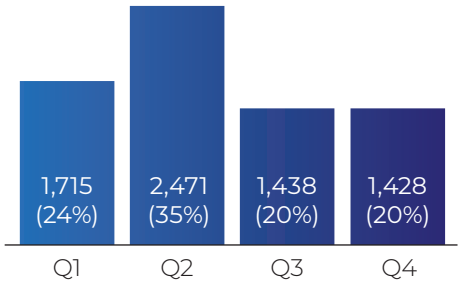
Administered by: ● Contractor ○ County

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

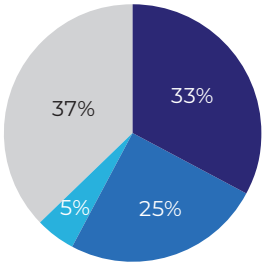
Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
$400,000	**9,000**	**$44**

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

CLIENT CONTACTS (TOTAL = 7,052)



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



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

154,663 "touches" — combination of direct interactions and potential touches through distributed marketing materials

254 calls to the center

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

We held **253 developmental playgroups**

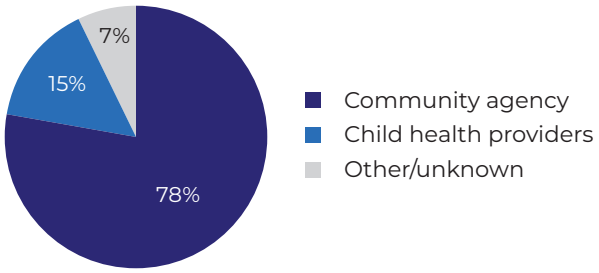
We conducted **1,978 trainings** with **59,031 participants** this year

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

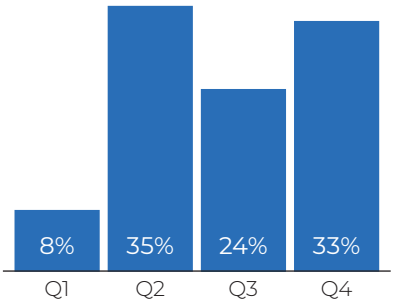
12 medical providers participated in Help Me Grow Yolo County

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

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



OUTREACH EVENTS (TOTAL = 1,558)



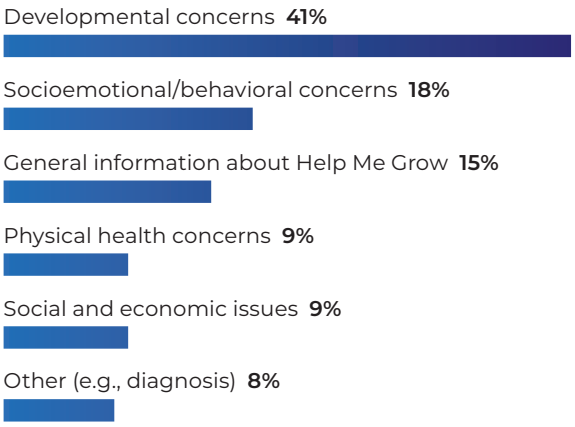
CLIENTS BY TYPE

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

OUTREACH SETTINGS

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

ISSUE AT TIME OF REFERRAL



TYPES OF SERVICES CHILD/FAMILY REFERRED TO

Internal resources/support services **63%**

Developmental screening **11%**

Developmental services **9%**

Social and economic support services **9%**

Socioemotional/behavioral services **3%**

Health services **2%**

Other **2%**

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

ALTA EI **68%**

Family need: parent mental health **13%**

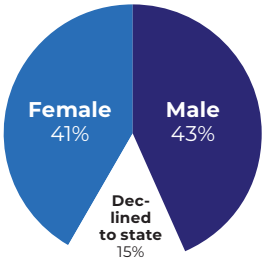
Mental health (child) **9%**

Psychological evaluation (ASD) **9%**

Other (sensory meltdowns module) **<1%**

Other (tantrum mini workshop) **<1%**

CLIENT SNAPSHOT

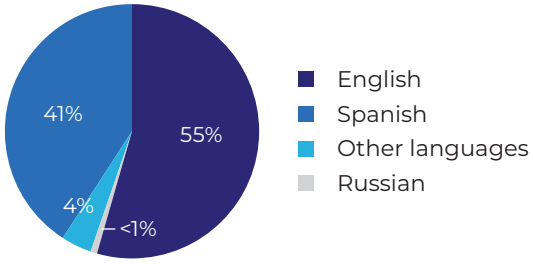


10% Have a disability

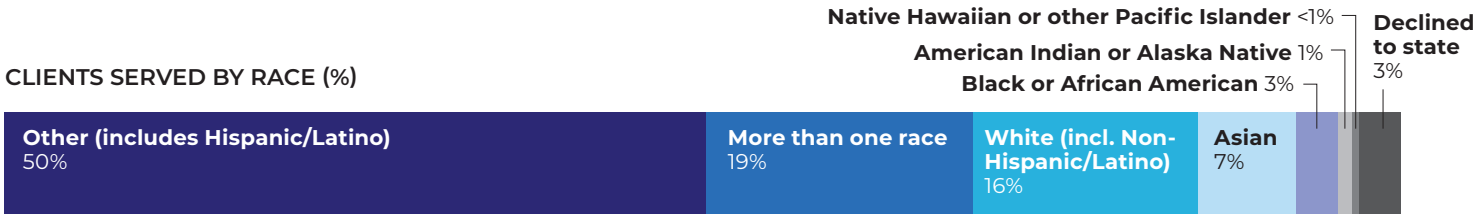
44% Hispanic or Latino

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

LANGUAGES CLIENTS SERVED IN



CLIENTS SERVED BY RACE (%)



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

IS ANYONE BETTER OFF?

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

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

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

PROGRAM ACCOMPLISHMENTS

- Help Me Grow Yolo County organized a drive-through event where families received community resource information, books, diapers, wipes, jackets, developmentally appropriate activities, dental care supplies, and personal protective equipment. We created web pages to support parents in their use of the activity kits and partnered with the Yolo County Libraries to provide family literacy info via video on these pages to reach families that are struggling with literacy in English or Spanish.
- Help Me Grow Yolo County started work on grants to collaborate in a countywide, multiagency effort to integrate and utilize screenings administered by medical providers to identify any adverse childhood experiences and provide support and intervention needed to mitigate their long-term effects. The program's role will be to serve as the centralized referral point for all children with needs identified during screenings and to work with UniteUs to create a smooth referral pathway. This opened communication between Help Me Grow Yolo, CommuniCare, Winters Healthcare, and Sutter Health.
- Help Me Grow Yolo began offering Ready4K, a texting program that provides age-specific developmental information and activities for parents.
- Our partnership with the Migrant Education Program and the E-Center Migrant Head Start Program has provided additional support for migrant families. The children attending their program and their younger siblings are referred for ongoing support.
- Increased collaboration with Child Welfare Services has provided additional opportunities for Help Me Grow Yolo County referrals when a child is reunited with their biological family to provide additional ongoing support.
- A Help Me Grow Yolo staff member was interviewed with La Ranchera radio station, where she discussed the importance of developmental screenings and all the services Help Me Grow Yolo offers. In addition, a radio ad about Help Me Grow Yolo was aired from 5/4/21–5/16/21; each time it aired, it reached approximately 40,000 listeners.

PROGRAM CHALLENGES

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

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

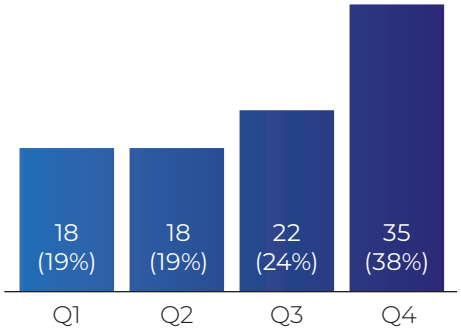
12 CLIENTS WHO RECEIVED IN-HOME COGNITIVE BEHAVIORAL THERAPY

72 SESSIONS PROVIDED

12 clients were referred in 2020–2021

50% received in-home assessments

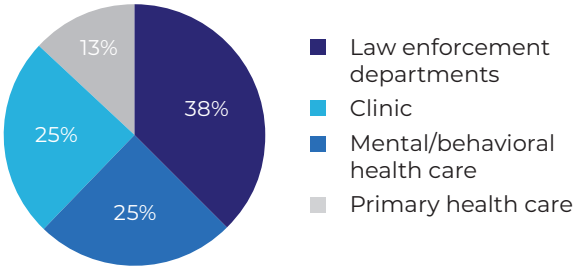
CLIENT CONTACTS (TOTAL = 93)



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

75% CLIENTS ELIGIBLE FOR IN-HOME CBT

OUTREACH SETTING



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

CLIENT OUTCOMES

Clients showing improvements in function, skill development, PM, and strengths — **100%**

Clients showing improvement on pre/post Patient Health Questionnaire, PHQ-9, and self-report of functioning — **100%**

Clients completing PM CBT or graduating — **25%**

CLIENT SNAPSHOT

100% Female

80% Ages 26–59

20% Ages 16–25

10% Have a disability

10% Bisexual

CLIENTS SERVED BY RACE

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

70% of clients were Hispanic or Latino

50% of clients requested communications in Spanish

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

PROGRAM ACCOMPLISHMENTS

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

PROGRAM CHALLENGES

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

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

Data Status: ● In Process

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

Administered by: ● Contractor ○ County

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

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

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

Data Status: ● In Process

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

Administered by: To be determined

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

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

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

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

Administered by: ● Contractor ○ County

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

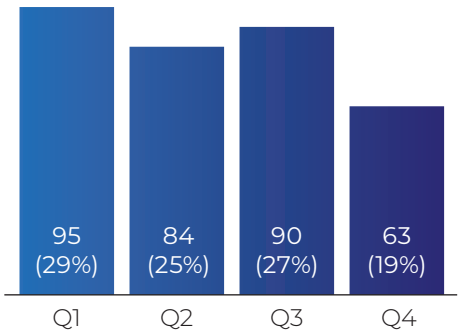
Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
$1,120,339	**1,000**	**$1,120**

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

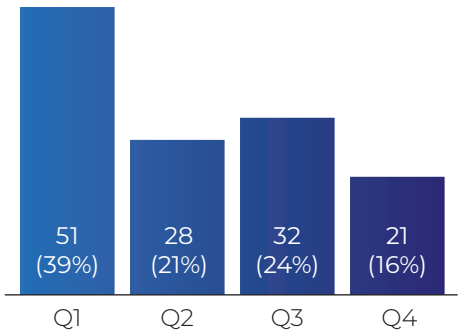
2 TOTAL FTEs (ALL BILINGUAL)

We served **132 clients** in 2020–2021

CLIENT CONTACTS (TOTAL = 332)



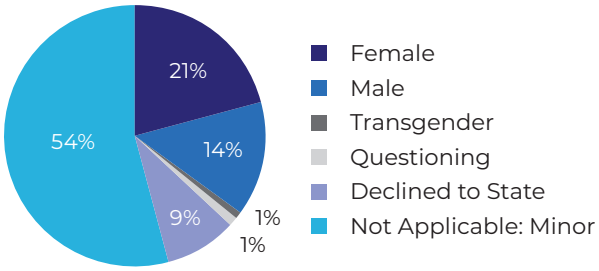
PARTICIPANTS SERVED (TOTAL = 132)



CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients	39%	21%	24%	16%	132
Returning Clients	0%	0%	0%	0%	0

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

CLIENT SNAPSHOT

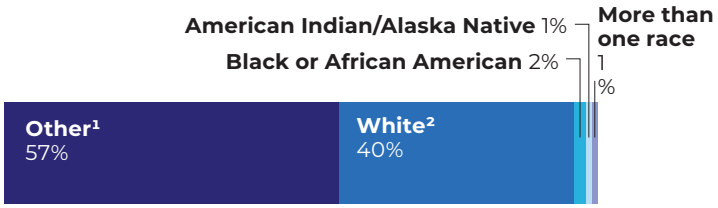


Note: Responses of "Not Recorded" were removed from the analysis.

14% Have a Disability

2% Questioning Sexual Orientation

CLIENTS SERVED BY RACE (%)



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

78% of clients were Hispanic or Latino

5% of clients requested written communication in Spanish

5% of clients requested spoken communication in Spanish

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

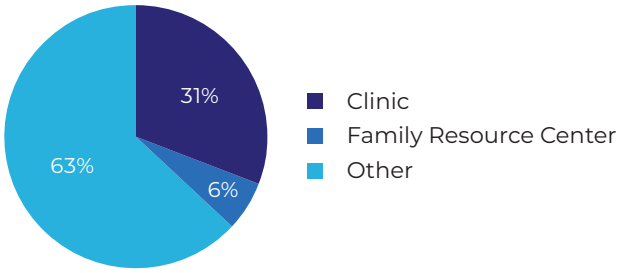
CLIENTS SERVED BY DISABILITY TYPE (18 CLIENTS TOTAL)	%
Communication Domain: Difficulty seeing	6
Communication Domain: Other	11
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	61
Chronic Health Conditions: Including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

OUTREACH EVENTS AND PARTICIPANTS

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

We held **16 events** in 2020–2021

OUTREACH SETTINGS



PROGRAM ACCOMPLISHMENTS

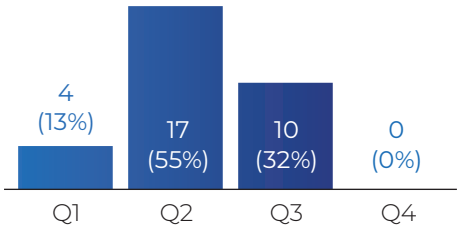
- 100% of youth referred were connected and received at least one mental health service for Q4.
- 100% of those children and family received services in their preferred language.
- In Q4, 100% of family members reported improvement in child or youth family circumstances after 30 days.
- 91% reported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

PROGRAM CHALLENGES

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

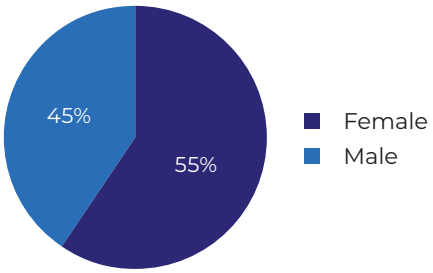
Evaluation Data for **Urban School-Based Access and Linkage Program** for FY20/21

CLIENT CONTACTS (TOTAL = 31)



We served
31 clients in 2020–2021

CLIENT SNAPSHOT



OUTREACH SETTINGS

100% other

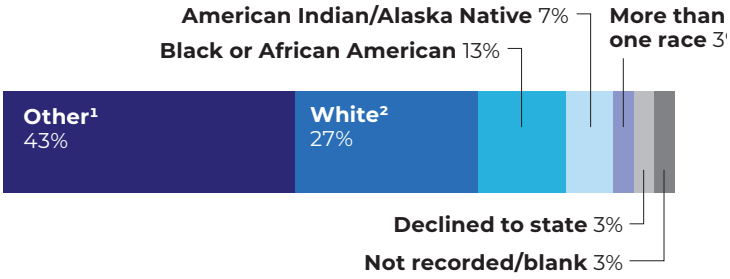
We attended **4 outreach events** in 2020–2021

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

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

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

CLIENTS SERVED BY RACE (%)



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

48% of clients were Hispanic or Latino

6% of clients requested written communication in Spanish

6% of clients requested spoken communication in Spanish

PROGRAM ACCOMPLISHMENTS

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

PROGRAM CHALLENGES

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

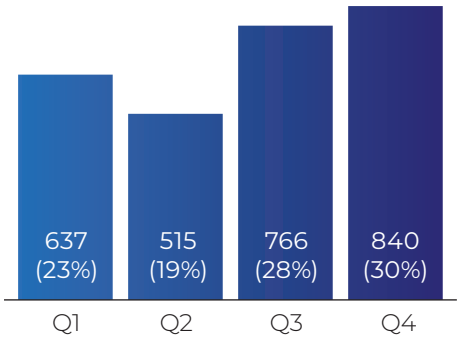
Evaluation Data for **Rural School-Based Strengths and Mentoring Program** for FY20/21

2.5 TOTAL FTEs (ALL BILINGUAL)

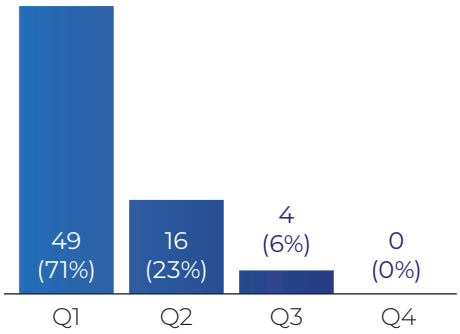
We served **69 clients** in 2020–2021

No volunteer hours of service data

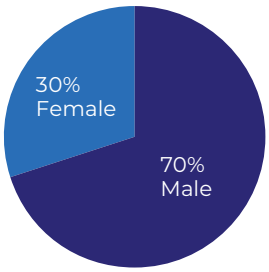
CLIENT CONTACTS (TOTAL = 2,758)



PARTICIPANTS SERVED (TOTAL = 69)



CLIENT SNAPSHOT



6% have a disability

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

CLIENTS SERVED BY RACE (%)

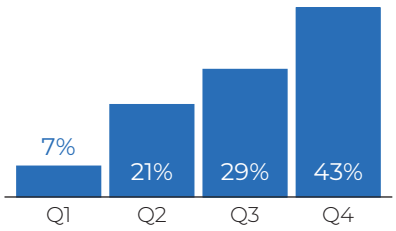
1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.

67% of clients were Hispanic or Latino

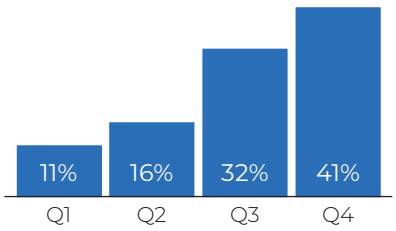
0% of clients requested communications in Spanish

CLIENTS' CITY OF RESIDENCE	%
Winters	52%
Esparto	45%
Woodland	3%

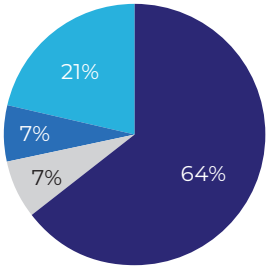
EVENTS (TOTAL = 14)



PARTICIPANTS (TOTAL = 513)



OUTREACH SETTINGS



- Family Resource Center
- Clinic
- Church
- Faith-Based Organization

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

PROGRAM ACCOMPLISHMENTS

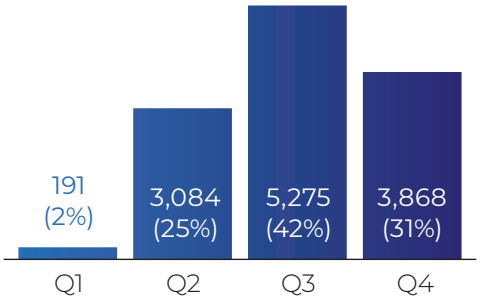
- 100% of staff received the Why Try and Strengths Finder evidence-based training.
- 80% of youth participants demonstrated improvement on the Global Self-Worth Assessment.
- In Q1, 4 participants were referred to RISE Community Center to receive additional services and received services within 7 days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

PROGRAM CHALLENGES

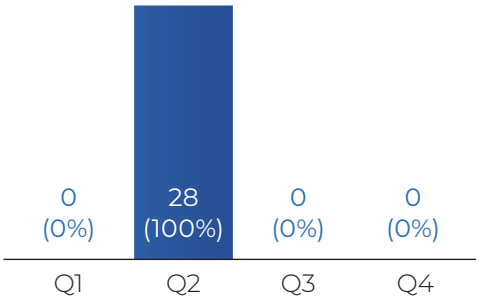
The overall fear of the COVID-19 virus and the new variants are still barriers for our communities. Families are fearful to return to consistent programming. Our team provided year-round in-person services to youth in the rural communities. However, it was a challenge to provide consistent progressive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

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

CLIENT CONTACTS (TOTAL = 12,418)



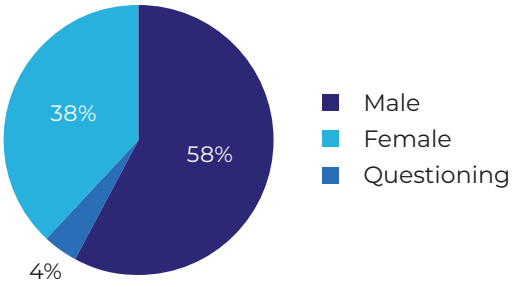
PARTICIPANTS SERVED (TOTAL = 28)



We served **28 clients** in 2020–2021

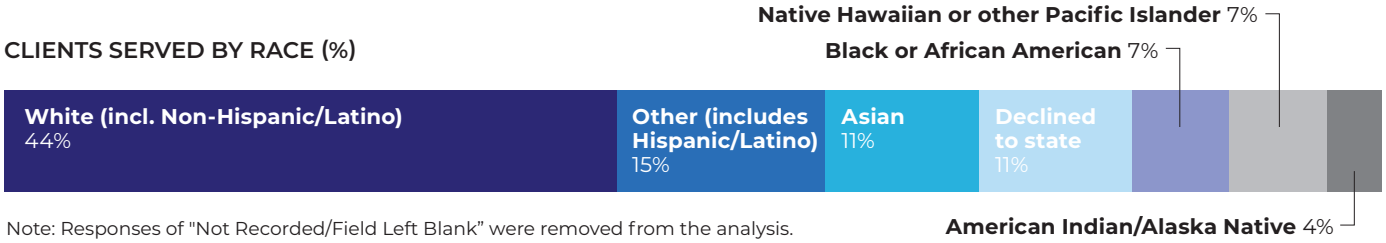
96% of respondents reported improved personal skills, improved school or family circumstances, or feeling better overall

CLIENT SNAPSHOT



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

CLIENTS SERVED BY RACE (%)



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

18% of clients were Hispanic or Latino

12% of clients had a disability

CLIENTS' CITY OF RESIDENCE	%
West Sacramento	59
Davis	41

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

PROGRAM ACCOMPLISHMENTS

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

PROGRAM CHALLENGES

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

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

Data Status: ● In Process

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

Administered by: ● Contractor ○ County

Goal 1	Connect students to appropriate prevention or mental health treatment services in college settings.
Goal 2	Expand and augment behavioral health services to enhance service access, delivery, and well-being for college students.
Objective 1	Prevent the development of mental health challenges through early identification, resources, and support.
Objective 2	Address existing mental health challenges promptly with assessment, referral, and short-term treatment.
Objective 3	Increase capacity to support student wellness on school campuses.

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

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

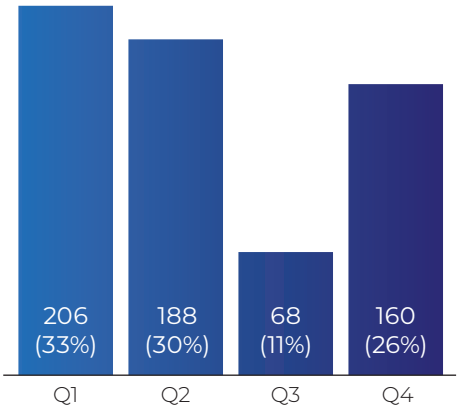
Target Population: ○ Children Aged 0–5 | ● Transitional-Age Youth Aged 16–25 | ● Adults Aged 26–59 | ○ Older Adults Aged 60+

Administered by: ● Contractor | ○ County

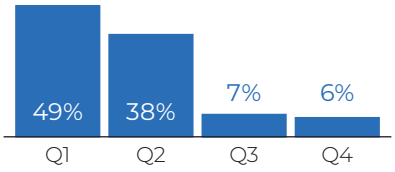
Goal 1	Provide comprehensive health services, including physical and behavioral health, to the Latinx community.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Utilize culturally responsive approaches to engaging the Latinx population.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

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

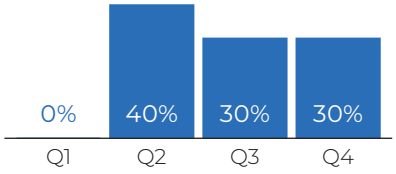
CLIENT CONTACTS (TOTAL = 622)



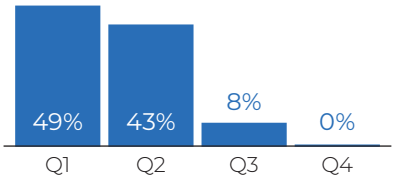
NEW CLIENTS (TOTAL = 84)



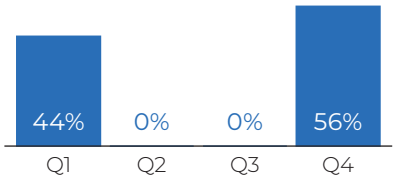
RETURNING CLIENTS (TOTAL = 93)



CLIENTS SERVED: PREVENTION (TOTAL=75)



CLIENTS SERVED: EARLY INTERVENTION (TOTAL=9)



We served **84 clients** in 2020–2021

9 clients were referred for services

100% followed through on referral and engaged in treatment

100% of participants were referred and received services within 7 days

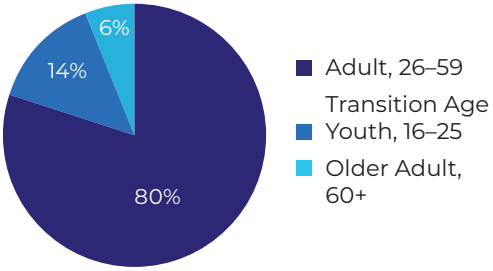
100% of participants reported being satisfied with the services provided and that their cultural background, beliefs, and language were respected

CLIENT SNAPSHOT

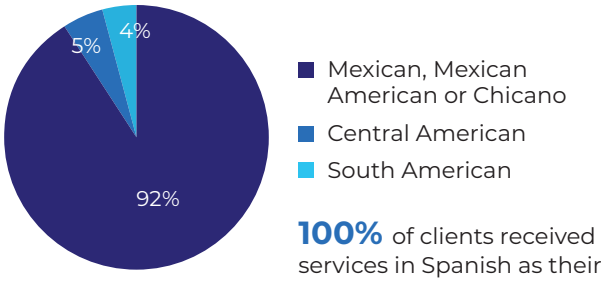
100%
Male

4%
Have a disability

CLIENTS SERVED BY AGE



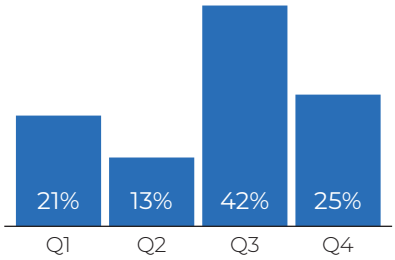
CLIENTS SERVED BY ETHNICITY



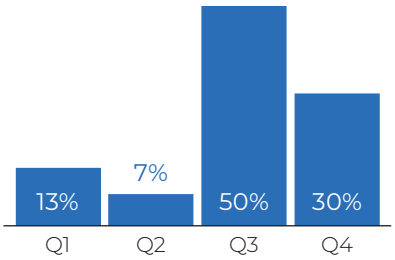
100% of clients received services in Spanish as their preferred language

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

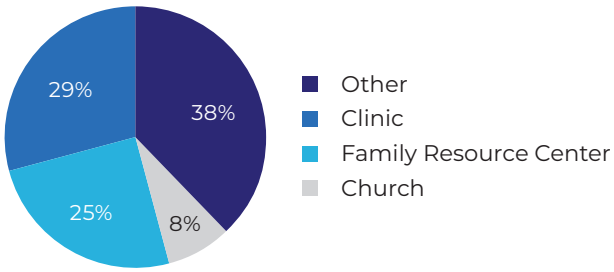
EVENTS (TOTAL = 24)



PARTICIPANTS (TOTAL = 904)



OUTREACH SETTINGS



PROGRAM ACCOMPLISHMENTS

- Our team continued to provide on-site farm outreach to Latino male heads of household. The key success for this program is that through our outreach efforts, we received five mental health self referrals from local farmworkers. It took time to establish a relationship and build trust with these individuals. As a result, they felt comfortable enough asking for help, and we were able to connect them immediately to a mental health clinician to provide services.
- Our team partnered with the UC Davis ORALE program that provides weekly COVID-19 rapid testing. This program specifically targets Latino farmworkers throughout Yolo County. We also partnered the Yolo County vaccine clinics conducted at the farms. Our team provided information about our mental health services offered at RISE.

PROGRAM CHALLENGES

Although we are providing boots on the ground with in-person outreach to local farmworkers, it is a challenge to navigate through the COVID-19 pandemic. Local farms have been amazing at allowing our team access to their workers; however, the times that we are invited are limited, and farmworkers are extremely busy during the spring and summer months. Our team did not get a lot of quality in-person, one-to-one time with farmworkers.

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

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

Administered by: ● Contractor | ○ County

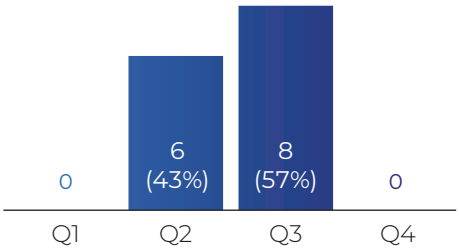
Goal 1	Expand the reach of the mental health system through the training of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community.
Objective 1	Expand the reach of mental health and suicide prevention services.
Objective 2	Reduce the risk of suicide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

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

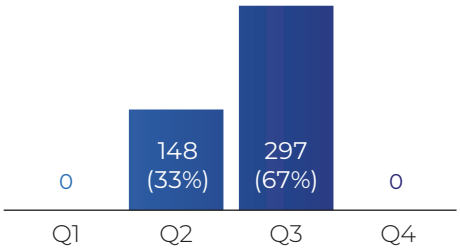
During FY20/21, all trainings and presentations were presented using the Zoom platform. Due to the virtual format, demographic data and evaluation measures could not be collected. The data below reflect information available for Q2 and Q3 (data were not available for Q1 and Q4).

2 TOTAL FTE

TRAININGS OFFERED (TOTAL = 14)



TRAININGS PARTICIPANTS (TOTAL = 445)



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

Note: Presentation data were only available for Q2 and Q3

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

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

Administered by: ○ Children Aged 0–5 ○ Transitional-Age Youth Aged 16–25 ○ Adults Aged 26–59 ● Older Adult Aged 60+

● Contractor ○ County

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

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

1 TOTAL FTE

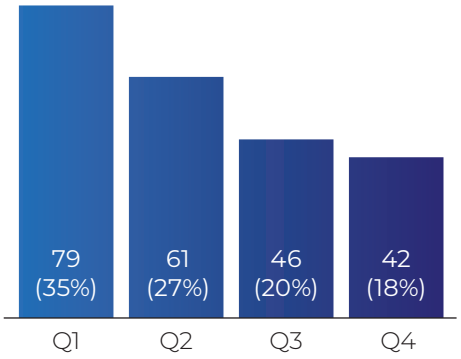
14 SENIOR PEER COUNSELORS

2 SENIOR PEER COUNSELOR VOLUNTEERS RECRUITED

2 FAMILY MEMBERS RECEIVING SUPPORT FROM VOLUNTEERS

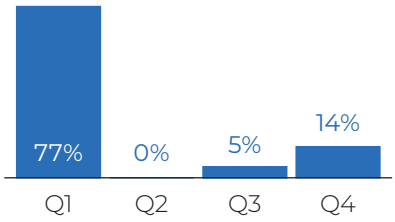
228.7 VOLUNTEER HOURS OF SERVICE PROVIDED

CLIENT CONTACTS (TOTAL = 228)

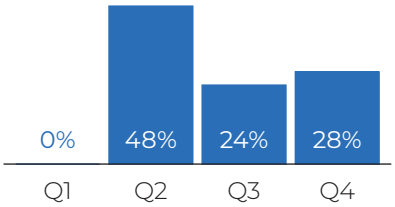


We served **47 clients** in 2020–2021

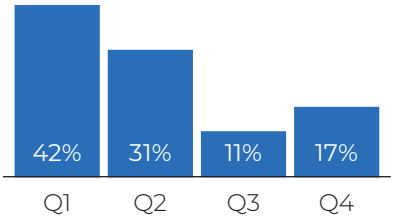
NEW CLIENTS (TOTAL = 22)



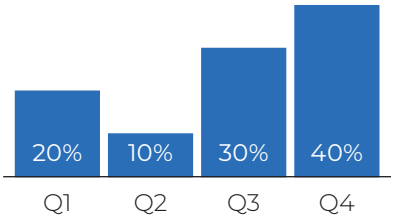
RETURNING CLIENTS (TOTAL = 25)



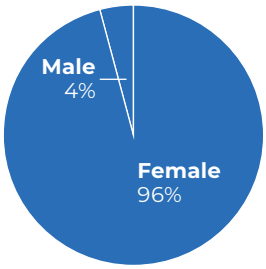
CLIENTS SERVED: PREVENTION (TOTAL = 36)



CLIENTS SERVED: EARLY INTERVENTION (TOTAL = 10)



CLIENT SNAPSHOT



29% Have a Disability

4% Bisexual

CLIENTS SERVED BY DISABILITY TYPE

50% Communication Domain: Difficulty hearing, seeing, or having speech understood

33% Physical Mobility Domain

17% Chronic Health Condition: including but not limited to chronic pain

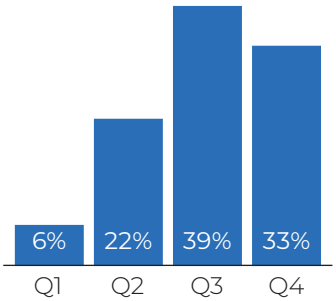
17% Other Disability

CLIENTS SERVED BY RACE (%)

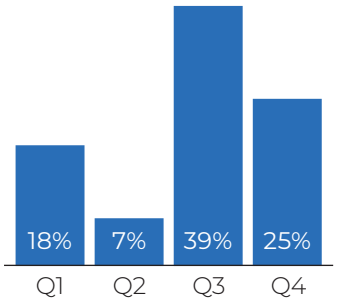
We held **18 events** in 2020–2021

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

EVENTS (TOTAL = 18)



PARTICIPANTS (TOTAL = 28)



PROGRAM ACCOMPLISHMENTS

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

PROGRAM CHALLENGES

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

Innovation Data

Evaluation Data 2021–2022

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

Data Status: ● In Process

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

Administered by: ● Contractor ○ County

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

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

Workforce, Education, and Training Data

Evaluation Data 2021–2022

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

Data Status: ● In Process

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

Administered by: ● Contractor ○ County

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

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

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

Data Status: ● In Process

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

Administered by: ○ Contractor ● County

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

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

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

Data Status: ● In Process

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

Administered by: ○ Contractor ● County

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

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

Evaluation Data for: **Peer Workforce Development Workgroup** for FY20/21

Data Status: ● In Process

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

Administered by: ○ Contractor ● County

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

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

Appendices

Appendix I
Performance Measures

Peer and Family Led Support Services

PM1: How much did we do?	
Staff	NAMI volunteers and peer and family led workers
Customers Units of Service	# of Peer to Peer educational classes offered # of Family classes offered # of participants who received NAMI supports
PM2: How well did we do it?	
2.1	# of attendees for Peer to Peer educational classes
2.2	# of attendees for Family educational classes
2.3	# of attendees for In our Own Voice presentations
2.4	# of participants served by NAMI supports
PM3: Is anyone better off?	
Stigma Reduction	
3.1	% of participants of Peer to Peer educational classes that reported an increase in management of stress symptoms
3.2	% of participants of Family educational classes that reported an increased understanding of mental health symptoms
3.3	% of community members reporting an increase in understanding mental health symptoms and how to recognize after participating in a In Our Own Voice presentation
Increased Knowledge of Mental Health Symptoms	
3.4	% of participants of Peer to Peer education classes reporting an increase in the ability to recognize the signs and symptoms of mental illness
3.5	% of participants of Family education classes reporting an increase in knowledge of mental health symptoms
3.6	% of community members reporting an increase in knowledge of mental health symptoms after participating in an In Our Own Voice presentation
Increased Access to Mental Health Services	
3.7	% of participants of Peer to Peer educational classes reporting an increased ability to access community resources/services
3.8	% of participants receiving NAMI supports who report an increased ability to access community resources/services
Increased Support for Family Members	
3.9	% of participants of Family education classes reporting increased support

Older Adult Outreach Assessment: Adult Wellness Alternative

PM1: How much did we do?	
1.1	# of FTEs onsite at permanent supportive housing locations
1.2	# of beneficiaries served during reporting period
1.3	# of newly enrolled beneficiaries during the reporting period
1.4	Total service hours broken out by: Medication Support: Case Management/Rehab; Individual & Group Therapy; Crisis Intervention
1.5	Beneficiary Demographics broken out by: Age, Gender, Race, Ethnicity, and Primary and Secondary Diagnosis
1.6	# of Senior Peer Counseling referrals made
PM2: How well did we do it?	
2.1	% of no-shows for prescribing staff (psychiatrists and nurse practitioners)
2.2	% of no-shows for non-prescribing staff (clinicians, case managers and nurses)
2.3	% of beneficiaries that voluntarily discontinued FSP services (program total)
2.4	% of beneficiaries referred for FSP assessment accepted into the FSP program
2.5	% of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge
2.6	% of beneficiaries who are contacted within 4 hours of hospital or jail notification for discharge
2.7	% of beneficiaries reporting satisfaction with FSP services
2.8	% of referred beneficiaries contacted within 2 calendar days from HHSA referral
PM3: Is anyone better off?	
3.1	# of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total); # of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (average)
3.2	# of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total); # of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (average)
3.3	# of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total); # of days beneficiaries experienced psychiatric hospitalizations while enrolled compared to prior 12-month period (average)
3.4	# of days beneficiaries employed while enrolled compared to prior 12-month period (program total); # of days beneficiaries employed while enrolled compared to prior 12-month period (average)
3.5	# of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total); # of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (average)
3.6	# of beneficiaries who have met goals and stepped down to a lower level of care; % of beneficiaries who have met goals and stepped down to a lower level of care

Adult Wellness Services: Mental Health Promotion, Wellness Centers

PM1: How much did we do?	
1.1	Total FTEs Behavioral Health Specialists, Program Coordinator, Peer Support Workers
1.2	# of unduplicated participants at the Wellness Centers quarterly
1.3	# of visits to the Wellness Centers (including duplicated participants) quarterly
1.4	# of groups offered quarterly
1.5	# of unduplicated group participants quarterly
1.6	# of participants across all groups (including duplicated participants) quarterly
1.7	# of food bags distributed quarterly
1.8	# of outings quarterly
1.9	# of participants in outings quarterly
1.10	# of special events hosted by Wellness Centers quarterly
1.11	# of participants in special events quarterly
PM2: How well did we do it?	
2.1	% of participants who reported they felt respected
2.2	% of participants who reported their needs were met
2.3	% of weekly groups attended
PM3: Is anyone better off?	
3.1	# of participants who reported they felt more connected or made at least one friend % of participants who reported they felt more connected or made at least one friend # of participants who reported they felt less isolated
3.2	% of participants who reported they felt less isolated
3.3	# of participants who reported they felt comfortable at the center % of participants who reported they felt comfortable at the center
3.4	# of participants who were able to identify at least one way to support wellness and recovery % of participants who were able to identify at least one way to support wellness and recovery

Adult Wellness Services: Adult Outpatient Mental Health, Adult Wellness Alternative

PM1: How much did we do?	
1.1	# of FTEs onsite at permanent supportive housing locations
1.2	# of beneficiaries served during reporting period
1.3	# of newly enrolled beneficiaries during the reporting period
1.4	Total service hours broken out by: Medication Support: Case Management/Rehab; Individual & Group Therapy; Crisis Intervention
1.5	Beneficiary Demographics broken out by: Age, Gender, Race, Ethnicity, and Primary and Secondary Diagnosis
PM2: How well did we do it?	
2.1	% of no-shows for prescribing staff (psychiatrists and nurse practitioners)
2.2	% of no-shows for non-prescribing staff (clinicians, case managers and nurses)
2.3	% of beneficiaries that voluntarily discontinued FSP services (program total)
2.4	% of beneficiaries referred for FSP assessment accepted into the FSP program
2.5	% of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge
2.6	% of beneficiaries who are contacted within 4 hours of hospital or jail notification for discharge
2.7	% of beneficiaries reporting satisfaction with FSP services
2.8	% of referred beneficiaries contacted within 2 calendar days from HHSA referral
PM3: Is anyone better off?	
3.1	# of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total); # of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (average)
3.2	# of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total); # of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (average)
3.3	# of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total); # of days beneficiaries experienced psychiatric hospitalizations while enrolled compared to prior 12-month period (average)
3.4	# of days beneficiaries employed while enrolled compared to prior 12-month period (program total); # of days beneficiaries employed while enrolled compared to prior 12-month period (average)
3.5	# of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total); # of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (average)
3.6	# of beneficiaries who have met goals and stepped down to a lower level of care; % of beneficiaries who have met goals and stepped down to a lower level of care

Adult Wellness Services: Turning Point ACT/AOT

PM1: How much did we do?	
1.1	Total FTEs
1.2	# of Clients
PM2: How well did we do it?	
2.1	% of no-shows for prescribing staff (psychiatrists and nurse practitioners)
2.2	% of non-prescribing staff (clinicians, case managers, and nurses)
PM3: Is anyone better off?	
3.1	# of days clients experienced homeless (program total) # of days of homelessness per client (average)
3.2	# of days clients experienced incarceration (program total) # of days incarceration per client (average)
3.3	# of days clients experienced psychiatric hospitalization (program total) # of days psychiatric hospitalization per client (average)
3.4	# of clients with a psychiatric inpatient admission % of clients with a psychiatric inpatient admission
3.5	# of hospital discharges that result in readmission within 7 days % of hospital discharges that result in readmission within 7 days
3.6	# of hospital discharges that result in hospital readmission within 30 days % of hospital discharges that result in hospital readmission within 30 days

Community-Based Drop-In Navigation Center

PM1: How much did we do?	
1.1	# unduplicated clients who receive services at the Navigation Center
1.2	# unduplicated Beacon Screenings completed
1.3	# unduplicated Specialty Mental Health assessment completed
1.4	# unduplicated substance use disorder assessments completed
1.5	# unduplicated clients provided with transportation
1.6	# unduplicated clients provided with peer support assistance
1.7	# unduplicated clients provided with direct subsidy assistance
1.8	# psychiatric hold applications completed
1.9	# of drop-offs received by Davis Police Department
1.10	# of in-field triage request completed
PM2: How well did we do it?	
2.1	% of clients who report they are satisfied with services received at the Navigation Center
PM3: Is anyone better off?	
3.1	# and % of unduplicated clients who successfully link with a Specialty Mental Health Services appointment.
3.2	# and % of unduplicated clients who successfully link with a Specialty Mental Health Services Psychiatry appointment.
3.3	# and % of unduplicated clients who were provided warm hand-offs to mild to moderate mental health services.
3.4	# and % unduplicated clients who were provided warm hand-offs to substance use services.

Mental Health Crisis Services & Crisis Intervention Team Training: Co-Responder

PM1: How much did we do?	
1.1	Total # of unduplicated clients served.
1.2	Total # of Co-Responder Clinician responses.
1.3	# and % of clients referred by each referral source (Law Enforcement Agency, Family/Self, HHSA/ community MH or SUD provider, Other).
1.4	# and % of clients referred for each of Crisis, Mental Health needs, Substance Use Disorder needs, or Other.
1.5	Total # of minutes spent training/consulting/reviewing holds written with Law Enforcement personnel
1.6	Total # of 911 calls indicating a behavioral health issue
PM2: How well did we do it?	
2.1	Average Clinician response time (from request notification to initial in-person contact with client, in minutes).
2.2	Average Clinician time spent on scene (in minutes).
2.3	Average law enforcement officer wait time for Clinician response (in minutes).
2.4	Law enforcement personnel satisfaction with Co-Responder services.
PM3: Is anyone better off?	
3.1	# and % of clients served who were NOT placed on an involuntary hold .
3.2	# and % of clients served who were NOT arrested/taken to jail.
3.3	# and % of client served who were linked to an HHSA/community provider mental health and/or substance use provider.
3.4	# and % of clients referred to an HHSA/community provider for homeless services.

Children's Mental Health Services: Turning Point Community Programs

PM1: How much did we do?	
Staff 1.1	Total FTE's: Manager/Supervisor Clinicians Office Support
1.2	# of open and authorized clients
1.3	# of intakes
1.4	# of discharges
1.5	# of discharges to a lower level of care
1.6	# of referrals received
1.7	# of children meeting ICC or IHBS criteria
1.8	# of children served who are non-English speakers
PM2: How well did we do it?	
2.1	% of clients who received an intake assessment within 14 days of referral
2.2	% of clients assessed with Child and Adolescent Needs and Strengths (CANS)
2.3	% of clients with completed authorization packet within 60 days of admit
2.4	% of authorization requests completed within 30 days of renewal
2.5	% of open clients with submitted 6 months progress report
2.6	# of clients per clinician
2.7	# of days to successful discharge (quarterly average)
2.8	% of discharge dispositions submitted within 14 days of discharge date
2.9	% of ICC and IHBS eligible clients with facilitated CFT every 90 days
2.10	% of clients who successfully met treatment plan goals
2.11	% of clients who received 1st clinical appointment within 7 days post psychiatric hospitalization
2.12	% of clients who received 1st psychiatric follow up within 30 days post psychiatric hospitalization
2.13	# of provider changes per client
PM3: Is anyone better off?	
3.1	# 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
3.2	#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 on Life Domain Functioning section of CANS from intake to discharge
3.3	# 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
3.4	# of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement % of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement

Pathways to Independence: Outpatient Mental Health

PM1: How much did we do?	
1.1	# of FTEs onsite at permanent supportive housing locations
1.2	# of beneficiaries served during reporting period
1.3	# of newly enrolled beneficiaries during the reporting period
1.4	Total service hours broken out by: Medication Support; Case Management/Rehab; Individual & Group Therapy; Crisis Intervention
1.5	Beneficiary Demographics broken out by: Age; Gender; Race, Ethnicity; and Primary and Secondary Diagnosis
1.6	# of EDAPT referrals made
PM2: How well did we do it?	
2.1	% of no-shows for prescribing staff (psychiatrists and nurse practitioners)
2.2	% of no-shows for non-prescribing staff (clinicians, case managers and nurses)
2.3	% of beneficiaries that voluntarily discontinued FSP services (program total)
2.4	% of beneficiaries referred for FSP assessment accepted into the FSP program
2.5	% of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge
2.6	% of beneficiaries who are contacted within 4 hours of hospital or jail notification for discharge
2.7	% of beneficiaries reporting satisfaction with FSP services
2.8	% of referred beneficiaries contacted within 2 calendar days from HHSA referral
PM3: Is anyone better off?	
3.1	# of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total)
3.2	# of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total); # of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (average)
3.3	# of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total) # of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (average)
3.4	# of days beneficiaries employed while enrolled compared to prior 12-month period (program total) # of days beneficiaries employed while enrolled compared to prior 12-month period (average)
3.5	# of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total) # of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (average)
3.6	# of beneficiaries who have met goals and stepped down to a lower level of care % of beneficiaries who have met goals and stepped down to a lower level of care

Senior Peer Counseling: Yolo Hospice

PM1: How much did we do?	
Staff 1.1	Total FTEs: Senior Peer Counselors; Program Director
1.2	# of older adults served by YH/CWC
1.3	# of family members receiving support from volunteers
1.4	# of Senior Peer Counselor volunteers recruited
PM2: How well did we do it?	
2.1	# of older adults referred to services
2.2	# of volunteer hours of service rendered to older adults and their families
2.3	# of volunteer hours spent in training for services
PM3: Is anyone better off?	
3.1	# and % of older adults who reported improvement in their overall mental wellness as a result of contact with Senior Peer Counselor Program volunteers.
3.2	# and % of older adults who reported an ability to maintain level of self-care/independence as a result of contact with Senior Peer Counselor Program volunteers.
3.3	# and % above average Likert Scores provided by older adults engaged in this program/or their family members on the efficacy of the Senior Peer Counseling program

Latinx Outreach/Mental Health Promotores Program: CREO IBHS

PM1: How much did we do?	
1.1	Total FTEs by Classification, including breakdown of program staff who are bilingual and bicultural
1.2	Program Participants: Total # of participants served ▸ Total # of unduplicated participants served ▸ Total # of participants identified as male heads of household ▸ Total # of participants who received services in Spanish as their preferred language
1.3	Program Activities: ▸ Total # of FTE Promotores actively involved in the program ▸ Total # of unduplicated participants who received a whole-person health screening ▸ % of participants screened for a history of trauma ▸ Total # of outreach events (minimum weekly) ▸ Average # of participants at outreach events ▸ Total # of group counseling "platicas" (minimum bi-weekly) ▸ Average # of participants at group counseling "platicas" ▸ Total # of advisory panel meetings that included representatives from the target population and community-based agencies
PM2: How well did we do it?	
2.1	Satisfaction: % and # of participants who reported satisfaction with services (e.g., services were provided at a convenient time and location; program staff treated me with respect, respected my cultural background/beliefs, spoke to me in a language that I understood)
2.2	Referral/Linkage: Total # of participants referred to ▸ Primary Care services ▸ Mental Health and/or Substance Use Disorder services ▸ Other support services (e.g., health benefits enrollment, food resources, housing support) Total # of participants referred to any service
2.3	Treatment Engagement: % and # of participants who completed a referral and engagement in treatment. Engagement is defined as participating at least once in the Program to which they were referred, including: ▸ Primary Care services ▸ Mental Health and/or Substance Use Disorder services ▸ Other support services (e.g., health benefits enrollment, food resources, housing support)
2.4	Timeliness: Average interval (in days) between the referral and participation in treatment. Participation is defined as participating at least once in treatment to which referred.
2.5	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.
2.6	Staff Training: % of program staff trained in using evidence informed and evidence-based practices

PM3: Is anyone better off?	
3.1	Stigma: % and # of participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services
3.2	Hospitalizations: Reduced % and # of mental health hospitalizations and average length of stay.
3.3	Quality of Life: ▸ % and # of participants with improved functional outcomes (e.g., enrollment in entitlement benefits, employment status, housing status, health insurance coverage, food security) ▸ % and # of participants with improved mental, physical, and/or emotional well-being outcomes.

Latinx Outreach/Mental Health Promotores Program: Promotores Integrated Behavioral Health Services for Latino Community Program

PM1: How much did we do?	
Staff	# of staff providing resource and referral services
Customers Units of Service	# of residents requesting referrals
PM2: How well did we do it?	
2.1	# and % of referral requests where staff was unable to refer to a program
2.2	# and % of clients that report feeling welcomed
2.3	# and % of clients families or individuals reporting that they are satisfied with the service they received
PM3: Is anyone better off?	
3.1	# and % of clients who connected to their referral service within 2, 7, 14, 30 days of receiving referral information (days are depending on the services needed)
3.2	# and % of clients who reported they are continuing with care after it was obtained
3.3	# and % of clients who reported it is easier to manage their personal situations after receiving referral information

Latinx Outreach/Mental Health Promotores Program: RISE Latino Farmworker Outreach Program

PM1: How much did we do?	
Staff	Total FTEs by Classification, including breakdown of program staff who are bilingual and bicultural
Customers Units of Service	**Program Participants:** Total # of participants served ▸ Total # of unduplicated participants served ▸ Total # of participants identified as male heads of household ▸ Total # of participants who received services in Spanish as their preferred language **Program Activities:** ▸ Total # of FTE Promotores actively involved in the program ▸ Total # of Yolo County farm outreach events (minimum one farm per week) – Average # of participants at farm outreach events ▸ Total # of Latino Male Farmworker Conferences (minimum two per year) – Total # of participants at each Latino Male Farmworker Conference ▸ Total # of Drop-In Opportunities (minimum two per month; one Saturday and one weekday evening) – Average # of participants at Drop-In events
PM2: How well did we do it?	
2.1	**Satisfaction[1]:** % and # of participants who reported satisfaction with services (e.g., services were 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 using language that I understood) **Referral/Linkage[2]:** Total # of participants referred to: ▸ Primary Care services ▸ Mental Health and / or Substance Use Disorder services ▸ Other support services (e.g., health benefit enrollment, food resources, housing support) Total # of participants referred to any service. **Timeliness[2]:** 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.
PM3: Is anyone better off?	
3.1	**Stigma[3]:** % and # of participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services. **Knowledge:** % and # of participants who reported increased knowledge about resources (e.g., they learned new skills to help them in their mental wellness, how to better address health / mental health needs, access culturally sensitive health / mental health resources) **Access:** Treatment Engagement[2]: % and # of 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: ▸ Primary Care services ▸ Mental Health and / or Substance Use Disorder services ▸ Other support services (e.g., health benefit enrollment, food resources, housing support) **Access:** Referral Outcome: % and # of participants who, at follow-up, reported improved outcomes a result of RISE's referral.

Early Childhood Mental Health Access & Linkage: Help Me Grow Yolo & Maternal Mental Health

PM1: How much did we do?	
Staff 1.1	Total FTEs: Manager Supervisor; Clinicians; Office Support
1.2	# of beneficiaries served by gender, age of child at time of initial entry, race/ethnicity of child, culture if known, or disability (e.g. hearing impaired, seeing impaired wheel-chair bound)
1.3	# of trainings conducted for agencies/programs (outreach)
1.4	# of trained individuals on the HMG Yolo services (parents, providers, community agencies)
1.5	Report of who contacted HMG Yolo on behalf of the child # of calls to the Call Center
1.6	Services to which child/family referrals were made (# and % of each)
1.7	# Presenting issues (# and % of each)
1.8	# of screenings completed based on screening tools (ASQ-3, ASQ-SE, M-CHAT, SEEK)
1.9	# of medical providers participating in HMG Yolo PM1s regarding Maternal Mental Health Services
1.10	# of staff FTE's working in the program
1.11	# of referrals for assessment received
1.12	# of sessions provided (total)
1.13	# of clients who received in-home cognitive behavioral therapy
PM2: How well did we do it?	
2.1	# and % of how each child screened heard about/entered HMG Yolo (compare to marketing plan)
2.2	Wait time for delivery of results after screenings
2.3	# and % of subsequent screenings that are performed for children who fall into the 'monitoring' category
2.4	# and % indicated on the Caregiver/Provider Satisfaction Survey as satisfied with the tools, information, skills, and supports provided to properly support optimal family growth PM2s regarding Maternal Mental Health Services
2.5	# and % of clients completing Cognitive Behavioral Therapy/Graduating and/or successfully meetings goals of treatment
2.6	# and % of referred clients receiving in-home assessment
2.7	# and % of clients for which successful referrals were made
PM3: Is anyone better off?	
3.1	# and % of children successfully connected to at least one service or pending a start date due to a "concern" referral
3.2	# and % of children rescreened with an improved score after referrals were made due to a "monitor" result
3.3	# and % of service/program gaps identified
3.4	# and % of barriers identified PM3s regarding Maternal Mental Health Services
3.5	# and % of clients showing improvement on pre/post Patience Health Questionnaire
3.6	# and % of clients showing improvements in function, skill development and strengths

K-12 School Partnerships Services

PM1: How much did we do?	
Staff	Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support)
1.1	**Program Participants:** # of unduplicated participants served
1.2	# of Tier I services (unduplicated)
1.3	# of Tier I services provided (duplicated)
1.4	# of Tier II services (unduplicated)
1.5	# of Tier II services provided (duplicated)
1.6	# of Tier III services (unduplicated)
1.7	# of Tier III services provided (duplicated)
PM2: How well did we do it?	
2.1	**Timeliness:** Average interval (days) between referral and completion of screening
2.2	% of participants who receive an assessment within 10 business days of screening
2.3	**Referral/Linkage** # and % of participants (with private health insurance) referred to services through their insurance plan # and % of participants (with private health insurance) successfully linked to services through their insurance plan
2.4	# and % of participants in treatment services utilizing Medi-Cal billing (managed care)
2.5	# and % of participants in treatment services utilizing Medi-Cal billing (SMHS)
2.6	**Service Delivery:** Average # of sessions per participant in therapeutic services
2.7	**Participant Satisfaction:** # and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys)
PM3: Is anyone better off?	
3.1	# and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge.
3.2	# and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge.
3.3	# and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge).
3.4	# 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).

College Partnerships: College Campus Based Physical Healthcare, Behavioral Healthcare, and Related Social Services

PM1: How much did we do?	
1.1	**Behavioral Health Services**
1.1A	# of students served
1.1B	# of students referred through the Early Alert Interface
1.1C	# of referrals made to County-based supports and programs
1.1D	# of students receiving services during peak hours (8:30am to 4:30pm)
1.1E	# of students receiving services during after-hours (4:30pm to 7:00pm)
1.2	**Physical Health Services**
1.2A	# of students served
1.2B	# of students referred through the Early Alert Interface
1.2C	# of referrals made to County-based supports and programs
1.2D	# of students receiving services during the peak hours (8:30am to 4:30pm)
1.2E	# of students receiving services during after-hours (4:30pm to 7:00pm)
1.3	**Social Services**
1.3A	# of students served
1.3B	# of referrals made to County-based supports and programs
1.3C	# of tabling events held
1.3D	# of health fairs held
1.3E	# of Flu Shot clinics held
1.3F	# of STI Testing Clinics held
1.3G	# of education and learning events held for staff
1.3H	# of education and learning events held for students
1.4	# of students that received services in their primary language of Spanish
1.5	# of students that received services in their primary language of Russian
PM2: How well did we do it?	
2.1	# and % of students who self-report that they received an initial appointment timely
2.2	# and % of students satisfied with access to and services provided based on results of the Student Satisfaction Survey
2.3	% of students seen at the Woodland campus
2.4	% of students seen at the Colusa County campus
2.5	% of students seen at Lake County campus

PM3: Is anyone better off?	
3.1	# and % of students that self-report improved access to behavioral/physical/social services on campus
3.2	# and % of students that received routine care
3.3	# and % of students that self-report improved access to training and education opportunities
3.4	# and % of faculty/staff that self-report improved access to training and education opportunities
3.5	# and % of students that self-report increased knowledge of healthy living habits
3.6	# and % of faculty/staff that self-reported increased knowledge of healthy living habits

Early Signs Training and Assistance

PM1: How much did we do?	
1.1	Total FTE
1.2	# of training participants
1.3	# of trainings offered
1.4	# of trainings offered in Davis
1.5	# of trainings offered in West Sacramento
1.6	# of trainings offered in Winters
1.7	# of trainings offered in Woodland
PM2: How well did we do it?	
2.1	% of Youth and Adult Mental Health First Aid training participants reporting during the course evaluation that the course goals and objectives were achieved
2.2	% of safeTALK training participants who indicated in the course evaluation that they intend to tell others that they would benefit from safeTALK trainings
2.3	% of Question Persuade Refer (QPR) training participants who indicated in the course evaluation they would recommend QPR training to others
PM3: Is anyone better off?	
3.1	# of Mental health First Aid (Youth & Adult) training participants who report they felt more confident in reaching out to a young person who may be dealing with a mental health challenge % of Mental Health First Aid (Youth & Adult) participants who report they felt more confident in reaching out to a young person who may be dealing with a mental health challenge
3.2	# of Question Persuade Refer (QPR) training participants who report an increase in knowledge about how to ask someone about suicide % of Question Persuade Refer (QPR) training participants who report an increase in knowledge about how to ask someone about suicide
3.3	# of safeTALK training participants who report they felt prepared to talk to someone about their thoughts of suicide % of safeTALK training participants who report they felt prepared to talk to someone about their thoughts of suicide
3.4	# of Educate, Equip, and Support: Building Hope participants who expressed a high score (Score of 7 or higher) on the evaluation of the training topics on session evaluations % of Educate, Equip, and Support: Building Hope participants who expressed a high score (Score of 7 or higher) on the evaluation of the training topics on session evaluations

Appendix II
Program Contract List

Program Name	Contractor	Contractor Name
Community Services & Supports (CSS) Plan		
Peer and Family Led Support Services	Y	NAMI Yolo County
Older Adult Outreach Assessment Program	Y	TLCS, Inc dba Hope Cooperative
Adult Wellness Services Program	Y	Telecare Corp & TLCS, Inc dba Hope Cooperative
Communty Based Drop-In Navigation Center	Y	CommuniCare
Tele-Mental Health Services	Y	HHSA Program; Locum Tenens
Mental Health Crisis Services & Crisis Intervention Team Training	N	HHSA Program
Children's Mental Health Services	Y	HHSA Program; Turning Point Community Programs
Pathways to Independence	Y	Telecare Corp
Prevention & Early Intervention (PEI) Plan		
Senior Peer Counseling	Y	Yolo Hospice
Latinx Outreach/Mental Health Promotores Program	Y	RISE, Inc; CommuniCare
Early Childhood Mental Health Access & Linkage Program	Y	First 5
K-12 School Partnerships	Y	CommuniCare; RISE, Inc., Victor Community Support Services
Youth Early Intervention FEP Program	Y	NA
College Partnerships	Y	CommuniCare
Early Signs Training and Assistance	Y	HHSA Program; CalMHSA
Cultural Competence	Y & N	HHSA Program; Contractor(s) TBD
Maternal Mental Health Access Hub	TBD	TBD
CSS; PEI; INN; WET		
Evaluation	Y	Community Advocacy Research and Evaluation Consulting Group (C.A.R.E.)
Innovation (INN) Plan		
Integrated Medicine into Behavioral Health	NA	NA
Crisis Now Learning Collaborative	Y	HHSA Program; MHSOAC
Workforce, Education, & Training (WET) Plan		
Mental Health Professional Development	N	HHSA Program
Peer Workforce Development Workgroup	N	HHSA Program
Central Regional WET Partnership	N	Regional Partnership MOU with CalMHSA
Mental Health Career Pathways	Y	Individual Provider

Appendix III
Community Feedback

Submitted by Antonia Tsobanoudis

The electronic file name implies it is an Evaluation of the Year 20-21, which I think it is, but the title on the document title page says 21-22. Either make it a Fall 2021 Evaluation of FY 20/21, or Evaluation of FY 20/21 by changing the report name. Is this some kind of County nomenclature I haven't noticed before?

I don't see any contractor's names in it -- it would help me, in Board meetings especially, to know who did what, for how much, and possibly *why* they needed more or less than the original contract.

Project descriptions, goals and data, synopsis of contract execution, should all be submitted by the contractors to almost plug and play. Maybe a simple one-page form can be filled out as part of their payment quarterly or yearly, so they track what you want to put in the MHSA reports? I know there are the LOCUS, RDA, and other evaluatory important field specific surveys and goals, but I just mean having an overarching view of a Contract/Project tracking would be nice. Like easily seeing k vs actual,

Page 10: could it please add three columns for Estimated 21-22, Contracted for 20-21, and Actual for 20-21 since that's the year we're evaluating? Maybe take out the "target numbers" served" to put in another table? (i think the columns can be added in portrait view, as is, if some program names wrap text and other columns like HHSA BRanch narrow/) This is a critical and first step to better integrating the separate financial report, which could still be an addendum, in the same report and referenced.

page 10 -- thank you for highlighting which programs are still in process.

Also, I see an importance in adding another table ,same format as on page 10, highlighting the Target Number SERVED 21/22, Actual Numbers Served 20/21, and proposed increase in 3-year budget (just actual change in this table). This clearly spells out one reason to increase budgets so that in hindsight, MHSA funds will be more protected in any future critical review that could happen. It happens.

Again, in overall format of program reviews (which are great by the way! easy on the eyes, good job!) adding more evaluation of previous year in the bubble table so that there is an additional row showing, Estimated/Contracted costs for 20/21, squeeze in an ACTUAL 20/21 Costs, then actual Numbers served 20/21, and Actual Cost/person served 20/21? Again, bring in more financials info into the actual Eval Report

p 11 -- the number of estimated children under 5 to be served is going down to 90 from 110. Are the costs for this program going up, sorry it's hard (time consuming) for me not to have a stand alone document and play sleuth? Why are the numbers served going down? especially in the aftermath of covid? I hear covid produced more babies!

p 12 -- how is this program addressing high schoolers? Is there any collaboration with the school districts (list in objectives)? How or why are the numbers served jumping from 15 up to estimated 75? Why ONLY 2 FT staff for a $2.1 million project?--Ah, it's County staff, not contracted staff, listed right?

p 13 -- It is not clear that the previously contracted out FSP and the COunty's FSP are now under one contract, this change having happend in 20/21. Big change!

p 13 -- Is 200 estimated enough? That's estimating an increase of 52 adults... with PTG, potential increase in housing from ARP funds, should this increase estimated number increase and funding increase here more? I guess PTG, Paul's Place, are under other contract's? I'm not sure of that because actual contractors aren't mentioned in this report or any MHSA report -- i'd have to go digging in posted contracts.

p 13 -- I'd like to see last year's "bubble table numbers" here to compare and make it an easier read and evaluation, please.

p 13 -- in working my FSP case workers, new Telecare and old TPCP, supported housing in Yolo needs an increase! Where can the cost of many 6-bed or less (easier licensure) Board and Care go? Or another 15-bed PTG3? Where can semi-supported Room and Boards go?? Especially long-term Room and Board's for people with SUD!??? Then that homeless days will surely drop to less than half.

Submitted by Nick Birtcil

I'd still love more information about spending down that $17m

To: Local Mental Health Board Members
Karen Larsen, Director, Yolo County Health and Human Services Agency

From: Nicki King, Chair, Local Mental Health Board
Jonathan Raven, Vice Chair, Local Mental Health Board

Date: October 18, 2021

RE: Opportunities to Improve 2021-22 Yolo County MHSA Evaluation Report

This memo proposes opportunities to improve the clarity and effectiveness of the Yolo County MHSA Evaluation Report. We recommend the Yolo County Health and Human Services Agency (HHSA) implement the recommendations in the memo for the 2021-22 Yolo County MHSA Evaluation Report and release a second draft to the Local Mental Health Board to assist with the community's effort to evaluate new projects and advise the Agency on funding for existing programs. In an effort to streamline the comment process, we coordinated with NAMI Yolo County leadership to draft these recommendations. The NAMI Yolo County Board of Directors will consider support for these recommendations at their October 28th meeting and also submitted separate questions regarding the Evaluation Report to HHSA.

Opportunities to Improve 2021-22 Yolo County MHSA Evaluation Report

The 2021-22 Yolo County MHSA Evaluation Report is an excellent tool to communicate the benefits of MHSA expenditures to the community and the Yolo County Board of Supervisors. While not required by the MHSA, it provides information essential to evaluate whether existing programs are benefiting people living with serious mental illness, including intervention and prevention. We agree with the Health and Human Services Agency characterization in the executive summary of the Evaluation Report that the performance evaluation process is incomplete.[1] Much more work is needed to determine whether the 22 programs allocated a total of $18.9 million in 2020-21 ($12.9 million was spent) accomplished their intended goals. We believe the report could turn into a model for other counties, as well as a roadmap to needed adjustments and changes in our own delivery of service if the County continues to improve data collection for each program and the recommendations suggested in this report are implemented.

<u>Overview of Report Omissions</u>

While the Evaluation Report provides some useful information to guide conversations about program efficacy, additional information is needed. Of the 22 programs described in the report,

[1]. We wanted to recognize the honesty of HHSA in introducing the report with the following sentence on page 6 of the Executive Summary, "HHSA acknowledges the data is incomplete; ongoing progress is being made to strengthen the overall evaluation and reporting on MHSA programs impact…HHSA acknowledges these evaluation efforts are a work in progress represent one step in a multiphase approach to continuous evaluation of the county MHSA programs focused on accountability and quality improvement.."

none of the programs list the performance measures for the three Results-Based Accountability questions:

1) How much of our original goals did we accomplish? ~~did we do?~~
2) How well did we do it?
3) Is anyone better off? If so, who, and are there any equity implications for this assessment of outcomes?

We recognize HHSA is in the process of updating its contracting processes to ensure all contractors and internal divisions provide this information but wanted to document the need to provide the information in case this information is available to include in the report. See Attachment A for NAMI Yolo County's example of the type of information listed for these questions in a contract and which is available to include in the report. In addition, no baseline information is provided about the services the County or contractor expected to provide to compare to the services the County or contractor actually provided. For 15 of the 22 programs (68%) no or limited data is provided in the Evaluation Report, as shown below. We recognize that many of these programs are delayed by COVID-19, but the Evaluation Report does not provide information as to why no data is provided for these programs.

Limited Data

- Children's Mental Health Services
- Pathways to Independence
- Adult Wellness Services
- Older Adult Outreach and Assessment Program

No Data

- Tele-Mental Health Services
- Cultural Competence
- Youth Early Intervention First Episode Psychosis Program
- Maternal Mental Health Access Hub
- K-12 School Partnerships Program
- College Partnerships
- Crisis Now Learning Collaborative
- Mental Health Career Pathways
- Mental Health Professional Development
- Central Regional WET Partnership
- Peer Workforce Development Workgroup
- Race and Ethnicity data (should be collected where possible, and explanations of why such data could not be collected for each program should be provided

In some cases, no data is reported but the MHSA Finance Update shows expenses in the 2020-21 fiscal year. Tele-Mental Health Services (non-FSP) spent $265,640 in 2020-21, for example. For the programs that do have data, the Health and Human Services Agency does not appear to present information about services that were not provided but are listed in the contract as a

deliverable. NAMI Yolo County, for example, did not provide any peer-to-peer education classes in 2020-21, but that information is not included in the evaluation report of peer-and family-led services on page 20. For some important programs, such as the $800,000/year in funding provided to support services at Pine Tree Gardens East and West, two adult residential facilities for 28 adults living with a serious mental illness, there is no mention of the program in the Evaluation Report.

Opportunities for Improvements

The Health and Human Services Agency could implement the following improvements to create a model evaluation report for use by the community, HHSA staff, the Local Mental Health Board, and the Board of Supervisors.

1. **Describe whether HHSA staff members, a contractor, or both are providing the services and identify how many staff in each category and the approximate number of total hours.** The description of the program in the report does not describe whether the Health and Human Services Agency delivered the program, a contractor delivered the program, or both. In the case of Peer and Family-Led Support Services on page 20, for example, NAMI Yolo County provides 100% of the services for this program and all data represents NAMI Yolo County's work.
2. **Provide the name of the contractor (if applicable), the amount of the contract, the amount spent, and the cost/individual served.** HHSA provided this information in a separate document entitled MHSA Finance Update, which requires the reader to flip back and forth between the Evaluation Report and the Finance Update. HHSA should include this information in the Evaluation Report to make it easy for stakeholders to understand the status of expenditures under the program. NAMI Yolo County, for example, signed a contract for $100,000 last year to provide Peer and Family-Led Support Services last year, but spent less than $70,000 of the contract. The potential cost/individual served is provided as an estimate for 2021-22, but no information from 2020-21 is provided in the report although the Health and Human Services Agency has this data.
3. **Provide an overview of the program in the evaluation report, including the program's connection to eligible MHSA activities, and deliverables for the fiscal year.** For each program, HHSA should provide information about the program to complement the goals and objectives, as well as provide information tying the program to eligible MHSA activities. Without this information, it's impossible to measure the program's performance against HHSA's expectation for the program in that fiscal year. We also need to know how many of those performance goals were even partially met during FY21? We think there are things we could be learning about the appropriateness of our objectives and how long it will take to reach them.
4. NAMI Yolo County suggested including deliverables in their 2021-22 HHSA contract and is willing to provide such information as an example. Each program should develop deliverables at the start of the fiscal year and report on progress as part of the Results-Based Accountability process at the end of the fiscal year.
5. **Provide the Results-Based Accountability measures included in the contract and or/developed for staff at the Health and Human Services Agency in the evaluation**

report, as well as the relevant associated data. For NAMI Yolo County, for example, this information is provided in Attachment A and would provide an overview of what NAMI Yolo County did and did not accomplish during the fiscal year.

6. **Add explanations for programs with no or limited data.** For each of the programs for which there is limited or no data, the Evaluation Report could explain why and efforts underway to move the programs forward and expend money allocated to that program in the three-year plan. The County may also recommend reallocating some of these funds to another program or a new program.
7. **Include information about important expenditures that are part of a larger program.** The Evaluation Report should describe major expenditures like the operation of Pine Tree Garden East and West and collect data to measure performance consistent with the contracts. The contract between North Valley Behavioral Health (the operator of the Pine Tree Gardens homes) and Yolo County contains RBAs, for example

ATTACHMENT A: NAMI YOLO COUNTY EXAMPLE

(Shared by Petrea Marchand, President of Nami-Yolo)

NAMI Yolo County contracted with the Health and Human Services Agency for $100,000 to provide peer- and family-led support services. NAMI Yolo County's 2020-21 contract has the following Results-Based Accountability performance measures:

PM1: How much did we do?

Staff – NAMI volunteers and peer and family led workers

Customers - # of Peer-to-Peer educational classes offered, # of Family classes offered, # of participants who received NAMI support

PM2: How well did we do it?

2.1. # of attendees for Peer to Peer educational classes

2.2. # of attendees for Family educational classes

2.3. # of attendees for In Our Own Voice presentations

2.4. # of participants served by NAMI supports

PM3: Is anyone better off?

Stigma Reduction

3.1 % of participants of Peer-to-Peer education classes that report an increase in the management of stress symptoms

3.2. % of participants of Family Educational classes that reported an increased understanding of mental health symptoms

3.3 % of community members reporting an increase in understanding mental health symptoms and how to recognize after participating in an In Our Own Voice presentation

Increased Knowledge of Mental Health Symptoms

3.4 % of participants of Peer-to-Peer education classes reporting an increase in the ability to recognize the signs and symptoms of mental illness

3.5 % of participants of Family education classes reporting an increase in knowledge of mental health symptoms

3.6 % of community members reporting an increase in knowledge of mental health symptoms after participating in an In Our Own Voice presentation

Increase Access to Mental Health Services

3.7 % of participants of Peer to Peer educational classes reporting an increased ability to access community resources/services

3.8 % of participants receiving NAMI supports who report an increased ability to access community resources/services

Increase Support for Family Members

3.9 % of participants of Family education classes reporting increased support

NAMI Yolo County
National Alliance on Mental Illness

Date: October 20, 2021

To: Local Mental Health Board Members
Karen Larsen, Director, Yolo County Health and Human Services Agency

From: Petrea Marchand, President, NAMI Yolo County
Anya McCann, Vice President, NAMI Yolo County
Stacie Frerichs, Treasurer, NAMI Yolo County

RE: Proposed Process to Consider New Projects for Mental Health Services Act Funding

This memo proposes a process for the community to recommend new projects for Mental Health Services Act (MHSA) funding for inclusion in the 2022-23 Annual Expenditure Plan, due to the Yolo County Board of Supervisors in June 2022. The NAMI Yolo County Board of Directors will consider support for this process at their October 28th meeting.

Proposed Process to Consider New Projects

We recommend the Yolo County Health and Human Services Agency (HHSA) adopt the following process for soliciting new projects for allocation of available MHSA funding, which we understand could total as much as $20 million over the next two fiscal years (2021-22 and 2022-23). We understand the current process involves providing proposed projects at the October 21, 2021 Community Engagement Working Group, which does not provide stakeholders enough time to develop robust projects for consideration.

1. **Utilize a project description and budget template.** NAMI Yolo County proposes the attached sample project description and budget template for consideration (Attachment B and C). The project description should provide information about responsible party, site control, costs, and other information necessary to determine whether a proposal is viable.

2. **Assist stakeholders with securing the date necessary to complete the project description and budget template.** Some proposals will require data from the HHSA to complete. We suggest working with project proponents to provide that data and further develop the project.

3. **Provide stakeholders with sufficient time to develop proposals.** At the September Community Engagement Workgroup, HHSA staff suggested stakeholders should provide project proposals within one month. Stakeholders need more time to secure the data and conduct the research needed for develop proposals. We suggest the following timeline, but are obviously open to other alternatives that provide stakeholders with sufficient time to develop projects:

    - **November 15, 2021:** Deadline for draft proposals
    - **December 15, 2021:** Deadline for HHSA to work with stakeholders to provide data needed for project proposals (schedule meetings between 11/15 and 12/15)
    - **January 15, 2022:** Final proposals due to HHSA
    - **January 2022:** HHSA provides all proposals submitted to Community Engagement Workgroup and Local Mental Health Board and requests comments
    - **February 2022:** HHSA proposes criteria for ranking projects and allocating funding and seeks feedback on these criteria from Community Engagement Workgroup and Local Mental Health Board.
    - **March 2022:** HHSA provides draft recommendations for priority projects recommended for funding to Community Engagement Workgroup and Local Mental Health Board
    - **May-June 2022:** HHSA prepares annual report and presents recommendations to Board of Supervisors for allocation of funds to MHSA programs for 2022-23

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

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

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

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

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

MHSA Evaluation Report Questions/Feedback/Suggestions
Jonathan Raven
LMHB Vice-Chair
October 11, 2021

1. One critical piece of information if the $20 million fund balance. As most people will not read the full report (e.g., most BOS members), it would be helpful to include this in the Executive Summary. You can separate into the 3 categories. Include how much is already encumbered (i.e., unspent) as well as new money (increase in tax revenue). Also include a sentence or two about the process to apply for the available funding.
2. Please include in each program report who the contractor is.
3. Have you given direction to each program about how to report the Outcome Measures using RBA? In reports from HHSA, Probation, the Sheriff, outcome measures are specifically separated into the 3 RBA questions with responses for each of them. It would be helpful to have this consistency in all program reports.
4. Most of the reports have an "Estimated Number to be served in FY 21/22" and a total served in FY 20/21. It would be helpful to see the estimated number of clients served for FY 20/21 to see if they met their goal (of course this year, COVID will have an impact on that).
5. Why is there no RBA analyses for Tele Mental Health Services (p. 15)? The data provided does not answer the latter 2 RBA questions.
6. Computer-Based Drop in Nav (p. 18) does a great job of listing accomplishments.
7. Peer and family led support (p. 20) does an outstanding job of providing information.
8. Why is there no data for Cultural Competence (p. 24)?
9. Early Childhood (p. 25) program provided an outstanding report.
10. Same with Maternal Mental Health (p. 30).
11. Why is there such limited information on Youth Early Intervention (p. 32)?
12. What is "In Process" mean for Maternal Mental Health (p. 33)?
13. K-12 School Partnership report is great (p. 34)!
14. What is the status of College Partnerships (p. 40)?
15. Latinx Outreach is great (p. 41)!
16. Senior Peer is great (p. 44)!
17. Are we unable to get any results or Innovation Data (I realize it's data)?
18. Under Yolo MHC, it would be great to see the allocation of MHSA $ to this program. Most of the program is not covered by MHSA $.
19. Yolo Assertive Community Treatment is actually formatted by RBA with the questions and responses. Can all program be formatted that way?

Local Mental Health Board Responses to Feedback

[1] Submitted by Antonia Tsobanoudis

The electronic file name implies it is an Evaluation of the Year 20-21, which I think it is, but the title on the document title page says 21-22. Either make it a Fall 2021 Evaluation of FY 20/21, or Evaluation of FY 20/21 by changing the report name. Is this some kind of County nomenclature I haven't noticed before?

I don't see any contractor's names in it -- it would help me, in Board meetings especially, to know
who did what, for how much, and possibly why they needed more or less than the original contract.

Project descriptions, goals and data, synopsis of contract execution, should all be submitted by the contractors to almost plug and play. Maybe a simple one-page form can be filled out as part of their payment quarterly or yearly, so they track what you want to put in the MHSA reports? I know there are the LOCUS, RDA, and other evaluatory important field specific surveys and goals,
but I just mean having an overarching view of a Contract/Project tracking would be nice. Like easily seeing k vs actual,

Page 10: could it please add three columns for Estimated 21-22, Contracted for 20-21, and Actual for 20-21 since that's the year we're evaluating? Maybe take out the "target numbers" served" to put in another table? (i think the columns can be added in portrait view, as is, if some program names wrap text and other columns like HHSA BRanch narrow/) This is a critical and first step to better integrating the separate financial report, which could still be an addendum, in the same report and referenced.
page 10 -- thank you for highlighting which programs are still in process.
Also, I see an importance in adding another table, same format as on page 10, highlighting the Target Number SERVED 21/22, Actual Numbers Served 20/21, and proposed increase in 3-year budget (just actual change in this table). This clearly spells out one reason to increase budgets so that in hindsight, MHSA funds will be more protected in any future critical review that could happen. It happens.

Again, in overall format of program reviews (which are great by the way! easy on the eyes, good
job!) adding more evaluation of previous year in the bubble table so that there is an additional row showing, Estimated/Contracted costs for 20/21, squeeze in an ACTUAL 20/21 Costs, then actual Numbers served 20/21, and Actual Cost/person served 20/21? Again, bring in more financials info into the actual Eval Report

Response: Thank you for your feedback and recommendations. HHSA will take each of these recommendations into consideration for next year fiscal year's Annual Update and Evaluation report. Some of the additional data requested is already included in the regular Annual Update to which the evaluation report is attached. For example, every program within the Annual Update HHSA included whether they are administered by the County, a Contractor or both. The intent moving forward will be to name the contracted entity(ies) to increase transparency.

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p 11 -- the number of estimated children under 5 to be served is going down to 90 from 110. Are
the costs for this program going up, sorry it's hard (time consuming) for me not to have a stand alone document and play sleuth? Why are the numbers served going down? especially in the aftermath of covid? I hear covid produced more babies!

Response: The "Estimated Number to Be Served in FY21-22" is an estimate by program staff of how many clients that program is likely to serve in the fiscal year considering funding, staffing, previous years clients, etc. This estimate does not limit the number of clients that the program may serve, as is the case here, where the program exceeded that estimate in the previous fiscal year when it served 110 clients.

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p 12 -- how is this program addressing high schoolers? Is there any collaboration with the school-
districts (list in objectives)? How or why are the numbers served jumping from 15 up to estimated 75? Why ONLY 2 FT staff for a $2.1 million project?--Ah, it's County staff, not contracted staff, listed right?

Response: This is a good example of an MHSA program that needs additional evaluation data review and refinement in the coming months and highlights some of the complexities of MHSA programs as they are categorized by the state. For example, Pathways to Independence Program (PIP) serves transitional age youth (TAY) with FSP services, but also provides non-FSP services as well. The county also utilizes more than one contractor to provide this service and these contractors provide additional services outside of TAY FSP. The section referenced here is an attempt to pull-out specific TAY FSP data; however, the funding amount listed is for all PIP services, including non-FSP services. How to better capture and report data for this program is a priority for the evaluation team in the coming months.

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p 13 -- It is not clear that the previously contracted out FSP and the COunty's FSP are now under one contract, this change having happend in 20/21. Big change!

p 13 -- Is 200 estimated enough? That's estimating an increase of 52 adults... with PTG, potential
increase in housing from ARP funds, should this increase estimated number increase and funding increase here more? I guess PTG, Paul's Place, are under other contract's? I'm not sure of that because actual contractors aren't mentioned in this report or any MHSA report -- i'd have
to go digging in posted contracts.

> **Response: We believe that the 200 contracted-out slots are enough based on historical/current client need; 50 are for TAY, 100 are for adult, and 50 are for older adults. This does not include the 15 FSP slots for MH Court clients. These slots do include any PTG clients who need FSP level services and any LPS conserved clients placed in the community. We have the flexibility to increase our 200 slots should we find the need arises.**

p 13 -- I'd like to see last year's "bubble table numbers" here to compare and make it an easier read and evaluation, please.

p 13 -- in working my FSP case workers, new Telecare and old TPCP, supported housing in Yolo needs an increase! Where can the cost of many 6-bed or less (easier licensure) Board and Care go? Or another 15-bed PTG3? Where can semi-supported Room and Boards go?? Especially long-term Room and Board's for people with SUD!??? Then that homeless days will surely drop to less than half.

[2] Submitted by Nick Birtcil

I'd still love more information about spending down that $17m

Response: **MHSA held a Community Engagement Work Group meeting on Oct 21, 2021 to garner additional community feedback on funding prioritization based on the MHSA 3 Year Community Planning Process. This information will be conveyed to the Yolo County Local Mental Health Board (LMHB) on October 25, 2021 for feedback. Upon review of community and LMHB feedback, HHSA will draft a proposed spending plan for the MHSA surplus dollars.**

Additionally, HHSA behavioral health leadership have identified ongoing gaps in our existing programming where additional investments could improve access to care and outcomes. These priorities align with the existing MHSA 3-year plan and are as follows:

- **K12**
- **Children's FSP**
- **Juvenile Justice Services**
- **Crisis Now and Evaluation**
- **Suicide Prevention**
- **Public Media Campaign**
- **Behavioral Health Supports for High Risk (Forensics, Public Guardian, Housing)**
- **Board & Care Operations Support**
- **Board & Care Treatment Services**
- **Expanding existing contracts (CREO, Senior Peer Counseling etc)**
- **Infrastructure supports (fiscal, IT, Analysts, etc)**
- **Increased Peer Workforce**

[3] Local Mental Health Board

REPONSE: Thank you for your feedback and recommendations. HHSA will take each of these into consideration as we assess each of the MHSA programs, descriptive content, outcome measurements, as well as financials, and structure reporting. The evaluation program process, in conjunction with HHSA, will work to improve data reporting and streamline comparable data sets for analysis. In addition, the intent moving forward will be to name the contracted entity to increase transparency.

Regarding program evaluation and data, HHSA acknowledges COVID response activities delayed the Evaluation Program process as Yolo County Health and Human Services Agency (HHSA) holds an essential and central role in addressing the COVID-19 pandemic, which has included the reassignment of significant numbers of staff members to critical COVID emergency response activities.

Despite the challenges of COVID-19 and unexpected changes, Yolo County HHSA has been able to accomplish a great deal regarding implementation and has established significant infrastructure in the past year, acknowledging that we can do better with evaluating MHSA program outcomes. The Yolo HHSA staff have risen to the challenge of the day and shown incredible commitment and work effort in the face of this crisis.

A preliminary first action was to provide an analysis of RBA data, as well as demographic information for the Prevention and Early Intervention Programs (FY 2019–2020) from the prior Yolo MHSA Three-Year Plan which was analyzed and included in the Annual Update. HHSA acknowledges the data was incomplete, however, efforts were made for an initial evaluation of MHSA programs that continued forward into the 2020–2021 fiscal year. Subsequently, an updated MHSA Evaluation Report FY 20-21 was provided to the LMHB to continue to provide evaluation and assessment data as the evaluation process continues.

Evaluation work to assess the overall impact, success, and challenges of the MHSA funding within Yolo County will continue as well as assessment, planning and implementation of a stronger and more effective system moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multiphase approach to continuous evaluation of the county MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the county strategic plan, HHSA's mission, and the Results-Based Accountability framework.

The timeline below reiterates the evaluation planning process and we look forward to providing additional updates and context at the October LMHB meeting.

Yolo MHSA Evaluation Timeline		2021										2022												2023	
Activity	Due Date	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-Mar	Apr-Jun
Prepare evaluation reports with FY19/20 RBA data for Annual Update	4/30/21																								
Analyze quality of existing data for 2017-2020 and 2020 onward	6/30/21																								
Develop matrix of RBA metrics for all MHSA programs	6/30/21																								
Review logic model approach as basis for metric development	7/31/21																								
Quality review of RBA metrics and overall program inventory	8/31/21																								
Prepare evaluation report with FY20/21 RBA data for Evaluation Report	10/27/21																								
Integrate feedback from LMHB into timeline	11/30/21																								
Branch Focus Groups to assess feasibility of cross-program metrics	11/30/21																								
Review Q1 RBA data with each Branch as part of ongoing QC/QI process	11/30/21																								
Conduct 'Success Story' key informant interviews	1/31/22																								
Determine next steps for cross-program metrics	1/31/22																								
Review Q2 RBA data with each Branch as part of ongoing QC/QI process	2/28/22																								
Review and test possible cross-program metrics	4/30/22																								
Analyze and write-up 'Success Story' data	5/30/22																								
Review Q3 RBA data with each Branch as part of ongoing QC/QI process	5/30/22																								
Establish cross-program metrics, by program (if feasible)	6/30/22																								
Present 'Success Story' data	6/30/22																								
Review and adjust timeline and approach for final year	7/31/22																								
Review Q4 RBA data with each Branch as part of ongoing QC/QI process	8/31/22																								
Gather comprehensive RBA data for FY21/22	8/31/22																								
Analyze and report on FY21/22 RBA data	10/31/22																								
Present FY21/22 Evaluation Data to LMHB	11/15/22																								
Provide technical assistance on data reporting to HHSA and contractors	6/30/23																								

[4] NAMI Questions:

1. Why doesn't the Evaluation Report include the Results-Based Accountability metrics from each contract and for each Health and Human Services Agency program?

Response: For this first iteration of the evaluation report, we attempted to report out on all the MHSA funded programs with existing RBA data. The choice to present it in its current format was a stylistic choice meant to make the report accessible to a broader audience who may not be familiar with the RBA framework. Based on this feedback, we will revisit the pros and cons of how the data was presented and determine the best way forward for future reports.

2. Why doesn't the Evaluation Report include information about the work or contract deliverables, as well as information about work contractors or the County did not accomplish in a given year (e.g. because of COVID-19 or other reasons)? This information helps with program evaluation.

Response: Program updates were included as part of the Annual Update FY 21-22 which provided context for activities, challenges, delays, and successes. WWW.YOLOCOUNTY.ORG/MHSA

3. On page 18 for Community-Based Drop-In Navigation Center, why were only 30% of clients successfully linked with psychiatry? Why only 70% to specialty mental health? What can be done to improve these percentages?

Response: The goal of navigation services is to link clients with the appropriate level of care. Our goal is not to enroll 100% of clients into specialty mental health. Many clients are more appropriate for mild to moderate mental health services or need linkage to substance use disorder treatment, housing supports or other resources. Clinical staff at the Navigation Center are an access/screening point for MH and SUD services needs for anyone in the community. Staff there use existing County MH and SUD Access screening tools to navigate clients to the most appropriate provider based on the indicated level of care needed. This 70% data point shows that of all those persons who presented at the Navigation center for MH services, 70% were screened as needing County SMHS. The remaining 30% were linked to community MH providers for mild-to-moderate MH services. Regarding the 30% linkage to psychiatry data point, after screened persons are linked to the County for SMHS, they undergo a full clinical evaluation. In some instances, the result of the clinical evaluation is that the client does not in fact need/qualify for ongoing SMHS (and thus they are referred to community MH provider). This means they are never served by a psychiatric provider. In other instances, while the client is accepted for County SMHS, they either refuse psychiatric services (which we respect their decision), they fail to show for any

scheduled psychiatric service appointments, or they never follow up with the County for any ongoing SMHS services (despite our best efforts to engage them) post-assessment.

4. On the Community-Based Drop-In Navigation Center summary (p. 19), the accomplishments mention helping people experiencing homelessness to move to more permanent housing and access services but does not mention that these people are living with a mental illness per the MHSA requirements. Was this program focused on helping adults living with serious mental illness?

Response: Yes, Navigation staff also provide ongoing services to community members living with SMI (unlike their separate duty of screening anyone in community for ongoing SMHS and/or SID services).

5. On page 28 for the Early Childhood Mental Health Access and Linkage Program, is it possible to provide improved descriptions of the work this program is doing related to prevention, defined as "reduce risk of developing a potential Serious Mental Illness and build protective factors (p. 22)" and "treatment and interventions, including relapse prevention, to address and promise recovery and related functional outcomes for a mental illness early its emergence…(p. 22)"1? The accomplishments section does not clearly link the purpose of the funding with the program work.

Response: The description for the Early Childhood Mental Health Access and Linkage Program starts on page 25. The information on Page 22 describes "Prevention and Early Intervention" programs and identifies which programs are assigned to "prevention," "early intervention," "improved access," etc. The first quoted text from this question is for the "prevention" definition and the second is for the "early intervention" definition, but the ECMHA program is not listed for either. The ECMHA program is listed on page 23 under "access and linkage to treatment," ("Activities to connect children, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable to medically necessary care and treatment"), and although the program accomplishments on page 28 don't correspond with that specific purpose, there is ample evidence on pages 25-27 that speak to the results of the program connecting children to services.

6. On page 30, what is PM BT and why did only 25% of the clients graduate?

Response: We have contacted the contractor to solicit additional information regarding this question. Staff will report back at a future date.

7. On page 34 for the Rural School-Based Access and Linkage Program, why doesn't the report state the cost per person served like other programs? It appears from the HHSA expenditure report that this program cost $135,400 and served 132 people for a cost of $1,025/person.

Response: This program technically ended with the prior MHSA plan. Because there were significant, unavoidable delays with getting the new and expanded approach to school based mental health, outlined in the new MHSA plan (K-12 School Partnerships), the Rural and Urban Access and Linkage and Strengths Based Mentoring programs were extended to ensure there was no gap in services while we are getting the K-12 School Partnerships projects implemented. This program is being replaced with the K-12 School Partnerships projects in November as described above.

8. On page 35 for the Rural School-Based Access and Linkage Program, one of the challenges is insufficient broadband internet access. Has HHSA considered requesting American Rescue Plan funding to address this issue, since broadband access in disadvantaged communities in an eligible expense of these funds?

Response: There is significant discussion at a county-level regarding broadband access as well as a pending ARP request regarding broadband needs in rural areas of the county.

9. On page 36 for the Urban School-Based Access and Linkage Program, why doesn't the report state the cost per person served like other programs? This program cost $247,128 and served 31 people in 2020-21 for a total of $7,971/person served. How many people does the program expect to serve in 2021-22 and how is the program planning to improve their performance?

Response: This program technically ended with the prior MHSA plan. Because there were significant, unavoidable delays with getting the new and expanded approach to school based mental health, outlined in the new MHSA plan (K-12 School Partnerships), the Rural and Urban Access and Linkage and Strengths Based Mentoring programs were extended to ensure there was no gap in services while we are getting the K-12 School Partnerships projects implemented. For additional context, this program is dependent on referrals from the partnered school systems that were, for one reason or another, not choosing to use this resource. This program is being replaced with the K-12 School Partnerships projects in November as described above.

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

Response: This is again regarding the Early Childhood Mental Health Access and Linkage Program. The focus of the program is access and linkage, not early intervention. The challenge is that families with private insurance have a very difficult time navigating their networks for care and do not receive adequate support in the same manner that Medi-Cal clients do.

10. Same question as Question 9 for Rural School-Based Strengths and Mentoring Program and Urban School-Based Strengths and Mentoring Program.

Response: Same as above re: this program being continued while the K-12 School Partnerships Projects are getting up and running. For additional context, we do not have the expenditure report data, but would note that these programs had 2,758 and 12,418 client contacts, but only reported serving 150 and 28 clients, respectively. We can't make sense of that discrepancy and would need more time to explore this, if needed. Again, this program is being replaced with the K-12 School Partnerships projects in November as described above.

11. On page 41 for the Latinx Outreach/Mental Health Promotores Program, why does it provide the estimated cost/person served for 2021-22 and not for 2020-21? The program served 84 clients in 2020-21 at a cost of $263,458 or $3,136/person served. The program is slated to receive $438,512 in 2021-22. What is the justification for this increase in funding?

Response: Increased funding for FY21-22 of this contract is slated to support the addition of needed personnel within this CommuniCare program, as the vendor demonstrated staffing levels in FY20-21 lead to service access delays and an unnecessary waitlist for clients.

12. For the Tele-Mental Health non-FSP program, which reported no data for 2020-21, why is the amount budgeted increasing from $73,390 to $1.38 million? What did the program accomplish for the $265,000 spent in 2020-21?

Response: In FY20-21 this program allowed us to serve more clients effectively through telehealth means during the ongoing pandemic (as in person appointments were not provided). The budget has gone up as the County is investing in more staff and equipment to offer clients ongoing telehealth services in specific instances as many clients have expressed a desire to continue to receive services in this way even once in-person services at clinics resume. These interventions reduce appointment no-show rates, address some client transportation barriers, and allow us to retain qualified clinicians and prescribers.

[5] MHSA Evaluation Report Questions/Feedback/Suggestions

Jonathan Raven
LMHB Vice-Chair
October 11, 2021

1. One critical piece of information if the $20 million fund balance. As most people will not read the full report (e.g., most BOS members), it would be helpful to include this in the Executive Summary. You can separate into the 3 categories. Include how much is already encumbered (i.e., unspent) as well as new money (increase in tax revenue). Also include a sentence or two about the process to apply for the available funding.

2. Please include in each program report who the contractor is.

> **Response: For every program within the Annual Update, HHSA included whether they are administered by the County, a Contractor, or both. The intent moving forward will be to name the contracted entity to increase transparency.**

3. Have you given direction to each program about how to report the Outcome Measures using RBA? In reports from HHSA, Probation, the Sheriff, outcome measures are specifically separated into the 3 RBA questions with responses for each of them. It would be helpful to have this consistency in all program reports.

> **Response: HHSA staff inform and educate contractors on the RBA process, when applicable, to provide technical assistance. The evaluation program process, in conjunction with HHSA, will work to improve data reporting and streamline comparable data sets for analysis. Our intent is to make the report as accessible as possible to the public, regardless of whether they are familiar with the RBA framework or not. We will continue to revisit our data presentation format to see how we can improve our reporting of this data.**

4. Most of the reports have an "Estimated Number to be served in FY 21/22" and a total served in FY 20/21. It would be helpful to see the estimated number of clients served for FY 20/21 to see if they met their goal (of course this year, COVID will have an impact on that).

5. Why is there no RBA analyses for Tele Mental Health Services (p. 15)? The data provided does not answer the latter 2 RBA questions.

> **Response: This is an internally delivered HHSA program and an RBA has not yet been developed.**

6. Computer-Based Drop in Nav (p. 18) does a great job of listing accomplishments.

7. Peer and family led support (p. 20) does an outstanding job of providing information.

8. Why is there no data for Cultural Competence (p. 24)?

Response: The Cultural Competence Program is undergoing a planning phase in conjunction with the Cultural Competence Plan, which is aligned with CLAS standards. This program is in development as a dedicated Cultural Competence Coordinator was recently established. Data metrics will be established as part of the evaluation program process.

9. Early Childhood (p. 25) program provided an outstanding report.

10. Same with Maternal Mental Health (p. 30).

11. Why is there such limited information on Youth Early Intervention (p. 32)?

Response: Additional program data is being collected regarding this program and will be included in the revised version of the evaluations report that will be provided to the LMHB at their next meeting in December.

12. What is "In Process" mean for Maternal Mental Health (p. 33)?

Response: This program was delayed due to the departure of the Director of Public Health Nursing and the resulting ongoing position vacancy and limited nursing staff resources. These staff members were redirected to support county emergency response efforts to the COVID-19 pandemic and continue to be assigned to these duties. It remains in process pending staff.

13. K-12 School Partnership report is great (p. 34)!

14. What is the status of College Partnerships (p. 40)?

Response: The program is operational and we are awaiting the first quarterly report which is expected at the end of the month.

15. Latinx Outreach is great (p. 41)!
16. Senior Peer is great (p. 44)!

17. Are we unable to get any results or Innovation Data (I realize it's data)?

Response: There is no Innovation Data to share. Last year's Innovation was solely participation in the Crisis Now Learning Collaborative.

18. Under Yolo MHC, it would be great to see the allocation of MHSA $ to this program. Most of the program is not covered by MHSA $.

Response: Noted. We do allocate MHSA funding for 15 FSP slots to this program. HHSA MHC staff are MHSA funded.

19. Yolo Assertive Community Treatment is actually formatted by RBA with the questions and responses. Can all program be formatted that way?

Response: We are undertaking systems improvements to report out utilizing the RBA format.

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