

**Mental Health Services Act
Provider Program Outcomes & Impact
October 21, 2025**

Background

On September 9, 2025, Yolo County Health and Human Services Agency (HHSA) provided an update to the Yolo County Board of Supervisors, advising that the structural deficit in the FY 2025-26 MHSA budget had been reduced from \$11 million to approximately \$4 million. These reductions were achieved through cost savings related to bringing the Full-Service Partnership (FSP) program in-house, increase in Medi-Cal revenue assumptions, increase in other revenue sources, and administrative reductions to HHSA overhead and programmatic costs. It was noted that the structural deficit is projected to grow by approximately \$1 million (for a total of \$5 million) in FY 2026-27 if no action is taken. Nonetheless, a reduction of \$4 million dollars needs to take place this year (FY 2025-26) in order to address the structural deficit.

This document (including appendices) is intended to provide the Yolo County Board of Supervisors with relevant information to inform decision-making pertaining to the deficit and provide guidance for the Agency. The materials consider the priorities established by the Board on June 3, 2025, and on September 9, 2025:

1. Focus on funding mandated levels of service.
2. Prioritize Medi-Cal beneficiaries.
3. Maximize Medi-Cal reimbursement.
4. Reduce spending on discretionary programs.
5. *Additional data on impact and health outcomes*
6. *Provide runway for fiscal year 2025-26 to contractors*

This document is meant to accompany the September 9 presentation to the Board of Supervisors that is located at: https://destinyhosted.com/yolocdocs/2025/BOS/20250909_3847/15881_33_-_MHSA_Reduction_Options_9.8.25.pdf

Overview: The following are County Behavioral health programs that are currently funded by MHSA.

A brief summary of each program is provided below; additional details about programs can be found in the Yolo County FY 2024-25 MHSA Annual Update at: <https://www.yolocounty.gov/home/showpublisheddocument/83217/638708112867230000>

Cultural Competence project (MHSA Allocation: \$459,306)

Background: 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.

Rationale: Although an important part of workforce development, this program is not mandated and does not provide direct behavioral health services (it is focused on staff training and community outreach).

Impact: The Cultural Competence Program is operated by one (1) HHSA FTE. This action would result in the elimination of this program and the currently filled position.

Data to Consider:

| <u>FY 2024-25 Cultural Competency Program</u> | Frequency | Participants |
|---|-------------------------|---------------------|
| Riverbank Community School: Young Women's Conference | 02/15/2025 | 299 |
| UC Davis Black Family Day Support | 05/24/2025 | public |
| Expungement Clinics (West Sac & Woodland) | 09/4/2024 & 03/13/2025 | public |
| Letras y Tradiciones community event (hosted at HHSA) | 11/15/2024 | 20 |
| Amor y Gratitude community event (hosted at HHSA) | 05/9/2025 | 35 |
| Dia De Los Ninos community event | 04/25/2025 | 250 |
| Yolo Cares Life Transitions Team Presentation | 10/18/2024 | 20 |
| UC Davis MIND Institute: Intersection of Autism and Trauma" | 08/16/2025 | 20 |
| Freedom School six-week engagement (youth & parents) | 06/01/2025 | 70 |
| Cultural Heritage Event (HHSA Staff) | 09/14/2024 | 150 |
| Pride Parade Woodland & Davis | 06/01/2024 & 06/22/2024 | public |
| Juneteenth Celebration activities support | 06/19/2024 | public |
| Martin Luther King Jr. Day activities support | 01/20/2025 | public |

Early Signs Training and Assistance Program (MHSA allocation: \$422,227)

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

Rationale: Although an important activity, this program is not mandated and does not provide direct behavioral health services (it is focused on staff training and community outreach).

Impact: The Early Signs Training and Assistance Program is operated by three (3) HHSA FTE that includes one current vacancy. This action would result in the elimination of this program and the currently filled positions.

Data to Consider:

| <u>ESTA</u> | FY 2022-23 | FY 2023-24 | FY 2024-25 |
|---------------------|------------|------------|------------|
| # of clients served | 235 | 347 | 243 |

Community-Based Drop-In Navigation Centers (MHSA allocation: \$448,095)

Background: The Community-Based Drop-In Navigation Center is a community-based location that provides behavioral health services to adults (aged 18 or older) who desire mental health support or are at risk of developing a mental health crisis but may not be willing or able to engage in more formalized services.

Rationale: The community-based drop-in Navigation Center is currently operated by Yolo County HHSA. This decision was made in response to revenue volatility, overall budget reductions, challenges in actual Medi-Cal revenue vs. projected revenue resulting in increasing reliance on MHSA funding. Increasing budget challenges have led to partial closure of the Navigation Centers in Davis and West Sacramento, which operate only a few days a week. Closure of these sites will allow staff to transition to other programs that are currently understaffed.

Impact: This would leave the Woodland site as the only remaining location for members of the public seeking drop-in navigation support to obtain services.

Selective Reductions of MHSA Funding for direct Behavioral Health Services (MHSA allocation: \$2,638,789)

Rationale: These selective reductions allow the County to partially address the current structural deficit in the MHSA budget and to prepare for anticipated revenue decreases in FY 2026-27. A critical strategy is to shift costs from non-FSP services to FSP services to comply with the MHSA requirement that 51% of Community Services and Supports funds be used for FSP, and to prepare for the BHSA requirement that 35% of total BHSA funding be used for FSP.

Impact: Significant reductions in ability to provide mandated services, as these cuts would represent a reduction in staffing levels. This action would result in a decreased ability of the Agency to fulfill required duties as the in-network behavioral health plan for Medi-Cal beneficiaries with significant mental illness (SMI) conditions. Service reductions would occur throughout the overall system of care and may create increased wait times for services and network adequacy issues that could result in fines or sanctions.

Data to consider:

Tele-Mental Health Services (15% reduction in FY 2025-26 of \$ 295,669)

| <u>Tele-Mental Health Services</u> | FY 23/24 | | FY 23/24 | | FY 24/25 | | | |
|------------------------------------|----------|-------------|----------|------|----------|------|------|------|
| | Q1 | FY 23/24 Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| # of unduplicated clients served | 562 | 575 | 542 | 549 | 545 | 485 | 496 | 546 |
| # of client contacts | 1189 | 1264 | 1451 | 1366 | 1446 | 1216 | 1209 | 1327 |

Adult Wellness (15% reduction in FY 2025-26 of 1,017,013).

| <u>Wellness Alternatives</u> | FY 23/24 | FY 23/24 | FY 23/24 | FY 23/24 | FY 24/25 | FY 24/25 | FY 24/25 | FY 24/25 |
|---|----------|----------|----------|----------|----------|----------|----------|--------------------|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| # of clients served | 221 | 174 | 178 | 178 | 174 | 169 | 166 | |
| % of clients seen for post-hospital discharge within 7 days | 97% | 97% | 95% | 100% | 50% | 87% | 90% | Data not available |
| % of clients reporting satisfaction with FSP services | 98% | 98% | 99% | 99% | 92% | 96% | 98% | |

| <u>Wellness Center</u> | FY 23/24 | FY 23/24 | FY 23/24 | FY 23/24 | FY 24/25 | FY 24/25 | FY 24/25 | FY 24/25 |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| # of clients served | 528 | 554 | 688 | 578 | 551 | 647 | 601 | 585 |

Mental Health Crisis Services (15% reduction in FY 2025-26 of \$190,388)

Access & Crisis Line

| | FY 24/25 Q1 | FY 24/25 Q2 | FY 24/25 Q3 | FY 24/25 Q4 |
|---|-------------|-------------|-------------|-------------|
| # of calls | 675 | 852 | 889 | 942 |
| #of calls crisis intervention calls | 38 | 17 | 29 | 42 |
| # of calls transferred to 911 | 1 | 9 | 7 | 6 |
| # of screenings for BH services | 360 | 313 | 418 | 385 |
| % of callers linked to County BH | 49% | 44% | 53% | 54% |
| % of callers linked to MCP | 51% | 55% | 47% | 46% |
| % of callers who do not have repeat contact with Crisis Line within 30 days | 93% | 60% | 94% | 75% |

Crisis Response

| | FY 24/25 Q1 | FY 24/25 Q2 | FY 24/25 Q3 | FY 24/25 Q4 |
|---|-------------|-------------|-------------|-------------|
| # of clients served | 229 | 227 | 250 | 249 |
| % of clients not placed on involuntary hold | 81% | 82% | 90% | 82% |
| % of clients not arrested | 97% | 98% | 98% | 98% |
| % of clients linked to behavioral health services | 60% | 28% | 9% | 13% |
| % of clients referred to homeless services | 8% | 25% | 17% | 15% |

Overview: The following represent contracts funded by MHSA.

A brief summary of each program is provided below; additional details about programs can be found in the Yolo County FY 2024-25 MHSA Annual Update at: <https://www.yolocounty.gov/home/showpublisheddocument/83217/638708112867230000>

MHSA funding for inpatient hospitalization (3 contracts: Dignity Health, Heritage Oaks, Sutter Center for Psychiatry): \$413,280

Rationale: Mental Health Services Act (MHSA) funds in California can be used for some services related to inpatient hospitalization, but not for the direct cost of the hospitalization itself, those should be billed through commercial or Medi-Cal pathways. MHSA funds can be used for: Discharge Planning, Care Coordination, Outreach and Engagement, Crisis Residential Treatment Services.

Impact: No impact if hospitalization costs are low enough where this reduction doesn't become a factor, as inpatient hospitalization is covered across multiple funding sources; if costs equal or exceed budgets, funding will have to come from another source to cover.

MHSA funding for crisis residential services with Yolo County Continuum of Care (Safe Harbor): \$14,908

Rationale: This represents less than 1% of the total contract cost. It is anticipated that this revenue could be made up through Medi-Cal billing.

Impact: No impact if total costs are low enough where this reduction doesn't become a factor, as this contract includes multiple funding sources; if costs equal or exceed budgets, funding will have to come from another source to cover.

MHSA funding for K-12 School Partnerships: \$1,708,610

Background: The K-12 School Partnership is a collaborative partnership between HHS, the Yolo County Office of Education (YCOE), and the five school districts within Yolo County: Davis Joint Unified School District (DJUSD), Esparto Unified School District, Washington Unified School District, Winters Joint Unified School District, and Woodland Joint Unified School District. Services are provided at school sites through contracts with three behavioral health providers: CommuniCare+OLE (CCOLE), RISE, and Victor Community Support Services (VCSS). The services provided align with a tier-based model through an Interconnected Systems Framework (that include universal, targeted, and intensive interventions) and which meet the unique needs of each District.

Rationale: The K-12 School Partnership project is funded by both MHSA and Mental Health Student Services Act (MHSSA) grant funding; the grant funding expires in December 2026. Medi-Cal billing has underperformed initial expectations when the project was launched in 2020 and it has become apparent that the majority of children being referred are covered with private insurance. There are also services that are provided through the Interconnected Systems Framework that are not billable to Medi-Cal. School districts will have the ability to bill for services provided to children covered by most insurers under the school-based fee schedule of the Children and Youth Behavioral Health Initiative (CYBHI). HHSa will continue to partner with local school districts with coordination but will pivot to focus on providing Medi-Cal billable services for children that meet criteria for specialty mental health services.

Impact: This approach would likely require agreement from local school districts to shift MHSSA grant funding that was intended to cover expenses from July 2026 – December 2026 to FY 2025-26 to maintain expected levels of service delivery for the upcoming school year. This would also result in a permanent reduction of HHSa contracts with school-based behavioral health providers.

The contracted providers have advised the following reductions in personnel would be necessary due to a 25% or 45% reduction of MHSA funding:

RISE, Inc. (Rural areas, Esparto and Winters school districts)

25% reduction: 1.875 FTE Clinician (reduction of 1.0 FTE)

45% reduction: 1.375 FTE Clinician (reduction of 1.5 FTE)

VCSS (Washington Unified School District, West Sacramento)

25% reduction: 2.5 FTE Clinician and 0.5FTE Family Service Coordinator (FSC) (reduction of 1.5 FTE overall)

45% reduction: 1.5 FTE Clinician (reduction of 2 FSC and 1 clinician)

CCOLE (Davis Joint Unified School District)

25% reduction: 4.5 clinician, 0 Case managers, 0.5 admin (reduction of 0.6 clinician, 2.0 CM, and 0.5 admin)

45% reduction: 3.0 clinician, 0 CM, and 0 admin remain (reduction of 2.1 clinician, 2.0 CM and 1.0 admin)

CCOLE (Yolo County Office of Education)

25% reduction: No change in current staffing

45% reduction: 0.75 Clinician (reduction of 0.275 clinician, 1.0 admin)

Data to consider:

K-12 School Partnership

| # of unduplicated participants served | FY 23/24 Q1 | FY 23/24 Q2 | FY 23/24 Q3 | FY 23/24 Q4 | FY 24/25 Q1 | FY 24/25 Q2 | FY 24/25 Q3 | FY 24/25 Q4 |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| VCSS West Sac | 802 | 770 | 407 | 834 | 634 | 439 | 601 | 131 |
| VCSS WJUSD | 4 | 16 | 19 | 30 | 26 | 45 | 21 | 20 |
| RISE Rural (Esparto/Winters) | 55 | 26 | 21 | 30 | 58 | 43 | 18 | 37 |
| CCOLE Davis | 113 | 71 | 101 | 98 | 54 | 83 | 113 | 170 |
| CCOLE YCOE | 16 | 12 | 19 | 17 | 7 | 7 | 14 | 13 |
| Total | 990 | 895 | 567 | 1009 | 779 | 617 | 767 | 371 |

| # of participants in treatment services utilizing Medi-Cal billing | FY 23/24 Q1 | FY 23/24 Q2 | FY 23/24 Q3 | FY 23/24 Q4 | FY 24/25 Q1 | FY 24/25 Q2 | FY 24/25 Q3 | FY 24/25 Q4 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| VCSS West Sac | 19 | 33 | 63 | 71 | 47 | 45 | 68 | 125 |
| VCSS WJUSD | 4 | 11 | 14 | 11 | 8 | 11 | 12 | 17 |
| RISE Rural (Esparto/Winters) | 2 | 0 | 0 | 0 | 5 | 14 | 5 | 18 |
| CCOLE Davis | 13 | 26 | 34 | 35 | 17 | 37 | 61 | 62 |
| CCOLE YCOE | 4 | 1 | 4 | 9 | 4 | 5 | 11 | 7 |
| Total | 42 | 71 | 115 | 126 | 81 | 112 | 157 | 229 |

MHSA funding for Woodland Community College Partnership program: \$225,000

Background: The Woodland Community College Partnership Program is a collaboration between HHSA and Woodland Community College to provide healthcare services, including behavioral health services, at the Woodland Community College campus. These services are provided by CommuniCare+OLE.

Rationale: Medi-Cal billing that was intended to be utilized to provide sustainable project funding has never materialized; projected Medi-Cal billing revenues through Federal Financial Participation (FFP) for FY 2025-26 are estimated to be \$7,771 (less than 2.5%) of total project costs. It appears that there are fewer college students that experience serious mental illness (SMI) that would make them eligible to receive specialty mental health services through the County Behavioral Health Plan than was initially estimated. Additionally, the project is not limited to behavioral health services (the scope of work includes social services and physical healthcare services).

Impact: No more than 31 unique individuals received behavioral health services in any quarter in FY 2024-25.

The contracted provider has advised the following reductions in personnel would be necessary due to a 25% or 45% reduction of MHSA funding:

- 25% reduction: 60% reduction in medical services, 0.9 FTE Clinician and 1.0 FTE Admin (reduction of 0.9 FTE Clinician)
- 45% reduction- 60% reduction in medical services, 0.6FTE Clinician and 0.6 FTE Admin remain (reduction of 1.2 FTE Clinician, 0.4 FTE Admin)

Data to Consider:

| <u>Woodland Community College Partnership</u> | Q1 24/25 | Q2 24/25 | Q3 24/25 | Q4 24/25 |
|--|-----------------|-----------------|-----------------|-----------------|
| Social Services | | | | |
| Open House Participants | 50 | | | |
| Undocumented Action Week (Student Contacts) | 3 | | | |
| Supporting Undocumented Students (Staff Training, attendees) | | | | 8 |
| Student Welcome Day (Student Contacts) | | | | 15 |
| Resource Faire (Student Contacts) | | | | 34 |
| Behavioral Health | | | | |
| Unique Individuals | 31 | 7 | 26 | 28 |
| Visits Scheduled | 264 | 35 | 222 | 182 |
| Visits Completed | 167 | 26 | 122 | 118 |
| Visits billable to M/C | 13 | 13 | 46 | 51 |
| Primary Health | | | | |
| Unique Individuals | 21 | 34 | 34 | 10 |
| Visits Scheduled | 18 | 64 | 43 | 16 |
| Visits Completed | 16 | 48 | 38 | 15 |
| Visits billable to M/C | 4 | 47 | 36 | 15 |
| STI Screenings (Q1) / TB Testing (Q4) | 4 | | | 18 |

Early Childhood Mental Health Access Program: MHSA allocation \$650,000

Background: The Early Childhood Mental Health (ECMH) Access and Linkage Program provides universal screenings to parents/caregivers and their children aged 0–5 and in-home therapy for primary caregivers who are not being served by existing systems to connect them to

mental health services in their home. These services are contracted through First 5 Yolo; First 5 Yolo subcontracts with Northern California Children’s Therapy Center as direct service program lead, and three Family Resource Centers: RISE Inc, Yolo County Children’s Alliance and Yolo Crisis Nursery to deliver HMG services countywide. First 5 Yolo subcontracts with CommuniCare+OLE to provide in-home therapy for caregivers.

Rationale: This program does not provide behavioral health services for Medi-Cal beneficiaries. Additionally, the provisions of Proposition 1 (the Behavioral Health Services Act) will reduce the overall amount of funding for Early Intervention services available to counties.

Impact: 1,101 unique children were screened in FY 2024-25. Of those with a complete screen, 51% scored in the monitor or concern range or had provider/parental concerns (children with special healthcare needs). 72% of children who were identified as at risk of developmental/behavioral issues were connected to individualized developmental promotion services under Part B/C or in-home Therapy within 60 days. Of the children connected to services:

- 64% of referrals were connected to Part B/school district
- 71% of referrals were connected to Part C/ Regional Center/Early Start Intervention services
- 75% were connected to in-home therapy

First 5 Yolo Executive Director, Gina Daleiden, has advised that the Help Me Grow program could sustain a 25% reduction in MHSA funding, but this would result in a decreased ability to provide services and likely result in a restriction of the population served. A 45% reduction in services would be “devastating” and would result in complete elimination of the program.

Data to consider:

| | FY 22/23 Q1&Q2 | FY 22/23 Q3&Q4 | FY 23/24 Q1&Q2 | FY 23/24 Q3&Q4 | FY 24/25 Q1&Q2 | FY 24/25 Q1&Q2 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| <u>Help Me Grow</u> | | | | | | |
| Total FTE | 6.15 | | 4.84 | 4.84 | 4.84 | 4.84 |
| # of unique/unduplicated children served | 485 | 1374 | 1153 | 1696 | 980 | 2027 |
| # of HMG referrals received | N/A | N/A | 1018 | 1733 | 898 | 1375 |
| # of HMG CAP Calls | 115 | 239 | 130 | 253 | 147 | 291 |
| # training/workshops conducted by HMG | 99 | 214 | 7 | 10 | 1 | 1 |
| # of CAP Family centered intakes completed | 175 | 492 | 322 | 474 | 308 | 485 |
| # of families served who resulted in information or education only | N/A | N/A | 551 | 714 | 418 | 514 |
| # of families who received supportive referrals | N/A | N/A | 317 | 531 | 248 | 512 |

| | FY 22/23 Q1&Q2 | FY 22/23 Q3&Q4 | FY 23/24 Q1&Q2 | FY 23/24 Q3&Q4 | FY 24/54 Q1&Q2 | FY 24/25 Q1&Q2 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <u>Help Me Grow</u> | | | | | | |
| % of children HMG screened and identified in need of developmental or behavioral intervention | N/A | N/A | N/A | 55% | 49% | 50% |
| % of unknown outcomes for referral f/u (HMG National) | N/A | N/A | N/A | 11% | 17% | 16% |
| Average # of days for screening results to be shared/discussed with families | 5 | 5 | N/A | 3 | 3 | 4 |
| % of children HMG screened and identified in need of developmental or behavioral intervention who reported successful connection to an individualized developmental promotion service | 78% | 83% | 57% | 61% | 52% | 72% |
| % of children eligible for a rescreen who completed a recommended f/u in the current FY after scoring in the monitor range | 78% | 78% | 11% | 82% | 17% | 81% |
| %Parents/caregivers who reported increased knowledge of appropriate activities to facilitate their child's development after participating in HMG | 100% | 100% | 99% | 99% | 100% | 99% |
| | | | | | | |
| | FY 22/23 Q1&Q2 | FY 22/23 Q3&Q4 | FY 23/24 Q1&Q2 | FY 23/24 Q3&Q4 | FY 24/54 Q1&Q2 | FY 24/25 Q1&Q2 |
| <u>HMG In-Home Therapy Center</u> | | | | | | |
| Total FTE | 0.43 | 0.43 | 0.65 | 0.65 | 0.45 | 0.49 |
| # of referrals received | 12 | 16 | 23 | 40 | 15 | 27 |
| #of referrals screened for eligibility | 12 | 13 | 23 | 35 | 15 | 23 |
| #of sessions provided total | 96 | 194 | 203 | 410 | 119 | 215 |
| #of unique clients who received IHTC received one of more sessions within the fiscal year | 13 | 22 | 26 | 36 | 16 | 23 |
| #of unique families served | 12 | 20 | 26 | 36 | 9 | 16 |
| %of clients completing therapy or meeting treatment plan goals at exit | 100% | 91% | 78% | 79% | 71% | 85% |
| Average # of days from date referral received to treatment | 90 | 63 | 49 | 51 | 41% | 66% |
| Average visit engagement/attendance rate | 72% | 71% | 70% | 67% | 64% | 64% |

| <u>HMG In-Home Therapy Center</u> | FY 22/23 Q1&Q2 | FY 22/23 Q3&Q4 | FY 23/24 Q1&Q2 | FY 23/24 Q3&Q4 | FY 24/25 Q1&Q2 | FY 24/25 Q1&Q2 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| %of clients showing clinically significant reduction in symptoms and improved functioning after completing 6 sessions or more | 80% | 93% | 94% | 93% | 92% | 93% |
| % of clients referred for BH supports that were connected to therapy services | 100% | 63% | 73% | 68% | 67% | 80% |

MHSA funding for the Peer and Family-Led Support program: MHSA allocation \$197,720

Background: Peer and Family-Led Support Services are psychoeducation groups and other support groups targeting mental health consumers (peers) and their families. The services help consumers: understand the signs and symptoms of mental health, promote awareness of mental health resource, and develop ways to support and advocate for an individual or loved one to access needed services. These services also enable consumers to receive support to cope with the impact of mental health for an individual or family. This program is operated through a contract with NAMI Yolo.

Rationale: This program has minimal reach among Medi-Cal beneficiaries. Additionally, the provisions of Proposition 1 (the Behavioral Health Services Act) will reduce the overall amount of funding for Early Intervention services.

Impact: In FY 2024-25 the program provided:

- 19 support group meetings across 4 different support groups for peers living with mental illness and family members, with a total of 96 visits and 67 unduplicated participants.
- One NAMI Family-to-Family educational course with 15 graduates.
- One NAMI Peer-to-Peer educational course with 4 graduates.
- A Town Hall on the topics of Housing, and CARE Court, with 48 attendees.
- “Ending the Silence for Students” presentation
- Outreach to share about NAMI’s programs and mental health supports in Yolo County at the following events: “Walk with Friends” (West Sacramento); Community Bike Party (Woodland); Davis Pride; Woodland Pride

25% Reduction Impact

NAMI Yolo County could absorb a 25% reduction in our contract for FY 2025-26 without a significant reduction in our programs and operations. In anticipation of a reduction in our contract amount, we laid off our Program Coordinator at the end of FY 2024-25, taking us from 3.0 FTE down to 2.0 FTE. We have ceased the direct service provided via our CanDo program, including a monthly home-cooked meal to the Homestead residents. We have also significantly reduced our outreach activities. We are working to recruit volunteers to manage some of the responsibilities previously held by the Program Coordinator, and we believe we will be able to do so without further significant reductions to our program. We believe this scenario would provide us time to develop new revenue streams before FY 2026-27.

45% Reduction Impact

A 45% reduction in our contract for FY 2025-26 would have far more devastating effects and would compromise our ability to maintain our current programs. Under this scenario, we would likely have to reduce our FTE further, potentially to 1.75 FTE. We would have to cease our HelpLine, where community members reach out to us for resources, information, and support. We would need to reduce the number of volunteers we recruit and train which would lead to a reduction in the number of support groups and classes we can offer. Additionally, we would need to request an early termination of our office lease from our landlord and operate as a fully remote organization. Community members would no longer be able to come to our office for resources or information. Additional expenses for renting space on an hourly basis for our programs would result in a further reduction in the number and frequency of support groups and classes we could offer. In short, a reduction of this amount would have very visible impacts on the community we serve, resulting in fewer people being able to access our programs at a time when the need is increasing exponentially.

Data to consider:

| <u>Peer and Family-Led Supports</u> | FY | FY | FY | FY | FY | FY | FY | FY | FY | FY |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 23/24 | 23/24 | 23/24 | 23/24 | 23/24 | 24/25 | 24/25 | 24/25 | 24/25 | 24/25 |
| | Q1 | Q2 | Q3 | Q4 | TOTAL | Q1 | Q2 | Q3 | Q4 | Total |
| # Educational Classes | 8 | 6 | 0 | 6 | 20 | 11 | 0 | 0 | 16 | 27 |
| # Support Group Meetings | 32 | 24 | 35 | 36 | 127 | 37 | 28 | 21 | 19 | 105 |
| # Support Group Visits | | | | | | 127 | 103 | 110 | 96 | 436 |
| # Direct Services & Events | 4 | 3 | 3 | 6 | 16 | 4 | 3 | 3 | 5 | 15 |
| # Community Educational Presentations | 1 | 0 | 3 | 2 | 6 | 3 | 3 | 2 | 1 | 9 |
| # Educational Course Participants | 12 | 15 | 0 | 7 | 34 | 11 | 0 | 0 | 19 | 30 |
| # Unduplicated Support Group Meeting Participants | 53 | 38 | 56 | 61 | 208 | 46 | 46 | 55 | 67 | 214 |

| <u>Peer and Family-Led Supports</u> | FY | FY | FY | FY | FY | FY | FY | FY | FY | FY |
|--|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|
| | 23/24 | 23/24 | 23/24 | 23/24 | 23/24 | 24/25 | 24/25 | 24/25 | 24/25 | 24/25 |
| | Q1 | Q2 | Q3 | Q4 | TOTAL | Q1 | Q2 | Q3 | Q4 | Total |
| # Community Educational Presentation Attendees | 8 | 0 | 85 | 25 | 118 | 73 | 50 | 23 | 10 | 156 |
| # Volunteers Recruited and/or Trained | 12 | 13 | 6 | 8 | 39 | 8 | 10 | 4 | 2 | 24 |
| # Direct Service Recipients | 20 | 140 | 20 | 20 | 200 | 20 | 95 | 26 | 24 | 165 |
| # Event Attendees | 0 | 146 | N/A | 167 | 313 | 220 | 0 | 0 | 172 | 392 |
| % SG/Class Participants - increased ability to manage stress | 100% | 92% | 89% | 89% | 92.50% | 100% | 100% | 100% | 100% | |
| % SG/Class Participants - increased ability to recognize signs & symptoms of mental illness | 83% | 92% | 56% | 100% | 83% | 100% | 100% | 100% | 100% | |
| % SG/Class Participants - increased access to community resources | 83% | 100% | 100% | 89% | 93% | 93% | 91% | 100% | 100% | |
| % SG/Class Participants - feeling less isolated as a result of group involvement | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| % Event Attendees - increased understanding of mental illness & stigma | N/A | 70% | N/A | 100% | 85% | 64% | N/A | N/A | 82% | |
| % Community Education Presentation Attendees - increased understanding of mental illness & stigma | 100% | N/A | 80% | 100% | 93% | 97% | 91% | 100% | 90% | |
| % Community Education Presentation Attendees - increased ability to recognize signs & symptoms of mental illness | 67% | N/A | 100% | 86% | 84% | | | | | |
| # Outreach Events Held/Attended | | | | | | 7 | 9 | 6 | 6 | 28 |
| # Outreach Participants | | | | | | 348 | 406 | 350 | 602 | 1706 |

Glossary of Acronyms used in this Report

| | |
|------------|---|
| BH | Behavioral Health |
| BHSA | Behavioral Health Services Act AKA Prop. 1 |
| CARE Court | Community Assistance, Recovery and Empowerment |
| CCOLE | CommuniCare+OLE |
| CYBHI | Children and Youth Behavioral Health Initiative |
| DJUSD | Davis Joint Unified School District |
| ECMH | Early Childhood Mental Health |
| ESTA | Early Signs Training and Assistance |
| FFP | Federal Financial Participation |
| FSP | Full-Service Partnership |
| FTE | Full Time Equivalent/Employee |
| FY | Fiscal Year |
| HHS | Health and Human Services |
| HMG | Help Me Grow |
| MCP | (not defined) |
| MHSA | Mental Health Services Act |
| MHSSA | Mental Health Student Services Act |
| NAMI | National Alliance on Mental Illness |
| Prop. 1 | Behavioral Health Services Act |
| RISE | Rural Innovations in Social Economics |
| SMI | Significant Mental Illness |
| VCSS | Victor Community Support Services |
| WJUSD | Woodland Joint Unified School District |
| YCOE | Yolo County Office of Education |