# YOLO COUNTY MENTAL HEALTH SERVICES ACT

# ANNUAL UPDATE

## 2025 - 2026

WELLNESS • RECOVERY • RESILIENCE

# Table of Contents

# Acronyms

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

# County Board of Supervisors Adoption Letter

# Certifications

## MHSA County Compliance Certification

**County/City:** Yolo

☐ Three-Year Program and Expenditure Plan
☑ Annual Update

| **Local Mental Health Director** | **Program Lead** |
|---|---|
| Tony Kildare, Behavioral Health Director<br>(530) 661-2929<br>Tony.Kildare@yolocounty.gov | Brian Vaughn, Public Health Director<br>(530) 666-8771<br>Brian.Vaughn@yolocounty.gov |
| Local Mental Health Mailing Address:<br>Yolo County Health and Human Services Agency<br>137 N. Cottonwood St., Suite 2500 Woodland, CA 95695 | |

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

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

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

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

**Tony Kildare, LCSW**

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** |
|---|---|
| Tony Kildare, Behavioral Health Director<br>(530) 661-2929<br>Tony.Kildare@yolocounty.gov | Tom Haynes, Chief Financial Officer<br>(530) 666-8162<br>Tom.Haynes@yolocounty.gov |
| Local Mental Health Mailing Address:<br>Yolo County Health and Human Services Agency<br>137 N . Cottonwood St ., Suite 2500 Woodland, CA 95695 | |

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

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

**Tony Kildare, LCSW**

Mental Health Director/Designee (PRINT) Signature Date

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

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

**Tom Haynes, CFO**

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

# MHSA Guiding Principles

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

**1. Community Collaboration**

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

**2. Cultural Competence**

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

**3. Client Driven**

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

**4. Family Driven**

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

**5. Wellness, Recovery, and Resilience Focused**

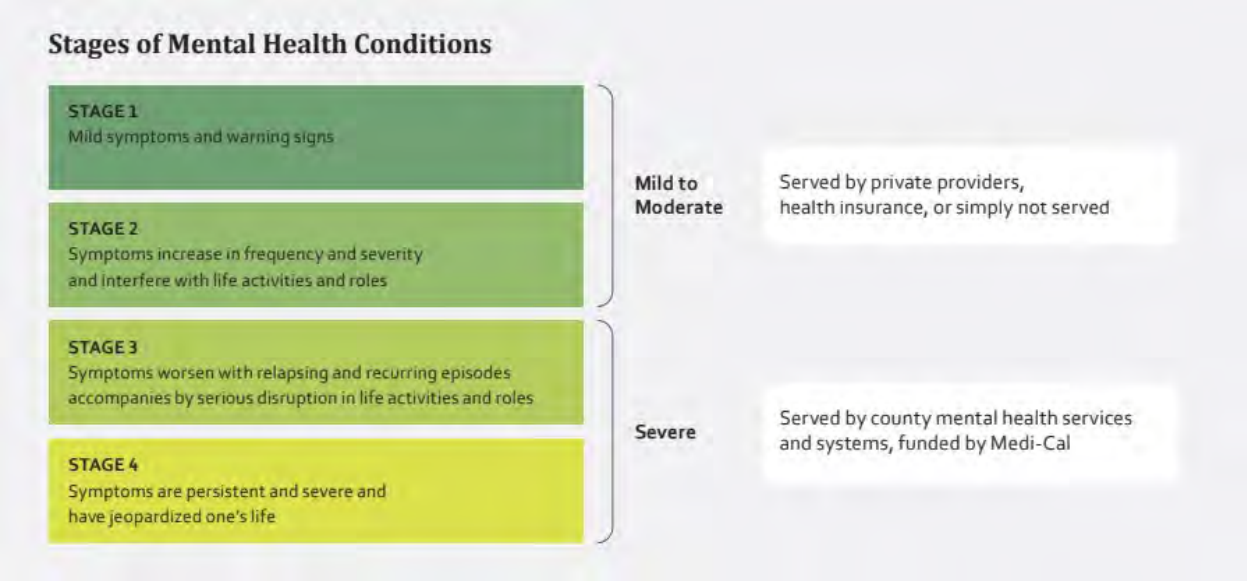
Planning for services shall be consistent with the philosophy, principles, and practices of the recovery vision for mental health consumers to promote concepts key to the recovery of individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and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

**6. Integrated Service Experiences for Clients and Their Families**

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

# Mental Health Definitions

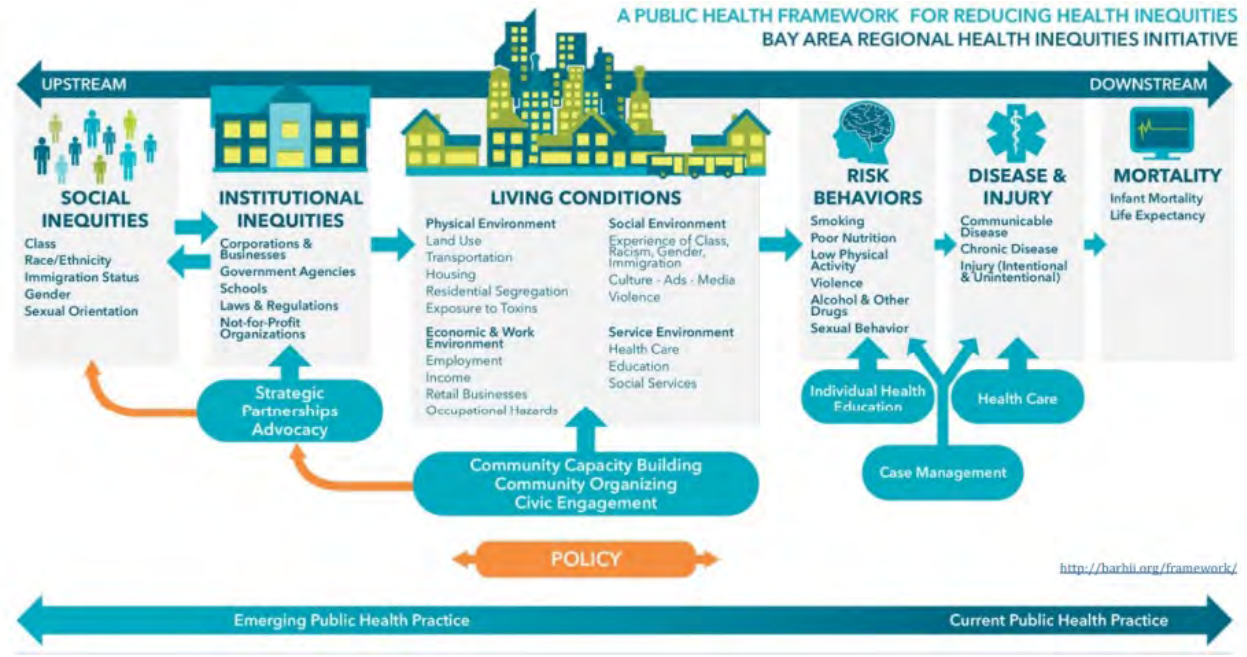
Mental health exists on a spectrum, commonly called “mild to moderate” or “severe.”




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

# Public Health Context for All Health Inequalities

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




# How California's History Affects Mental Health

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

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

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

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

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

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

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

# Executive Summary

The Fiscal Year (FY) 2025-26 Annual Update for the Mental Health Services Act (MHSA) provides the Yolo County Health and Human Services Agency (HHSA) an opportunity to inform key informants, partners, consumers, and community members about MHSA-funded programs and funding priorities and highlight outcomes from FY 2023-24. This final Annual Update also marks the end of the current MHSA categorical funding requirements.

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

In collaboration with county leadership and local key informants, this Annual Update sustains much of the core programming within Yolo County's MHSA three-year plan and includes reductions in the Community Services and Supports (CSS) budget and adjustments in the Prevention and Early Intervention (PEI) budget. These changes reflect updated state projections, a structural deficit ($4 million) in the FY 25-26 MHSA budget, actual local revenue and expenditures and related impacts to fund balances, and anticipated impacts in preparation for upcoming changes with the implementation of BHSA due to the passage of Proposition 1. Yolo County will continue to monitor state projections and make any necessary additional adjustments in the Integrated Plan for Fiscal Years 2026-2029.

The FY 2025-26 updates are informed by the community planning process, prioritized fiscal responsibility, and guided by the priorities established by the Yolo County Board of Supervisors on June 3, 2025:

- Focus funding on mandated services
- Prioritize Medi-Cal beneficiaries
- Maximize Medi-Cal reimbursement
- Reduce spending on discretionary programs
- Measure program impact data on health outcomes
- Evaluating the eligibility of current MHSA programs for continued funding post-Proposition 1 implementation
- Utilizing data-driven decision-making to right-size Yolo County's plan and budget based on changing MHSA revenue projections.

These adjustments result in targeted reductions to existing services, with a focus on maximizing Medi-Cal revenue and leveraging alternative funding sources wherever possible.

On October 21, 2025, HHSA provided an update to the Yolo County Board of Supervisors and received guidance and direction to address the MHSA budget deficit of approximately $4 million in fiscal year 25/26, a budget approach that reduces funding to both County and contracted provider services, and which allocates MHSA fund balance and additional funding sources to reduce impacts to service levels. Changes for the FY 2025-26 Annual Update include the following:

- Reduction of County behavioral health programming totaling **$2,638,789**
- 25% Reduction of MHSA funds to providers totaling **$695,333**
- Use of MHSA Fund Balance **of $869,807**
- Allocation of **$146,000** of cannabis revenue and Board directed project funds

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

As we navigate these transitions and the evolving landscape of behavioral health in California, Yolo County HHSA remains committed to supporting our clients, partners, and the community.

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

In partnership,

Tony Kildare, LCSW

Behavioral Health Director

# How to Get Help in Yolo County

Resources and services for those experiencing a crisis.

Help is available. Speak with someone today.

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

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

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

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

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

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

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

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

**Yolo County Child Welfare Services**
Online Form:
https://www.yolocounty.org/home/showpublisheddocument/55319/636743382093670000
Website:
https://www.yolocounty.org/government/general-government-departments/health-human-services/children-youth/child-welfare-services-cws/
CWS Reporting: (530) 669-2345 or CWS Fax: (530) 661-6012

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

**Domestic Violence & Abuse Resources**

**Empower Yolo**
24-Hour Crisis Line: (530) 662-1133
24-Hour Crisis Line: (916) 371-1907
Main Line: (530) 661-6336
https://empoweryolo.org/crisis-support/

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

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

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

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

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

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

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

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

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

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

**Alcoholics Anonymous**
www.aa.org

**Narcotics Anonymous**
https://na.org/

# Yolo County Community Program Planning Process

## Introduction

The Mental Health Services Act (MHSA)—also known as Proposition 63—was approved by California voters in 2004 to expand and transform the state's behavioral health system. MHSA funding is intended to improve services for individuals living with, or at risk of developing, serious mental health conditions, as well as their families. The MHSA is funded by a 1% tax on personal incomes exceeding $1 million per year.

To ensure transparency and accountability, the Mental Health Services Oversight and Accountability Commission (MHSOAC) requires each county receiving MHSA funds to develop a comprehensive Three-Year Program and Expenditure Plan, followed by Annual Updates. These plans outline how MHSA funds will be used to support local behavioral health services and priorities.

This Annual Update describes how Yolo County plans to use MHSA funds during the upcoming fiscal year. It was developed through a Community Program Planning Process (CPPP) that included input from a wide range of stakeholders across the county. Participants included mental health consumers and their families, direct service providers, emergency responders, youth and adults, members of the LGBTQ+ community, and individuals from diverse racial, ethnic, and cultural backgrounds.

The planning process reflects Yolo County's commitment to creating MHSA-funded programs that are recovery-oriented, client- and family-driven, culturally responsive, and grounded in collaboration across systems and communities.

To inform this Annual Update, Yolo County Health and Human Services Agency (HHSA) engaged community members and stakeholders through a mixed-methods approach. Data were gathered using the following tools:

- Annual Community Health Survey
- Community Listening Sessions
- Key Informant Interviews

The purpose of this data collection was to understand current behavioral health needs and priorities across the county and to ensure that community voices shape the services funded by MHSA. The insights collected through this process directly informed the assessment and planning decisions described in this report, supporting more equitable and responsive resource allocation.

## Community Engagement Process

To learn more about mental health successes and needs in Yolo County, information was collected in three ways: (1) **Key Informant Interviews**: Five Key Informant interviews were conducted to learn about the strengths of the behavioral health services available, insights into the coordination and integration of care, top needs in the community, and future opportunities to enhance the behavioral health system in the county. (2) **Community Health Survey**: The survey was available for Community Members to complete from February 20, 2025, to March 28, 2025. It focused on Community Members' perception of the most important behavioral health and housing services, their availability, barriers to accessing services, and open-ended questions that provided opportunities for people to provide more information. (3) **Listening Sessions**: Two Listening Sessions were conducted virtually via Zoom on March 13, 2025, and March 18, 2025. Anyone in the community could participate. The Listening Sessions focused on understanding Community Members' perception of behavioral health issues, the most important behavioral health challenges and support needs, the accessibility of services in their community, and suggestions for improvement, prioritization, and funding.

In addition, two **Community Engagement Workgroup Meetings** were conducted online via Zoom on November 19, 2024, and February 19, 2025. These meetings served as an informational session to update community members on recent and upcoming changes related to the Behavioral Health Services Act (BHSA). It also introduced the Community Program Planning Process (CPPP), outlining how stakeholders and community voices are incorporated into local mental health planning. The session included a Q&A segment to address questions, clarify processes, and ensure community members feel informed and equipped to participate in future planning activities.

In total, the CPPP engaged 236 community members through a combination of data collection efforts and informational sessions.

# Key Informant Interview Findings

The goal of the Key Informant Interviews (KIIs) was to gather diverse stakeholder perspectives on the strengths, needs, and opportunities across the behavioral health system in Yolo County. These conversations provided valuable insights into countywide behavioral health services and helped ground planning efforts in the experiences of those working directly with clients, systems, and communities. This year's informants represented a wide array of sectors and organizations, bringing new voices to the process. While many findings reinforced themes from previous years, new insights also emerged—helping to inform decision-making for MHSA and broader behavioral health investments. The following sections summarize common themes related to system strengths, needs, and opportunities for continued growth.

## System Strengths

Interviewees described several areas of strength that contribute to the effectiveness of behavioral health services in Yolo County. Notably, they highlighted cross-sector collaboration, children's behavioral health, and the dedication of County staff as assets that help the system function more responsively and equitably.

**Collaboration and Partnership**
The County's collaborative approach was consistently cited as a defining strength. Interviewees described HHSA as a responsive partner that actively engages with other agencies, organizations, and communities to address shared challenges. This culture of collaboration was seen as a key factor enabling the County to provide more coordinated and client-centered services. The repetition of this theme—even among interviewees who had not participated in previous planning cycles—suggests that Yolo County's reputation for partnership remains strong and may serve as a foundation for addressing complex, cross-cutting issues.

**Children's Behavioral Health**
Multiple interviewees identified notable improvements in children's behavioral health services over the past several years. These gains were perceived across various systems, including education and juvenile justice, indicating the reach of County initiatives in this area. The widespread acknowledgment of this growth highlights an opportunity to build on existing momentum to further expand youth- and family-centered approaches.

**Customer Service and Staff Commitment**
County staff were frequently described as compassionate, dedicated, and solution-oriented. This perception was held across informant groups and was noted as a key strength of the system. At the same time, stakeholders acknowledged that this level of personal commitment can place strain on staff—particularly when resources are limited or workloads are high. These insights reinforce the importance of supporting workforce sustainability as part of broader system planning.

## System Needs and Challenges

Informants also identified several challenges that limit access, continuity, or equity within the behavioral health system. Key themes included difficulties navigating services, workforce constraints, and gaps in substance use disorder (SUD) services. These challenges reflect ongoing pressures that may require targeted investments or operational support to address.

**System Navigation**
Navigating behavioral health services remains a challenge for many clients and their families. Interviewees described the system as complex and, at times, difficult to access—particularly for individuals unfamiliar with behavioral health care or those seeking services during a crisis. They suggested that clearer communication, more public education, or peer navigation supports could help mitigate this barrier. These improvements in system navigation may be especially important for increasing early access to care and reducing delays in treatment.

**Funding and Staffing**
Interviewees described persistent challenges related to limited funding and staffing. Several noted that while the County has a strong service infrastructure, resource constraints affect the system's ability to meet demand. These constraints were associated with limited program capacity, high caseloads, and difficulty attracting and retaining qualified staff. The need for stable funding and expanded staffing was framed not only as a matter of scale, but also as a condition for sustaining service quality and reducing burnout.

**Staff Turnover**
While staff were consistently praised for their dedication, interviewees raised concerns about the sustainability of current workloads. They described burnout and turnover as widespread—affecting both front-line staff and leadership—and noted the lingering impacts of the COVID-19 pandemic on the workforce. This theme underscores the need to invest in workforce wellbeing and retention as central elements

of system stability and effectiveness.

**Substance Use Services**
Gaps in SUD services were identified as an area of concern, particularly for youth and for substances such as methamphetamine, which some interviewees felt received less attention than opioids. Participants emphasized the importance of aligning services with local patterns of use and increasing the availability of age-appropriate, community-based interventions.

## Highlighted Programs and Initiatives

Key Informants cited several specific programs as strong examples of effective service delivery. These programs were described as well-aligned with community needs and impactful in improving access and outcomes.[1]

**K–12 School Partnership Program**
The County's K–12 program was frequently mentioned as a model of successful service integration. Interviewees described it as well-received and widely supported, noting that it increases access to behavioral health care for students and facilitates collaboration between schools, HHSA, and community providers. The program was characterized as both popular and effective—an example of proactive, place-based behavioral health support.

**Crisis Response Services**
Interviewees widely praised the County's crisis response services, particularly co-responder models embedded with law enforcement. These programs were credited with improving the safety and effectiveness of crisis interventions and supporting more coordinated care for individuals in acute distress. Informants emphasized that these services address a critical need and should continue to be a focus of investment and cross-system alignment.

**Mental Health Courts**
The County's Mental Health Courts were identified as a highly valued resource for individuals with serious mental illness involved in the justice system. Interviewees described these courts as offering a structured, supportive alternative to incarceration, with the potential to stabilize participants and promote recovery. These positive perceptions highlight the role of diversion programs in bridging behavioral health and public safety systems.

## Opportunities for System Growth

Beyond program-specific feedback, key informants discussed broader opportunities to strengthen the behavioral health system. Two cross-cutting areas stood out: the need for non-emergency behavioral health services and expanded housing supports for individuals experiencing homelessness.

**Non-Emergency Behavioral Health Services**
While crisis services were viewed as strong, interviewees noted a gap in services for individuals who are not in immediate crisis but still in need of support. Some expressed concern that individuals must wait until their condition becomes severe before accessing care, which can lead to preventable crises and increased system strain. Expanding non-emergency behavioral health services—such as step-down care, outpatient supports, and early intervention—was framed as a strategy for improving long-term outcomes and system efficiency.

**Housing and Supportive Services**
Housing instability and homelessness were described as major challenges that intersect with behavioral health at multiple levels. Interviewees highlighted the lack of affordable and supportive housing options, noting that this gap limits recovery and increases pressure on other systems. They emphasized that solutions must be both adequately resourced and tailored to individuals' varying needs

# Community Health Survey Findings

The findings below reflect community perspectives on key behavioral health issues, barriers to accessing care, and the availability of stable, affordable housing in Yolo County. These insights are drawn from the Community Health Survey, which asked respondents about their perceptions of pressing behavioral health challenges, the availability of mental health and substance use services, obstacles to accessing care, and suggestions for improving access to both behavioral health support and housing.

[1] While the programs highlighted below were mentioned most frequently or with particular emphasis during interviews, this is not an exhaustive list. Many valuable programs and services may not have come up in this round of interviews, and their absence here should not be interpreted as a reflection of their impact or importance within the broader care system.

Together, these results provide a window into how community members perceive the current behavioral health system and highlight opportunities for improvement.

A demographic overview of survey respondents is included at the end of this section, offering additional context on the individuals who contributed to this data collection effort.

## Behavioral Health Issues

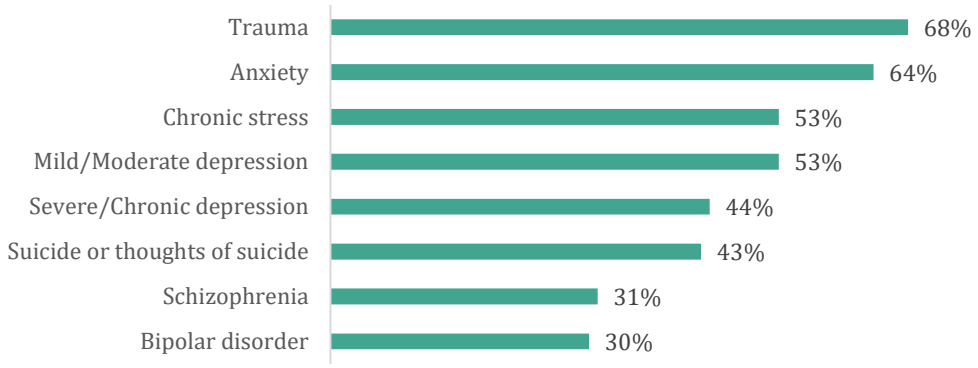
Understanding the behavioral health challenges most frequently cited by community members is essential for guiding responsive planning and resource allocation. Through the Community Health Survey, respondents shared their top concerns, highlighting specific issues they believe require greater attention and support within the current system.

**Figure 1a** presents the mental health issues most frequently identified by survey respondents as important to address. More than half of respondents selected trauma, anxiety, chronic stress, and mild to moderate depression as priority concerns.

**Figure 1b** highlights the substance use issues that respondents were most concerned about. Alcohol use disorder was mentioned most frequently, with more than half of respondents identifying it as an important issue to focus on.

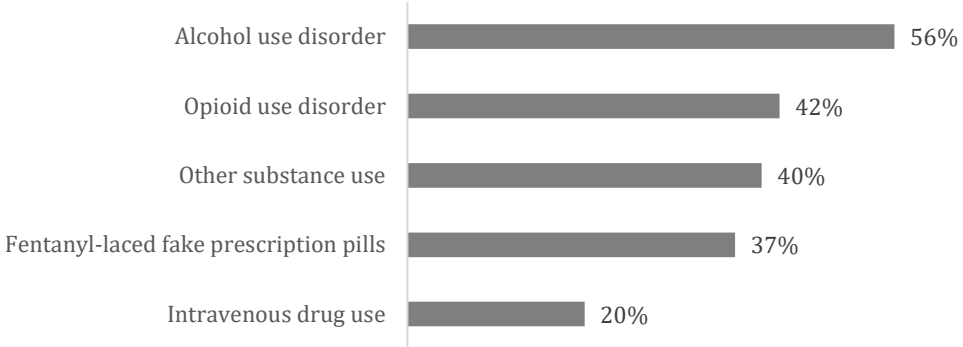
**Figure 1c** combines both mental health and substance use concerns and shows how often each one was mentioned, from most to least. This gives a fuller picture of the issues that community members feel need the most attention.

**Figure 1a. Most Important Mental Health Issues Identified by Survey Respondents***
(N = 30-67)



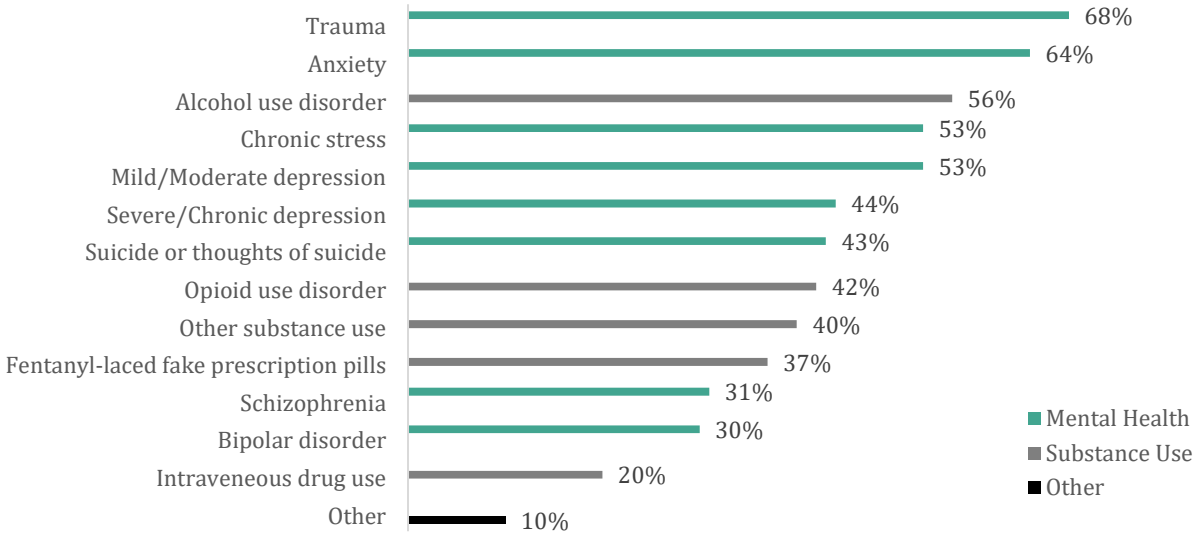

*As respondents were allowed to choose more than one option, the total percentage of responses is greater than 100%.

**Figure 1b. Most Important Substance Use Issues Identified by Survey Respondents***
(N = 20-55)




*As respondents were allowed to choose more than one option, the total percentage of responses is greater than 100%

**Figure 1c. Most Important Mental Health and Substance Use Issues Identified by Survey Respondents***
(N = 10-67)




*As respondents were allowed to choose more than one option, the total percentage of responses is greater than 100%

◇"Other" responses included a range of behavioral health and social concerns such as acculturation challenges, attention-deficit/hyperactivity disorder (ADHD), anxiety related to the federal government, isolation, lack of educational services, methamphetamine use, sex trafficking, substance use (including vaping and THC), and stress or trauma experienced by families following recent elections.

## Needs and Gaps in Services

Survey respondents were asked to share their perceptions of how well the current system of care meets local behavioral health needs. Their responses revealed gaps in service availability and effectiveness.

**Assessment of Service Availability**

Survey respondents were invited to identify where services may be lacking and to assess whether existing programs are adequately addressing mental health and substance use challenges in the community. **Figures 2** and **3** show that, although some services were seen as available, more than two-thirds of respondents felt that these services were not sufficient to meet the community's needs.

**Figure 2. Overall Availability of Mental Health Services in the County as Perceived by Survey Respondents**
(N = 99)

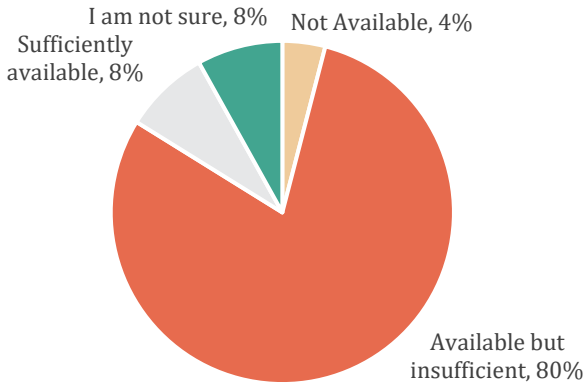
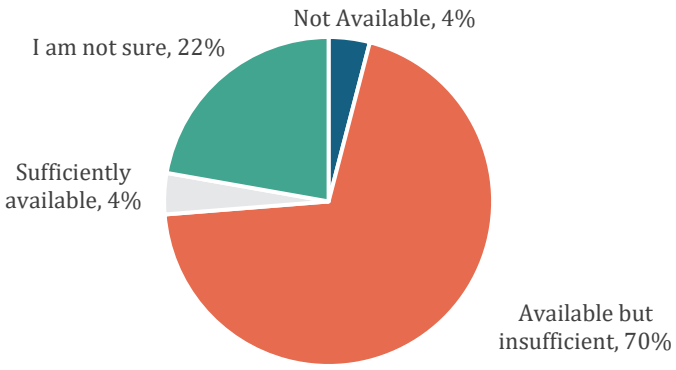


**Figure 3. Overall Availability of Substance Use Services in the County as Perceived by Survey Respondents***
(N = 99)




## Availability of Specific Mental Health and Substance Use Services

Community Health Survey respondents were asked about the availability of specific mental health and substance use services. Analysis revealed that respondents perceived differing availability across behavioral health services in the count.

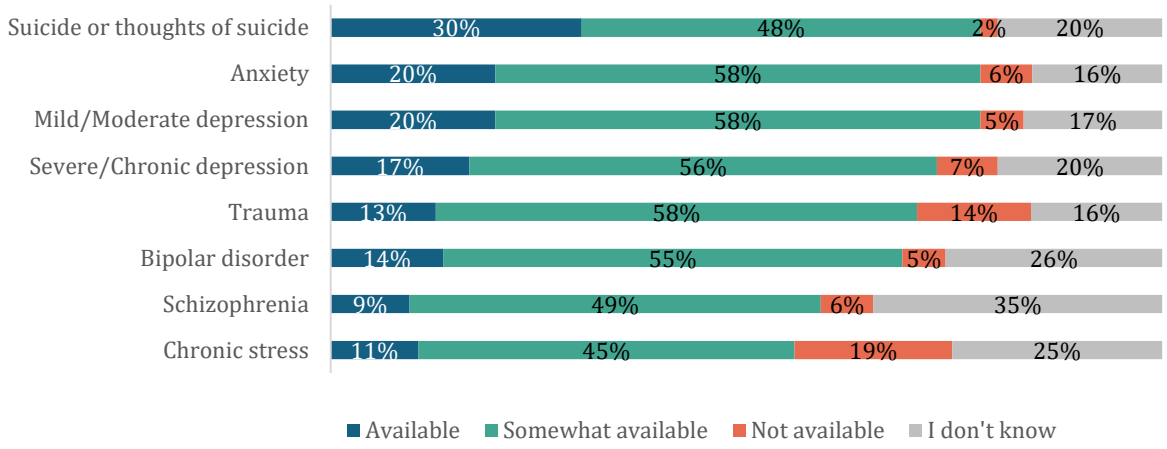
**Figure 4a** shows that survey respondents were most likely to say mental health services were available for suicide prevention, anxiety, and mild to moderate depression. In contrast, fewer felt there were services available for chronic stress and trauma.

For substance use services (**Figure 4b**), general support was seen as more available than services for more specific or severe issues. Services related to fentanyl-laced fake prescription pills and intravenous drug use were among those viewed as least available.

In addition to these gaps, many respondents simply weren't sure whether certain services existed in their community—especially when it came to substance use. Around 4 in 10 said they didn't know if there were services for fentanyl-laced pills, intravenous drug use, or opioid use disorder.

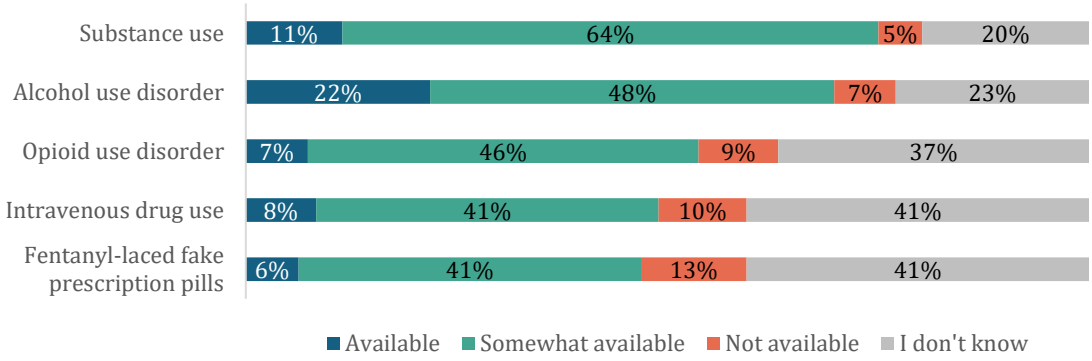
While people were generally more familiar with mental health services, there were still areas of uncertainty. For example, about one-third of respondents weren't sure whether services were available for schizophrenia.

**Figure 4a. Availability of Individual Mental Health Services in the County as Perceived by Survey Respondents***
(N = 95-98)




*Percentages are calculated based on the number of respondents that responded to each item.

**Figure 4b. Availability of Individual Substance Use Services in the County as Perceived by Survey Respondents ***
(N = 96)




## Housing Challenges and Community Solutions

Survey respondents shared their perspectives on stable housing in Yolo County. Most (86%) reported that finding stable housing is a challenge in their community. Through open-ended questions, respondents also identified barriers to access and provided recommendations for improving access to housing:

**Barriers to Stable Housing**
Over two-thirds of respondents described barriers they or others face in securing housing. These included high housing costs, a lack of affordable options, and difficulty accessing housing programs—especially for people with mental health conditions or low income.

- *Housing Costs Are Too High:* Many reported rents are far above what most people can afford, especially those on fixed incomes. Upfront costs like deposits and application fees make it even harder.
- *Not Enough Affordable Options:* Respondents noted a shortage of affordable and supportive housing, especially for people with disabilities or mental health needs. Long waitlists and strict eligibility rules add to the problem.
- *Difficulty Navigating Housing Programs*: Many shared that accessing housing help is hard without a case manager—and even

getting one can be difficult. Some reported information about available resources is confusing or hard to find.

- *Mental Health-Related Challenges:* People with behavioral health conditions may face added stigma or lack the support needed to maintain housing. Some shared services focus too much on crisis care rather than ongoing needs.
- *Strict Rental Requirements:* High credit score requirements, large deposits, and income rules often exclude people with lower incomes or past evictions.
- *Geographic and Development Barriers:* Rural residents have fewer nearby housing options and limited transportation. Others mentioned that new housing is often too expensive or not built where it's most needed.

**Suggestions for Improvement**

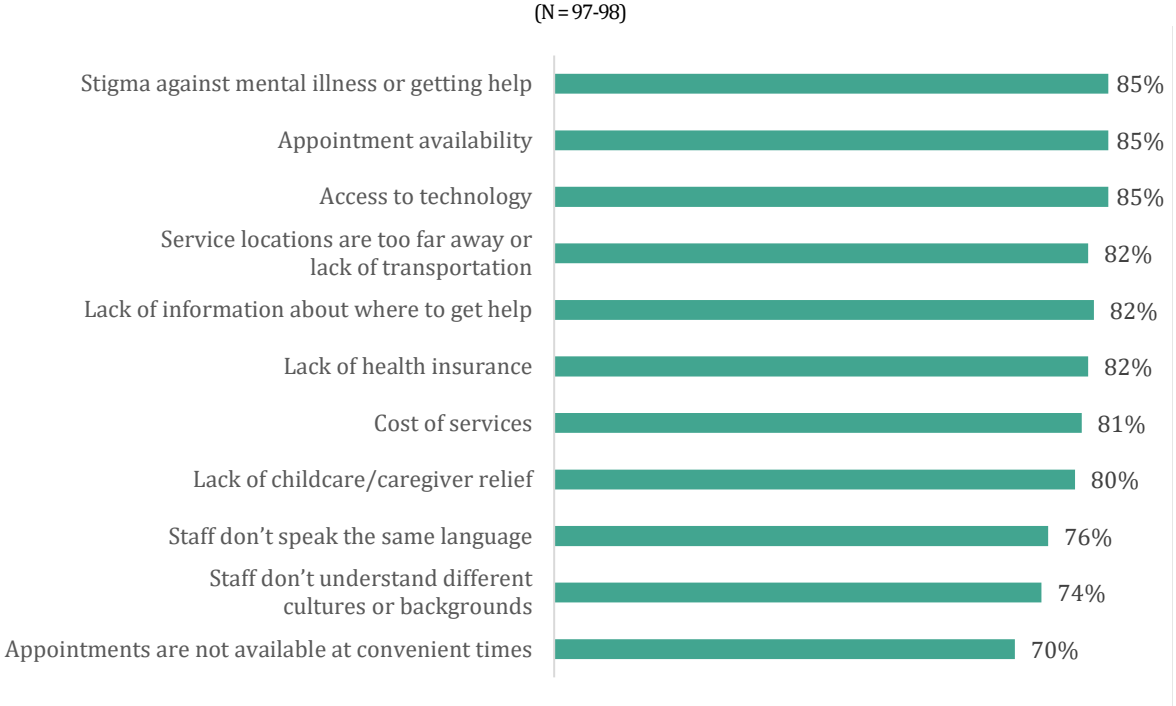
About 65% of respondents offered ideas for improving housing access. Suggestions focused on five key areas:

- *Build More Affordable and Supportive Housing:* Expand housing options, including tiny homes, converted buildings, and housing with built-in mental health services. Ensure housing is accessible to people with different support needs.
- *Make Resources Easier to Find:* Improve outreach so people know what housing help is available. Suggestions included public awareness campaigns, resource specialists in schools, and more visible information in community spaces.
- *Expand Mental Health and Case Management Services:* Increase access to case managers and integrate mental health care into housing programs. Some suggested placing social workers in housing sites and making services more culturally responsive.
- *Improve Housing Policies:* Recommendations included rent caps, more flexible zoning, incentives for landlords to accept vouchers, and expanded subsidies to help low-income renters stay housed.
- *Support Economic Stability:* Respondents highlighted the need for job training, rental assistance, financial education, and employment-related support like childcare.

## Barriers to Services

Community Health Survey respondents were asked to identify the barriers they face when trying to access behavioral health services and resources. Most respondents said all the listed issues were challenges (**Figure 5**). The most reported barriers included stigma around mental illness or seeking help (85%), difficulty getting an appointment (85%), lack of access to technology (85%), transportation challenges or services being too far away (82%), not knowing where to get help (82%), and the cost of services (81%).

**Figure 5. Barriers to Accessing Behavioral Health Services in the County Identified by Survey Respondents***
(N = 97-98)




* As respondents were allowed to choose more than one option, the total percentage of responses is greater than 100%

# Community Listening Session Findings

Yolo County also conducted Listening Sessions with community members and stakeholders to better understand perceptions and experiences related to behavioral health. Participants shared insights on stigma, barriers to accessing services, unmet needs, and suggestions for improving support for individuals and families affected by mental health and substance use challenges.

At the end of this section, a demographic overview of listening session participants is included, offering additional context on the individuals who contributed to this data collection effort.

## Stigma and Misunderstanding

Participants described a persistent stigma surrounding behavioral health issues. Some noted that individuals are often blamed for their mental health or substance use conditions or that families are wrongly assumed to be responsible. This perception was reported to create additional barriers to seeking help.

> *"I think there's still this 'pull them up by the bootstraps' mentality, and if folks wanted to do better, they would do better."*

This theme of blame was closely linked to the belief that mental illness and substance use are moral failings or personal choices. Several participants emphasized the need to shift societal narratives to reduce shame and increase help-seeking behavior.

## Identifying Needs

Participants identified several key areas of concern: the loss of funding for valued programs, the intersection of behavioral health and homelessness, the limited availability of frontline crisis services, and the growing need for substance use treatment. Some also raised concerns about the impact of the political climate on community mental health, particularly among immigrant and non-citizen populations.

**Funding**
Participants consistently raised funding as a pressing concern, particularly the potential loss of support for behavioral health programs deeply valued by the community. They emphasized that recent reductions had already impacted service availability and voiced concern about sustaining programs that meet critical needs.

**Homelessness and Housing**
Echoing key informant interviews and survey responses, listening session participants highlighted the urgent need for housing supports. Some noted that clients exiting residential treatment often face homelessness due to a lack of options.

> *"One of the challenges is that people complete residential treatment but then return to the same environment—often unhoused, surrounded by others who are still using. If we had supported housing and help finding employment, I think we'd be more successful with that population."*

**Frontline Services**
Participants emphasized the importance of timely crisis intervention. They called for expanded co-responder availability and 24/7 mobile crisis services.

**Substance Use Services**
Participants described substance use—including fentanyl and methamphetamine—as a widespread and growing issue in the community, emphasizing the need for expanded inpatient and dual diagnosis treatment.

**Impact of Political Climate**
Some participants shared that fear and anxiety driven by recent immigration policies and broader political dynamics deterred community members from accessing services. One participant recalled, "*11 out of the 12 people who had registered withdrew from the class out of fear of attending,*" highlighting the need for services that actively foster safety and trust.

**Groups with Unique Behavioral Health Needs**
Participants identified several groups as having distinct behavioral health needs or facing greater barriers to care. These included African American community members, people with autism, Latinx individuals, LGBTQIA+ populations, older adults, rural residents, non-English-

speaking families, and youth. Effective engagement with these groups may require more tailored outreach strategies and culturally responsive services.

## Access Barriers

Participants in the listening sessions were asked to share their perspectives on accessing behavioral health services. Specifically, they discussed how easy services are to reach, what barriers they've encountered, and how cultural competence could be improved.

**Service Availability and Wait Times**
Participants expressed concern about the limited availability of services across the continuum of care, from early intervention to crisis response and residential treatment. Long waitlists, especially for psychiatric care and inpatient beds, were frequently described. This was viewed as contributing to disengagement and a lack of trust in the system.

> *"It's hard to maintain engagement when you're sitting in jail and #65 on the waitlist."*

**Transportation**
Transportation challenges were frequently mentioned, especially for individuals living in rural parts of the county and those unhoused or with mobility limitations. Participants noted that transportation difficulties can prevent access to services and limit follow-through with care. For some unhoused individuals, leaving their tents or temporary living spaces to seek services was described as risky due to fear of having their belongings stolen while they were away.

**Workforce Challenges**
Staff burnout and turnover were also cited as barriers. Participants described how limited staffing—especially of trained behavioral health professionals—can increase waiting times and reduce continuity of care. Some noted that high turnover makes building trust between providers and clients harder.

## Recommendations

**Improving Cultural Responsiveness**
Participants shared suggestions for making services more culturally competent. These included improving the accuracy of translation and interpretation services and providing staff training on behavioral health needs in diverse communities. Understanding cultural context—such as stigma within specific communities—was emphasized.

**Expanding and Protecting Services**
Several participants stressed the importance of maintaining funding for programs that they viewed as effective. Programs mentioned included Crisis Intervention Team (CIT) training, mobile crisis response, Mental Health Court, and early intervention efforts. Some participants recommended increasing funding for programs with proven outcomes.

Others expressed the desire to bring back specific programs, such as the CREO program, which had focused on culturally responsive care for Spanish-speaking and Latinx communities. Participants described the loss of this program as having created a gap in services for families who felt more comfortable accessing care in their primary language.

**Creating Safe Spaces for the Unhoused**
Some participants proposed the creation of designated outdoor "safe zones" for people experiencing homelessness. These spaces could offer a safer environment and serve as a point of contact for outreach teams, especially for individuals waiting for shelter, treatment, or housing placements.

> *"At the point where I was at, I didn't even care where I slept or laid my head—as long as I was safe, as long as I didn't have to worry about being attacked by somebody. Once those things are separated from the mix, you can really start concentrating on other things—if you're not in survival mode constantly. I think having a safe environment, [even] a little camp area where programs can reach you, [where] you don't have to worry about your stuff being stolen. Just a safe environment, even in a tent. I would've loved to have that opportunity."*

**Enhancing Data Collection and Outreach**
Finally, participants suggested expanding efforts to gather input from individuals with lived experience. Some felt that existing data collection efforts did not always directly include consumers' voices and that more could be done to engage community members in accessible, welcoming ways

# Community Health Survey and Listening Session Participants' Demographics

Demographic information was collected to help ensure that the insights gathered through the Community Health Survey and Listening Sessions reflected the diversity of Yolo County residents. Survey participants provided demographic data directly, and Listening Session participants were invited to complete a short demographic questionnaire.

Among those who shared demographic information, participants ranged in age from under 16 to over 60 and represented a wide range of lived experiences, including parents, veterans, and family members of individuals living with behavioral health challenges, along with other diverse identities.

## Age

Participating Community Members were asked their age (**Table 1)**. On the Community Health Survey, the median age was 44 years old, with a range of 14 – 83 years of age. On the Listening Sessions demographic survey, participants were not asked for their age and instead selected their age range, but the majority of participants were between 26 and 59 years of age.

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

| Age | Survey (N = 86*) | Listening Session (N = 33) |
|---|---|---|
| Under 15 years old | 3% | 0% |
| 16 – 25 years old | 6% | 0% |
| 26 – 59 years old | 71% | 76% |
| 60+ years old | 20% | 25% |

*8 respondents declined to answer the item requesting their age

## Ethnicity and Race

Participating Community Members were asked about their Ethnicity and Race. In the Community Health Survey, in response to the question about their Ethnicity, slightly less than half of respondents (42%, N = 38) identified as Hispanic/Latino and slightly more than half (58%, N = 53) as Non- Hispanic/Latino, while three respondents declined to answer this item. In the Listening Sessions demographic survey, a third of participants (33%, N = 11) identified as Hispanic/Latino. As shown in **Table 2**, over half of Community Health Survey respondents and Listening Sessions participants identified as White.

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

| Race | Survey (N = 90**) | Listening Session (N = 33) |
|---|---|---|
| White | 56% | 64% |
| Hispanic or Latino | 38% | 33% |
| Multiracial | 4% | 3% |
| American Indian or Alaska Native | 4% | 6% |
| Black or African American | 8% | 6% |
| Asian | 3% | 3% |
| Another race/ethnicity | 6% | 0% |
| Native Hawaiian or Pacific Islander | 1% | 0% |

*Respondents could select more than one Race/Ethnicity. Percentages may exceed 100%.
**2 respondents declined to answer the item requesting their race.

## Gender

Participating Community Members were asked about their gender. As detailed in **Table 3**, over three-fourths of Community Health Survey respondents and over two-thirds of Listening Session demographic survey respondents identified as female.

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

| Gender | Survey (N=93*) | Listening Session (N = 33) |
|---|---|---|
| Female | 77% | 67% |
| Male | 22% | 33% |
| Questioning/unsure of gender identity | 0% | 0% |
| A different identity | 0% | 0% |
| Genderqueer | 1% | 3% |
| Transgender | 0% | 0% |

**2 respondents declined to answer the item requesting their gender.

## Primary Language Spoken at Home

The Community Health Survey was offered in English, Spanish, Farsi, and Russian. No Farsi or Russian surveys were returned. Community Health Survey respondents were asked what language they speak at home to understand each respondent's primary language better. As detailed in **Table 4**, almost nine out of every ten respondents reported speaking primarily English at home, with close to one out of ten primarily speaking Spanish at home, and 2% speaking both English and Spanish. In the Listening Session demographic survey, all respondents' primary language was English.

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

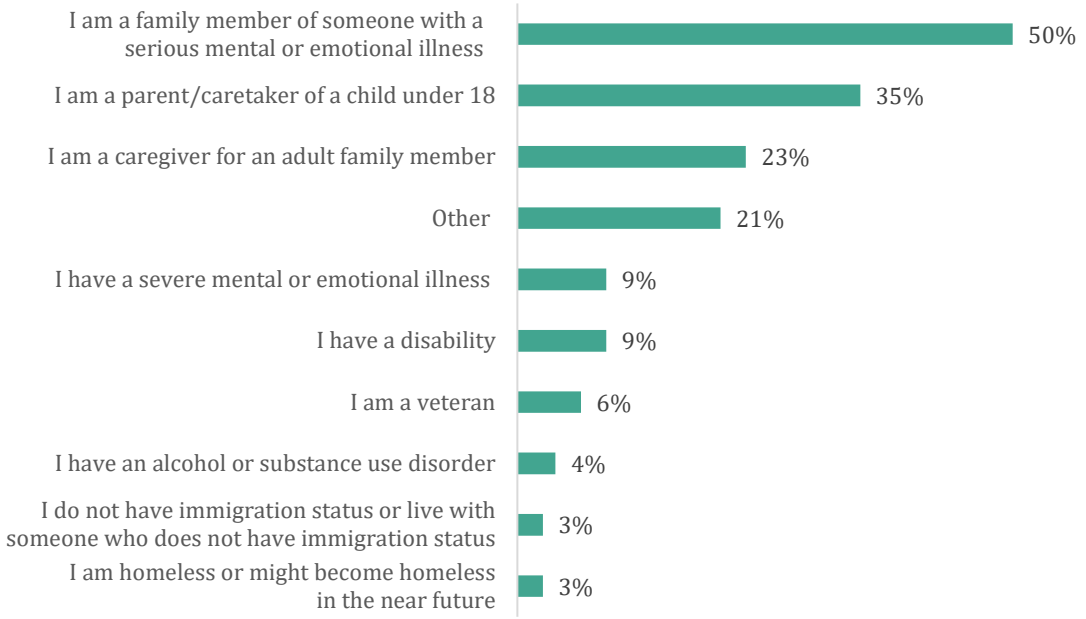
| Primary Language Spoken at Home | Survey (N = 91*) | Listening Session (N = 33) |
|---|---|---|
| English | 89% | 97% |
| Spanish | 9% | 0% |
| Both English and Spanish | 2% | 0% |

*1 respondent declined to answer the item requesting their primary language.

## Additional Personal Identities

Community Health Survey respondents were asked about additional identities they hold. Understanding the various identities of respondents aids in ensuring that insights gained through the Community Health Survey are inclusive and effective. As shown in **Figure 6**, half of the respondents identified as having a family member with a serious mental or emotional illness (50%), over a third identified as a parent of a child under 18-years-old (35%) and nearly one in four as being a caregiver for an adult family member (23%). Percentages were calculated based on the number of individuals who answered this item about additional personal identities (n = 78).

**Figure 6. Additional Identities of Community Health Survey Respondents***
(N = 78)



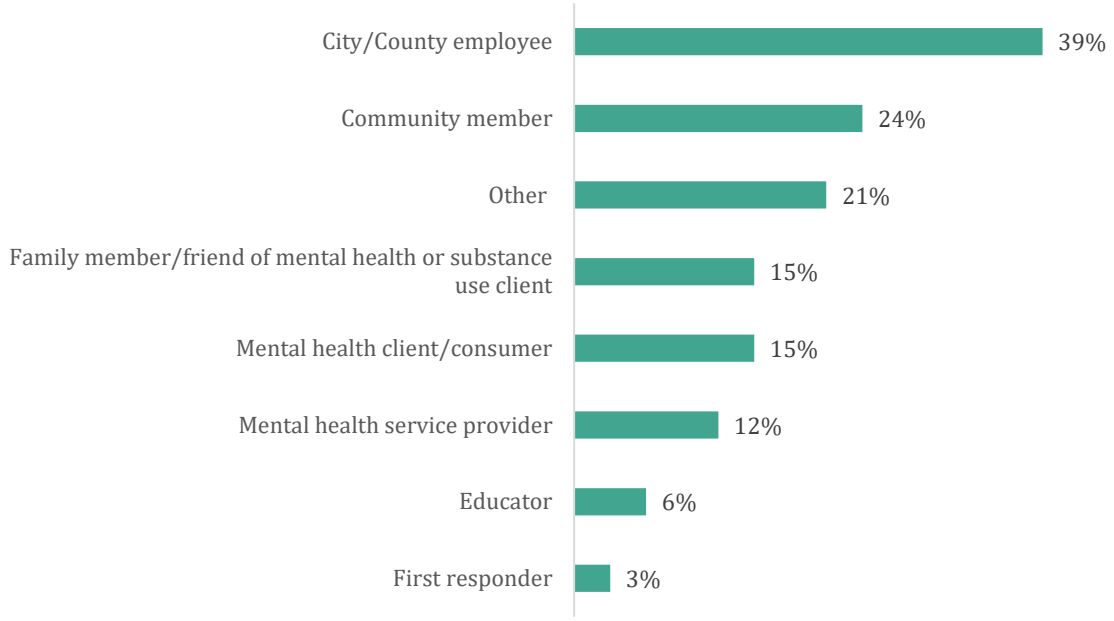

*As respondents were allowed to choose more than one option, the total percentage of responses is greater than 100%.

Over 20% of Community Health Survey respondents indicated that they have identities beyond those listed in Figure 6. "Other" identities included healthcare providers and behavioral health professionals, educators and school staff, caregivers and advocates, and community members and residents.

## Listening Session Participants' Affiliations

Listening Session demographic survey participants were asked about their participation affiliation. As shown in **Figure 7**, common participant affiliations were City/County employee (39%), Community member (24%), and Other (21%).

**Figure 7. Additional Identities of Listening Session Participants***
(N = 33)




*As participants were allowed to choose more than one option, the total percentage of responses is greater than 100%.

In the Listening Session demographic survey, 20% of participants had affiliations beyond those listed in Figure 7. "Other" affiliations (N=7) included housing provider (29%), nonprofit/CBO, public defender (14%), family partner (14%), community-based agency that serves Yolo (14%), and Area Agency on Aging (14%).

## Listening Session Attendees

Altogether, there were 76 Listening Session participants. See **Table 5** for the number of people who attended each online session.

**Table 5. Number of Participants in Each Listening Session**

| Session Date | Participants |
|---|---|
| March 13 | 42 |
| March 18 | 34 |

# Community Characteristics

Yolo County spans 1,021 square miles[2] and is home to an estimated 217,141 people.[3] The county has four incorporated cities—Davis, West Sacramento, Winters, and Woodland—as well as several census-designated places and unincorporated communities, including Capay, Clarksburg, Dunnigan, Esparto, Guinda, Knights Landing, Madison, Monument Hills, Rumsey, Yolo, and Zamora.[4] The region is the traditional home of the Patwin people, including the federally recognized tribes of Cachil DeHe Band of Wintun Indians of the Colusa Indian Community, Kletsel Dehe Wintun Nation, and Yocha Dehe Wintun Nation.[5]

Yolo County has many agricultural areas. UC Davis, the largest employer in the county,[6] began as a research farm site for UC Berkeley. As of September 2024, UC Davis was number one in the nation for agriculture and forestry, as well as veterinary medicine.[7] UC Davis had 38,347 enrolled students as of September 2024.[8]

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

## American Community Survey Data (US Census)

This section provides an overview of required demographic information about Yolo County and its localities. The American Community Survey 2023 5-Year Estimates provided this section's data. The American Community Survey is conducted by the US Census. The 2023 5-Year estimates are the most recent and statistically stable American Community Survey estimates for Yolo County localities.

As of 2023, Yolo County's total population stands at 217,782. Davis is the most populous locality with 78,326 residents, while Clarksburg has the smallest population, totaling 1,506 inhabitants (Table 6).

**Table 6. Total Population by Locality in Yolo County[9]**

| | Clarksburg | Davis | Esparto | Knights Landing | West Sacramento | Winters | Woodland | Yolo County | California |
|---|---|---|---|---|---|---|---|---|---|
| Total Population | 1,506 | 78,326 | 5,965 | 4,037 | 54,496 | 9,098 | 64,245 | 217,782 | 39,242,785 |

The county's racial composition varies, with White non-Hispanics and Hispanics/Latinos being the predominant demographic groups (Tables 7 and 8). This diversity is detailed across all localities, highlighting the county's richness and variety.

[2] Yolo County, 2021—2029 Housing Element | https://www.hcd.ca.gov/housing-elements/docs/yolo-county-6th-draft061021.pdf
[3] US Census, American Community Survey 2023 5-Year Estimates
[4] Yolo County, 2021—2029 Housing Element | https://www.hcd.ca.gov/housing-elements/docs/yolo-county-6th-draft061021.pdf
[5] Yolo County Office of Education, Land Acknowledgement Statement | https://www.ycoe.org/Board/Land-Acknowledgement-Statement/index.html
[6] California State Comptroller, Government Compensation in California | https://publicpay.ca.gov/Reports/Counties/Entities.aspx?entityid=57&year=2022
[7] UC Davis, Rankings | https://www.ucdavis.edu/about/rankings
[8] UC Davis, About Us | https://www.ucdavis.edu/about
[9] US Census, American Community Survey 2023 5-Year Estimates

**Table 7. Racial Composition in Yolo County by Locality[10]**

| | Clarksburg | Davis | Esparto | Knights Landing | West Sacramento | Winters | Woodland | Yolo County | California |
|---|---|---|---|---|---|---|---|---|---|
| White—not Hispanic/Latino | 1,380 | 52,050 | 4,843 | 3,020 | 36,791 | 7,072 | 47,015 | 152,280 | 23,210,434 |
| Hispanic or Latino of Any Race | 629 | 12,890 | 2,467 | 2,210 | 18,507 | 3,886 | 31,758 | 72,347 | 15,630,830 |
| African American | 0 | 2,850 | 431 | 46 | 3,376 | 234 | 2,338 | 9,275 | 2,841,399 |
| American Indian and Alaska Native | 69 | 1,700 | 153 | 476 | 1,328 | 175 | 2,135 | 6,036 | 1,112,439 |
| Asian | 75 | 23,526 | 247 | 130 | 10,189 | 189 | 6,307 | 40,663 | 7,016,093 |
| Native Hawaiian and Other Pacific Islander | 0 | 610 | 58 | 0 | 655 | 29 | 685 | 2,037 | 336,321 |
| Some Other Race | 91 | 7,072 | 1,088 | 1,182 | 12,936 | 3,044 | 20,249 | 45,662 | 11,613,443 |
| Two or More Races | 69 | 8,787 | 812 | 663 | 9,720 | 1,579 | 13,501 | 35,131 | 6,410,245 |

**Table 8. Hispanic and Latino Population by Locality in Yolo County[11]**

| | Clarksburg | Davis | Esparto | Knights Landing | West Sacramento | Winters | Woodland | Yolo County | California |
|---|---|---|---|---|---|---|---|---|---|
| Hispanic or Latino (of any race) | 629 | 12,890 | 2,467 | 2,210 | 18,507 | 3,886 | 31,758 | 72,347 | 15,630,830 |
| Not Hispanic or Latino | 877 | 65,436 | 3,498 | 1,827 | 35,989 | 5,212 | 32,487 | 145,435 | 23,611,955 |

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

**Table 9. Sex Assigned at Birth by Locality in Yolo County[12]**

| | Male | Female |
|---|---|---|
| Clarksburg | 785 | 721 |
| Davis | 36,591 | 41,735 |
| Esparto | 3,081 | 2,884 |
| Knights Landing | 2,060 | 1,977 |
| West Sacramento | 26,514 | 27,982 |
| Winters | 4,729 | 4,369 |
| Woodland | 32,213 | 32,032 |
| Yolo County | 106,025 | 111,757 |
| California | 19,605,882 | 19,636,903 |

[10] US Census, American Community Survey 2023 5-Year Estimates
[11] US Census, American Community Survey 2023 5-Year Estimates
[12] US Census, American Community Survey 2023 5-Year Estimates

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

**Table 10. Age Categories by Locality in Yolo County[13]**

| | 0-14 | 15-24 | 25-59 | 60 and Older |
|---|---|---|---|---|
| Clarksburg | 276 | 246 | 531 | 453 |
| Davis | 7,857 | 31154 | 26,338 | 12,977 |
| Esparto | 1,460 | 552 | 2,438 | 1,515 |
| Knights Landing | 857 | 448 | 1,677 | 1,055 |
| West Sacramento | 11,375 | 8,253 | 25,523 | 9,345 |
| Winters | 1,592 | 1,381 | 4,482 | 1,643 |
| Woodland | 13,016 | 9,008 | 29,115 | 13,106 |
| Yolo County | 36,433 | 51,070 | 90,134 | 40,145 |
| California | 7,177,362 | 5,124,225 | 18,617,062 | 8,324,136 |

Educational levels among those aged twenty-five and older also reflect a highly educated population, with 23% of Yolo County residents aged 25 and older holding a bachelor's degree and 21% possessing a graduate or professional degree (Table 11).

**Table 11. Educational Attainment by Locality in Yolo County Residents Aged 25 and Older[14]**

| | Clarksburg | Davis | Esparto | Knights Landing | West Sacramento | Winters | Woodland | Yolo County | California |
|---|---|---|---|---|---|---|---|---|---|
| Less Than 9th Grade | 124 | 712 | 346 | 360 | 2,736 | 594 | 3,786 | 8,658 | 2,343,992 |
| 9th to 12th Grade, No Diploma | 134 | 738 | 220 | 304 | 2,081 | 181 | 2,754 | 6,439 | 1,805,154 |
| High School Graduate (Includes Equivalency) | 113 | 2,872 | 1,063 | 676 | 6,956 | 1,332 | 9,840 | 22,852 | 5,496,195 |
| Some College, No Degree | 220 | 4,278 | 1,199 | 542 | 8,302 | 1,368 | 9,488 | 25,427 | 5,327,128 |
| Associate's Degree | 96 | 1,650 | 277 | 219 | 3,017 | 695 | 3,517 | 9,471 | 2,134,368 |
| Bachelor's Degree | 161 | 12,368 | 530 | 466 | 7,359 | 1,103 | 7,770 | 29,769 | 6,035,609 |
| Graduate or Professional Degree | 136 | 16,697 | 318 | 165 | 4,417 | 852 | 5,066 | 27,663 | 3,798,752 |

Woodland, Davis, and West Sacramento (respectively) host the largest percentages of veterans across Yolo County. This points to significant communities of former military service members who contribute diverse experiences and skills to the local population (Table 12).

[13] Calculations using US Census, American Community Survey 2023 5-Year Estimates
[14] US Census, American Community Survey 2023 5-Year Estimates

**Table 12. Percentage of Veterans Across Yolo County[15]***

| | Veterans Across Yolo County (N=6,487 Yolo County Veterans) |
|---|---|
| Clarksburg | 2% |
| Davis | 29% |
| Esparto | 3% |
| Knights Landing | 1% |
| West Sacramento | 27% |
| Winter | 4% |
| Woodland | 33% |

* Due to rounding, percentages do not sum to 100%

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

**Table 13. Percentage of Language Spoken at Home by Locality in Yolo County Aged 5 and Over[16]**

| | Clarksburg (N=1,417) | Davis (N=76,342) | Esparto (N=5,344) | Knights Landing (N=3,769) | West Sacramento (N=51,077) | Winters (N=8,439) | Woodland (N=60,504) | Yolo County (N=207,001) | California (N=37,028,644) |
|---|---|---|---|---|---|---|---|---|---|
| English Only | 65% | 68% | 65% | 56% | 62% | 60% | 60% | 64% | 56% |
| Spanish | 34% | 10% | 32% | 42% | 20% | 37% | 32% | 21% | 28% |
| Other Indo-European Languages | 0% | 6% | 1% | >1% | 12% | 1% | 5% | 7% | 5% |
| Asian and Pacific Islander Languages | 1% | 15% | 2% | 2% | 6% | 1% | 3% | 8% | 10% |
| Other Languages | 0% | 1% | 0% | 0% | >1% | 2% | >1% | 1% | 1% |

**Regarding economic conditions, the median household income across Yolo County was $88,818 in 2023. Winters stands out with the highest median income at $120,789 (Table 14).Table 14. Median Household Income in the Past 12 Months by Locality in Yolo County (in 2023 Inflation-Adjusted Dollars)[17]**

| | Median Household Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars) |
|---|---|
| Clarksburg | $86,094 |
| Davis | $85,626 |
| Esparto | $99,865 |
| Knights Landing | $64,680 |
| West Sacramento | $90,791 |
| Winters | $120,789 |
| Woodland | $88,618 |
| Yolo County | $88,818 |
| California | $96,334 |

[15] Calculations using US Census, American Community Survey 2023 5-Year Estimates
[16] US Census, American Community Survey 2023 5-Year Estimates
[17] US Census, American Community Survey 2023 5-Year Estimates

# How Healthy is Yolo County, California?

This section is informed by data from US News and World Report, as well as the California School Climate, Health, and Learning Survey. Regarding public health and equity issues, such as comparing life expectancy and social equity measures like the segregation index and racial disparity in poverty, Yolo County fares well. Yolo County residents' life expectancy exceeds the state and national average. Yolo County also has a more favorable Racial Disparity in Poverty Score and Social Equity (as indicated by the Segregation Index Score) than compared with the national level (Tables 15, 16, and 17).

**Table 15. Life Expectancy in Years**[18]

| | Life Expectancy (Years) |
|---|---|
| Yolo County | 81 |
| California | 60 |
| USA | 76 |

**Table 16. Racial Disparity in Poverty**[19]*

| | Racial Disparity in Poverty |
|---|---|
| Yolo County | .08 |
| California | .08 |
| USA | .13 |

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

**Table 17. Social Equity (Segregation Index Score)**[20]*

| | Social Equity |
|---|---|
| Yolo County | .19 |
| California | .32 |
| USA | .39 |

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

The data on adults experiencing frequent mental distress shows that 16% of adults in Yolo County report such conditions, which is slightly higher than in California, where the figure stands at 15%, but lower than the national average of 17%.

**Table 18. Adults with Frequent Mental Distress**[21]

| | Adults with Frequent Mental Distress |
|---|---|
| Yolo County | 16% |
| California | 15% |
| USA | 17% |

Finally, the identification of LGBTQ youth in Yolo County has increased from 13% to 17% from 2019-2023, highlighting changing social dynamics and increasing awareness and acceptance of diverse sexual orientations and gender identities within the community (Table 19).

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

**Table 19. Youth Who Identify as LGBTQ, 2019-2023[22]***

| | 2019-2021 | 2021-2023 |
|---|---|---|
| Yolo County | 13% | 17% |
| California | 11% | NA |

*Data for California for 2021-23 had not been released at the time of this report. Data for the US was not collected.

[22]California School Climate, Health, and Learning Surveys (n.d). Secondary Student Survey 2019-2023. Data provided and prepared by CalSCHLS Staff through a special request.

# System Capacity Assessment

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

## Bilingual Proficiency

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

- Hindi: 3 staff members
- Cantonese: 1 staff member
- Urdu: 2 staff members
- Hmong: 1 staff member
- Korean: 2 staff members
- Russian: 1 staff member
- Chinese: 2 staff members
- Spanish: 55 staff members
- Tagalog: 2 staff members
- Vietnamese: 1 staff member
- Punjabi: 2 staff members
- Fijian: 1 staff member
- German: 1 staff member

Data Source: Yolo MHP Provider Directory (June 2025)

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

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

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

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

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

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

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

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

# Strengths and Limitations

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

## Strengths

Yolo County HHSA coordinated, advanced, and/or supported a myriad of Cultural Competence activities, both internal and community-based engagements, during FY24-25, providing programming and workforce education in culturally and linguistically appropriate service delivery and the impact of social determinants of health and health disparities. Community outreach and engagement focused 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 Cultural Competence program convened the Cultural Competence Committee, hosted cultural considerations community presentations, and partnered with local school districts to offer the following events: Three-day Youth Justice Leadership Academy; Two workshops for middle school girls on self-care, self-love, self-esteem, and empowerment; Family leadership conference with workshops for parents and youth; and Freedom School six-week engagement of 70+ youth and parents. Cultural Competence also partnered in Martin Luther King, Jr. Day activities in Davis, Yolo County Women's History Month activities, Juneteenth celebration activities, Davis Pride month celebration and Woodland Pride Parade activities.

## Limitations

The Cultural Competence Program is operated by one (1) FTE, which limits the capacity to expand this programming. One limitation is the number of Russian-speaking staff members. HHSA has bilingual staff members, but some of them (including Russian speaking) do not provide direct services. Service needs among Russian community members and clients are being addressed by HHSA's bilingual outreach and engagement specialist and contracted community providers.

# Community Services and Supports Programs (CSS)

## Adult Wellness Services

**Status:** Continued From Prior Year Plan

**Target Populations:** Adults Aged 26–59

**Administered by:** Contractor and County

**Service Contractors:**
Yolo Community Care Continuum; North Valley Behavioral Health

| | |
|---|---|
| Estimated FY25/26 Costs | **$9,691,908** |
| Number Served FY25/26 | **305** |
| Estimated Cost/Person Served | **$31,777** |

## Program Description

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

The adult and older adult FSP programs, operated by the county, serve clients through the county offices in Woodland, West Sacramento, Davis, and Winters, as well as community locations that best meet the need of each client. FSP members are often served in their residence, including the permanent supported housing units throughout the county.

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

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

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

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

- Conducting strengths-based integrated assessments that comprehensively examine mental health, social, and physical health needs, focusing on consumer and family member engagement.

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

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

## Goals and Objectives

**Goal 1:** Meet the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with serious mental illness who may be experiencing or at risk of homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, or have a history of frequent use of hospital and emergency rooms.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery.

**Objective 1:** Provide treatment and care that promotes wellness, recovery, and independent living.

**Objective 2:** Reduce the impact of living with serious mental illness (e.g., homelessness, incarceration, isolation).

**Objective 3:** Promote the development of life skills and opportunities for meaningful daily activities.

## Program Updates

On April 15, 2025, HHSA was notified by Hope Cooperative, the contracted provider, from FY24/25 and prior, of Full-Service Partnership (FSP) services for adult, older adult and transitional-aged youth clients that they would not be seeking to renew their contract. The responsibility for the 207 FSP clients transferred to HHSA, effective July 1, 2025. HHSA developed a contingency plan to absorb these clients that included hiring additional staff to develop internal FSP services. HHSA worked promptly to transition all clients to an appropriate level of care to ensure continuity of services. These services are now fully operated by Yolo County HHSA.

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the MHSA funding associated with this program budget was reduced by 15% in FY 25-26.

# Children's Mental Health Services (FSP)

**Status:** Continued From Prior Year Plan

**Target Population:** Children and Youth Aged 0–20

**Administered by:** Contractor

**Service Contractors:** Victor Community Support Services

| | |
|---|---|
| Estimated FY25/26 Costs | **$540,000** |
| Number Served FY25/26 | **30** |
| Estimated Cost/Person Served | **$18,000** |

## Program Description

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

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

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

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

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

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

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

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

## Goals and Objectives

**Goal 1:** Provide FSP, system development, and outreach and engagement services to all children up to age 20 in Yolo County who are experiencing serious emotional difficulties.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery.

**Goal 3:** Provide high-quality, community-based mental health services to Yolo County children aged 0–20 who are experiencing serious emotional disturbances.

**Objective 1:** Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system.

**Objective 2:** Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services to reflect mental health prevalence estimates more adequately.

**Objective 3:** Increase the array of community supports for children and youth diagnosed with serious emotional disturbance and their families.

**Objective 4:** Improve success in school and at home and reduce institutionalization and out-of-home placements.

## Program Updates

Victor Community Support Services began providing Children's FSP services in July 2024 and will continue in FY 25-26. Victor successfully partners with County Behavioral Health and other Specialty Mental Health providers to swiftly link youth in need of FSP level of care to services.

# Children's Mental Health Services (Non-FSP)

**Status:** Continued From Prior Year Plan

**Target Population:** Children and Youth Aged 0–20

**Administered by:** County

| | |
|---|---|
| Estimated FY25/26 Costs | **$655,349** |
| Number Served FY25/26 | **300** |
| Estimated Cost/Person Served | **$2,184** |

## Program Description

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

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

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

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

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

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

## Goals and Objectives

**Goal 1:** Provide system development and outreach and engagement services to all children and youth up to age 20 in Yolo County who are experiencing serious emotional difficulties.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery through additional training opportunities.

**Goal 3:** Provide high-quality, community-based mental health services to Yolo County children and youth aged 0–20 who are experiencing serious emotional disturbances.

**Objective 1:** Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system.

**Objective 2:** Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services to reflect mental health prevalence estimates more adequately.

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

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

## Program Updates

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the Children's Mental Health Services program budget will be reduced by 15% in FY 25-26.

# Co-Occurring Disorder Assessment and Intake - AB 2265

**Status:** Continued From Prior Year Plan

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

**Administered by:** County

**Service Contractors:** Yolo County HHSA staff

| | |
|---|---|
| Estimated FY25/26 Costs | **$677,378** |
| Number Served FY25/26 | **522** |
| Estimated Cost/Person Served | **$1,298** |

## Program Description

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

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

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

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

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

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

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

## Program Updates

This existing program has no significant changes. In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the Co-Occurring Disorder Assessment and Intake program budget will be reduced by 15% in FY 25-26.

# Community-Based Navigation Services

**Status:** Continued From Prior Year Plan

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

**Administered by:** County

**Service Contractors:** Yolo County HHSA

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|---|---|
| Estimated FY25/26 Costs | **$534,138** |
| Estimated Served FY25/26 | **155** |
| Estimated Cost/Person Served | **$3,446** |

## Program Description

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

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

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

## Goals and Objectives

**Goal 1:** Provide support to consumers who may not yet be ready to engage in more intensive, clinic-based mental health services, with the goal of preventing mental health crises and connecting consumers to services, when and if they desire them.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery.

**Objective 1:** Provide supportive, flexible, consumer-driven services to all consumers at their preferred level of engagement.

**Objective 2:** Assist consumers at risk of developing a mental health crisis by identifying and accessing the supports they need to maintain their mental health.

**Objective 3:** Reduce the impact of living with mental health challenges through the provision of basic needs.

**Objective 4:** Increase access to and service connectedness of adults experiencing mental health problems.

## Program Updates

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the Community Based Navigation Services program budget will be reduced by 15% in FY 25-26.

# Older Adult Outreach and Assessment Program

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|---|---|
| **Status:** Continued From Prior Year Plan | Estimated FY25/26 Costs **$221,042** |
| **Target Population:** Older Adults Aged 60+ | Estimated Served FY25/26 **30** |
| **Administered by:** County and Contractor | Estimated Cost/Person Served **$7,368** |
| **Service Contractors:**; Yolo Community Care Continuum; North Valley Behavioral Health | |

## Program Description

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

These services are now fully operated by Yolo County HHSA.

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

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

Also included in Adult Wellness Services is dedicated case management services for non-FSP clients in both Pine Tree Gardens (PTG) homes. This trauma-informed and strengths-based case management service include activities and support that help new PTG clients acclimate to their new home through frequent connections to support their needs, ensure they

get settled, and build a plan around their needs, which may include activities of daily living, financial literacy, how to care for the space and home, scheduling and time management, and medication management.

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

## Goals and Objectives

**Goal 1:** Provide treatment and care that promotes wellness, reduce isolation, and extend the individual's ability to live as independently as possible.

**Objective 1:** Support older adults and their families through the aging process to develop and maintain a circle of support, thereby reducing isolation.

**Objective 2:** Promote the early identification of mental health needs in older adults to prevent suicide, isolation, and loss of independence and address co-occurring medical and substance use needs.

**Objective 3:** Coordinate an interdisciplinary approach to treatment that collaborates with the relevant agencies that support older adults.

## Program Updates

On April 15, 2025, HHSA was notified by Hope Cooperative, the contracted provider, from FY24/25 and prior, of Full-Service Partnership (FSP) services for adult, older adult and transitional-aged youth clients that they would not be seeking to renew their contract. The responsibility for the older adult FSP clients transferred to HHSA, effective July 1, 2025. HHSA developed a contingency plan to absorb these clients that included hiring additional staff to develop internal FSP services. HHSA worked promptly to transition all clients to an appropriate level of care to ensure continuity of services. These services are now fully operated by Yolo County HHSA.

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the MHSA funding associated with this program budget was reduced by 15% in FY 25-26.

# Pathways to Independence

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|---|---|
| **Status:** Continued From Prior Year Plan | Estimated FY25/26 Costs **$294,506** |
| **Target Population:** Transitional Age Youth 16-25 | Estimated Served FY25/26 **50** |
| **Administered by:** County and Contractor | Estimated Cost/Person Served **$5,890** |
| **Service Contractors:** Yolo Community Care Continuum | |

## Program Description

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

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

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

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

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

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

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

## Goals and Objectives

**Goal 1:** Provide FSP, system development, and outreach and engagement services to youth aged 16–25 in Yolo County who are experiencing serious mental illness while transitioning to adulthood.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery.

**Objective 1:** Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services and more adequately reflect mental health prevalence estimates.

**Objective 2:** Address existing mental health challenges promptly with assessment and referral to the most effective services.

**Objective 3:** Support successful transition from foster care and juvenile justice systems.

## Program Update

On April 15, 2025, HHSA was notified by Hope Cooperative, the contracted provider, from FY24/25 and prior, of Full-Service Partnership (FSP) services for adult, older adult and transitional-aged youth clients that they would not be seeking to renew their contract. The responsibility for the TAY FSP clients transferred to HHSA, effective July 1, 2025. HHSA developed a contingency plan to absorb these clients that included hiring additional staff to develop internal FSP services. HHSA worked promptly to transition all clients to an appropriate level of care to ensure continuity of services. These services are now fully operated by the Yolo County Children's Behavioral Health team at HHSA.

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the MHSA funding associated with this program budget was reduced by 15% in FY 25-26.

# Tele-Mental Health Services

**Status:** Continued From Prior Year Plan

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

**Administered by:** County and Contractor

**Service Contractors:** Locum Tenens

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|---|---|
| Estimated FY25/26 Costs | **$2,485,564** |
| Estimated Served FY25/26 | **1000** |
| Estimated Cost/Person Served | **$2,486** |

## Program Description

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

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

## Goals and Objectives

**Goal 1:** Enhance access to psychiatric appointments for current clients in Yolo County.

**Goal 2:** Provide access to a psychiatric medication provider to community members in crisis throughout Yolo County.

**Objective 1:** Secure and implement the necessary technology for two county clinics to provide prescriber telehealth consultations.

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

## Program Update

This existing program has no significant changes. In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the Tele-Mental Health program budget will be reduced by 15% in FY 25-26.

# Prevention and Early Intervention Programs (PEI)

## Prevention

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

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

## Early Intervention

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

**Yolo County Programs/Strategies:** K-12 School Partnerships, Mental Health Crisis Services and Crisis Intervention Team (CIT Training), Cultural Competence

## Improve Timely Access to Services for Underserved Populations

Track and evaluate access and referrals for services specific to populations identified as underserved.

**Yolo County Programs/Strategies:** Yolo County currently does not have any programs or strategies that fall under this category.

## Outreach for Increasing Recognition of Early Signs of Mental Illness

Activities or strategies to engage, encourage, educate, and train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

**Yolo County Programs/Strategies:** Early Signs Training and Assistance

## Access And Linkage to Treatment

Activities to connect children, adults, and older adults with severe mental illness as early in the onset of these conditions as practicable to medically necessary care and treatment.

**Yolo County Programs/Strategies:** Early Childhood Mental Health Access & Linkage

## Stigma and Discrimination Reduction

Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, which can include training and education, campaigns, and web-based resources.

**Yolo County Programs/Strategies:** Yolo County currently does not have any programs or strategies that fall under this stigma category in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1.

## 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.

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

**Status:** Continued From Prior Year Plan

**Program Type:** Early Intervention

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

**Administered by:** County and Contractor

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|---|---|
| Estimated FY25/26 Costs | **$4,848,712** |
| Estimated Served FY25/26 | **2000** |
| Estimated Cost/Person Served | **$2,424** |

## Program Description

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

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

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

High Tech Call Center: Yolo County has contracted with WellSpace Health to operate an innovative high-tech call center that coordinates all aspects of immediate crisis response through interface with 988, the National Suicide Prevention and Mental Health Crisis Lifeline, local law enforcement dispatch, Yolo County's behavioral health access line, and the public, to provide phone-based crisis intervention and de-escalation, and when needed, deploy mobile crisis teams throughout the community, twenty-four hours a day, seven days a week.

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

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

County crisis clinicians have been embedded with local law enforcement to form a co-responder team to intervene in mental health-related police calls to de-escalate situations that have historically resulted in arrest so they can assess whether the person should be referred for immediate behavioral health intervention. There are currently six clinicians assigned to the

co-responder program; two in Woodland, one in West Sacramento, one assigned to both YCSO and Probation, and two in Davis. Staff members provide phone and in-person responses to the community, responding to 911 calls, requests from loved ones who report an individual in crisis, individuals themselves, as well as other concerned citizens and mental health providers. Postcrisis, a staff member follows up with anyone who has been in crisis to ensure effective service access and referral linkages. Additionally, five part-time Peer Support Worker (PSW) positions have been added to the co-responder teams so that a person with lived experience is included in the response.

Key activities of Mental Health Crisis Services support outcomes around:

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

CIT Training

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

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

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

## Goals and Objectives

**Goal 1:** De-escalate clients and community members in crisis by providing appropriate mental health interventions and support.

**Goal 2:** Implement a community-oriented and evidence-based policing model for responding to psychiatric emergencies.

**Objective 1:** Reduce the number of arrests and incarcerations among people with mental illness.

**Objective 2:** Strengthen the relationship among law enforcement, consumers and their families, and the public mental health system.

**Objective 3:** Reduce the trauma associated with law enforcement intervention and hospital stays during psychiatric emergencies.

## Program Updates

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, this program is moving from CSS component funding to PEI as an early intervention program with a 15% budget reduction in FY 25-26. This shift is aligned with the scope of the program and is most appropriately funded under the early intervention component within this plan.

In FY 2024-25, Co-Responders clinicians responded to 1,165 crisis calls that resulted in 220 individuals being placed on a 5150 hold. Forty-six percent (101) of those placed on a hold were hospitalized. After-Hours Mobile Crisis Response services continue to be provided by HHSA in collaboration with services contracted from American Medical Response (AMR). These services are provided during evenings, weekends, and holidays. From January 1, 2025, to August 25, 2025, AMR has received 212 calls for service: 178 resulted in an in-person response, 42 of which resulted in a transport to an emergency room. This means that 76.4% of these responses did not result in the client being transported to an emergency room. AMR has extended the contract to 12/31/2025, after which the new provider will start 1/1/2026.

# College Partnership Program

**Status:** Continued From Prior Year Plan

**Program Type:** Prevention Program

**Target Populations:** Transitional Age Youth 16–25

**Administered by:** Contractor

**Service Contractors**: CommuniCare+OLE

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|---|---|
| Estimated FY25/26 Costs | **$258,750** |
| Estimated Served FY25/26 | **120** |
| Estimated Cost/Person Served | **$2,156** |

## Program Description

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

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

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

## Goals and Objectives

**Goal 1:** Connect students to appropriate prevention or mental health treatment services in college settings.

**Goal 2:** Expand and augment behavioral health services to enhance service access, delivery, and well-being for college students.

**Objective 1:** Prevent the development of mental health challenges through early identification, resources, and support.

**Objective 2:** Address existing mental health challenges promptly with assessment, referral, and short-term treatment.

**Objective 3:** Increase capacity to support student wellness on school campuses.

## Program Update

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the College Partnership MHSA program budget will be reduced by 25% in FY 25-26. HHSA, CommuniCare+OLE and Yuba Community College leadership are working in collaboration to identify sustainability strategies for this program, especially given the upcoming transition to the Behavioral Health Services Act.

# Cultural Competence

**Status:** Continued From Prior Year Plan

**Program Type:** Early Intervention

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

**Administered by:** County

**Service Contractors:** TBD

| | |
|---|---|
| Estimated FY25/26 Costs | **$139,503** |
| Estimated Served FY25/26 | **N/A** |
| Estimated Cost/Person Served | **N/A** |

## Program Description

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

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

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

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

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

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

## Goals and Objectives

**Goal 1:** Enhance, expand, and implement cultural competence and health equity outreach, engagement, and training throughout the HHSA system in the Yolo community.

> **Objective 1:** Reduce health disparities and promote health equity through the education of the staff and providers in culturally and linguistically appropriate service standards.

**Objective 2:** Engage agencies and the community in advancing culturally responsive policy and programming in support of the Yolo Cultural Competence Plan.

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

**Objective 4:** Increase understanding of the intersectionality of race, class, and culture to increase community resilience and health equity by offering supportive settings and facilitated discussion.

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

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

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

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

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

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

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

## Program Update

Yolo County HHSA coordinated, advanced, and/or supported a myriad of Cultural Competence activities, both internal and community-based engagements, during FY24-25, providing programming and workforce education in culturally and linguistically appropriate service delivery and the impact of social determinants of health and health disparities. Community outreach and engagement focused 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. Cultural Competence convened the Cultural Competence Committee, hosted cultural considerations community presentations, and partnered with local school districts to offer the following events: Three-day Youth Justice Leadership Academy; Two workshops for middle school girls on self-care, self-love, self-esteem, and empowerment; Family leadership conference with workshops for parents and youth; and Freedom School six-week engagement of 70+ youth and parents. Cultural Competence also partnered in Martin Luther King, Jr. Day activities in Davis, Yolo County Women's History Month activities, Juneteenth celebration activities, Davis Pride month celebration and Woodland Pride Parade activities. In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the Cultural Competence program will end in FY 25-26.

# Early Childhood Mental Health Access and Linkage Program

**Status:** Continued From Prior Year Plan

**Program Type:** Access and Linkage to Treatment Program

**Target Populations:** Children Aged 0-5

**Administered by:** Contractor

**Service Contractors:** First 5 Yolo

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|---|---|
| Estimated FY25/26 Costs | **$487,500** |
| Estimated Served FY25/26 | **1,870** |
| Estimated Cost/Person Served | **$260** |

## Program Description

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

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

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

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

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

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

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

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

## Goals and Objectives

**Goal 1:** Connect children to the appropriate prevention or mental health treatment service.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery.

**Objective 1:** Prevent the development of mental health challenges through early identification.

**Objective 2:** Address existing mental health challenges promptly with assessment and referral to the most effective service.

**Objective 3:** Strengthen access to community services for children and their families.

## Program Update

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the Early Childhood Mental Health Access and Linkage program budget will be reduced by 25% in FY 25-26. The Early Childhood Mental Health Access and Linkage program is working on sustainability efforts. These include exploring how some of the program's services may be billable to Medi-Cal (including ECM). First 5 Yolo continues to actively pursue outside funding opportunities (grants, etc) to support the ongoing provision of these critical early access and linkage services.

# Early Signs Training and Assistance

**Status:** Continued From Prior Year Plan

**Program Type:** Outreach for Increasing Recognition of Early Signs of Mental Illness

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

**Administered by:** County

**Service Contractors:** NA

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|---|---|
| Estimated FY25/26 Costs | **$213,613** |
| Estimated Served FY25/26 | **220** |
| Estimated Cost/Person Served | **$971** |

## Program Description

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

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

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

Early Signs Training and Assistance includes the following training programs:

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

**QPR**

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

**Mental Health First Aid and Youth Mental Health First Aid Certifications**

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

**VitalCog: Suicide Prevention in the Workplace Training**

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

**Talk Saves Lives™**

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

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

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

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

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

**It's Real**

**Teens and Mental Health for High School Students**

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

**Teens and Mental Health for Middle School Students**

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

Attendees will learn:

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

How to notice signs of someone needing help

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

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

Examples of trustworthy resources

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

**It's Real (College Students and Mental Health)**

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

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

## Goals and Objectives

**Goal 1:** Expand the reach of the mental health system through the training of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community.

**Objective 1:** Expand the reach of mental health and suicide prevention services.

**Objective 2:** Reduce the risk of suicide through prevention and early intervention trainings.

**Objective 3:** Promote the early identification of mental illness and signs and symptoms of suicidal behavior.

**Objective 4:** Advance the wellness, recovery, and resilience of the community through the creation and offering of supportive spaces and trauma-informed group facilitation for diverse audiences.

## Program Update

Over the past 12 months, Early Signs staff provided 48 trainings (7 QPR, 27 MHFA, 4 SPW, 4 It's Real, 6 Talk Saves Lives) to 243 participants along with leading two Group Peer Support sessions at Esparto High School, attended twelve (12) outreach events interacting with up to 1,275 participants, regularly presents at HHSA new hire orientation, and has provided several informational presentations of training opportunities to community organizations. The program also offers in person trainings, upon request, to accommodate community needs as they emerge. During FY 24-25 the program added new youth focused trainings and presented at Woodland High School and Pioneer High School. The program expanded school-based trainings in fall FY 25-26. In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, this program will end in FY 25-26.

# K-12 School Partnerships Program

**Status:** Continued From Prior Year Plan

**Program Type:** Early Intervention Program

**Target Populations:** Children and Transitional Youth Aged 5–18

**Administered by:** Contractors

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

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|---|---|
| Estimated FY25/26 Costs | **$3,809,030** |
| Estimated Served FY25/26 | **4,000** |
| Estimated Cost/Person Served | **$952** |

## Program Description

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

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

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

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

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

## Goals and Objectives

**Goal 1:** Increase access to a continuum of mental health services in locations that are easily accessible to students and their families.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery.

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

**Objective 1:** Prevent the development of mental health challenges through early identification.

**Objective 2:** Address existing mental health challenges promptly with assessment, referral to the most effective service, and short- term treatment.

**Objective 3:** Increase capacity to support wellness on school campuses by expanding access to mental health services and supports for children, youth, and their families.

## Program Update

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the K-12 School Partnership program MHSA funding will be reduced by 25% in FY 25-26. Additional MHSSA funding will be utilized to support this program in FY 25-26.

The K-12 School Partnership entities have ongoing efforts to develop program sustainability through a myriad of activities including the implementation of the CYBHI Statewide Multi-Payer Fee Schedule. The Yolo County Office of Education is providing the technical assistance to the districts to implement the fee schedule. Several districts went 'live' in Cohort 2 and are preparing to bill on the fee schedule, while others will implement as part of later cohorts. Partnership leadership and committees are focusing their efforts on identifying what services may be eligible under the Behavioral Health Services Act and which services will need to identify other funding or be funded by the fee schedule. HHSA is working closely with the providers to support them billing SMHS through the county along with billing on the CYBHI fee schedule. Continued focus on prioritizing Medi-Cal beneficiaries is occurring this year to increase sustainability. The CYBHI Round 5 grant to support school-based mobile crisis services began operation this fiscal year. The K-12 School Partnership provided the infrastructure for these crisis services to be folded into the existing array of school-based services.

# Peer- and Family-Led Support Services

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|---|---|---|
| **Status:** Continued From Prior Year Plan | Estimated FY25/26 Costs | **$148,290** |
| **Program Type:** Prevention | | |
| **Target Populations:** Transitional Age Youth 16–25, Adults Aged 26–59, Older Adults Aged 60+ | Estimated Served FY25/26 | **425** |
| **Administered by:** Contractor | Estimated Cost/Person Served | **$348** |
| **Service Contractors:** NAMI Yolo County | | |

## Program Description

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

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

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

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

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

## Goals and Objectives

**Goal 1:** Provide family- and consumer-led support services and psychoeducation to caregivers and consumers.

**Goal 2:** Expand and augment mental health services to enhance service access, delivery, and recovery.

**Objective 1:** Provide community-building activities for consumers and their families.

**Objective 2:** Develop a knowledge base for consumers and their families.

**Objective 3:** Develop self-advocacy skills for family members and peers.

## Program Update

In response to revenue volatility, overall budget reductions, and in preparation for upcoming changes with the implementation of the Behavioral Health Services Act due to the passage of Proposition 1, the NAMI Peer and Family Led Support Service program budget will be reduced by 25% in FY 25-26.

# Innovation Plan (INN)

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

**Status:** Continued From Prior Year Plan

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

**Administered by:** Contractor and County

**Service Contractors:** RI International; Other contractors TBD

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|---|---|
| Estimated FY25/26 Costs | **$7,000** |
| Estimated Served FY25/26 | **N/A** |
| Estimated Cost/Person Served | **N/A** |

## Program Description

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

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

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

## Goals and Objectives

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

**Objective 1:** Engage stakeholders in the community planning process.

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

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

## Program Update

At the Yolo County Board of Supervisors' Meeting on April 29, 2025, the Crisis Now Behavioral Health Receiving Center was discussed, and a decision was made to shift the most recent plan of developing a standalone facility in Yolo County to an approach that would seek to develop contracts with existing providers in both Yolo County and Sacramento County. This decision was heavily influenced by the budget concerns affecting the County and Health and Human Services Agency that include a lack of adequate funding to develop and maintain a standalone facility. The current approach will be a one-year pilot program that will inform future efforts. HHSA staff have obtained approval to move forward with a sole-source contract for one of the facilities in Sacramento County.  HHSA is actively exploring additional options to establish the program.

# Yolo County Semi-Statewide Enterprise Health Record

**Status:** NEW

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

**Administered by:** Contractor and County

**Service Contractors:** CalMHSA

## Program Description

This Innovation Plan is to opt-in to the California Mental Health Services Authority (CalMHSA) Semi-Statewide Electronic Health Record (EHR) Implementation Plan.

CalMHSA's approved Innovation plan does the following:

- Develops a lean and human centered EHR platform
- Reimagines clinical workflow to reduce documentation burden
- Facilitates cross-county learning by standardizing data collection and outcomes comparisons to identify best practices
- Forms a greater economy of scale to reduce administrative burden.

The expected outcomes of this Innovation Plan include:

- Increased direct client services by reducing documentation/administrative time
- Decreased burnout=greater workforce retention=better client service/outcomes
- Increased data collection and reporting to make data driven decisions

On March 18, 2025, HHSA published the draft Innovation Plan for the 30-day public comment period. The public hearing was held during the Local Behavioral Health Board (LBHB) meeting on April 16, 2025. The Local Behavioral Health Board held a vote in conditional support of the proposed Innovation Plan with the Yolo County Board of Supervisors approving the proposal on April 29, 2025. The Innovation Plan was approved at the Commission for Behavioral Health's meeting (formerly Mental Health Oversight and Accountability Commission- MHSOAC) on May 22, 2025. The MHSA Innovation Plan is available on the MHSA website (www.yolocounty.org/mhsa) or the direct link here (www.yolocounty.gov/home/showpublisheddocument/84012/638779132556870000). The total cost of this project is estimated to be $5,267,305 over three fiscal years and is currently pending.

# Mental Health Professional Development

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|---|---|---|
| **Status:** Continued From Prior Year Plan | Estimated FY25/26 Costs | **$208,345** |
| **Target Populations:** Children and Transitional Age Youth 6–25, Adults Aged 26– 59, Older Adults Aged 60+ | Estimated Served FY25/26 | **N/A** |
| **Administered by:** County | Estimated Cost/Person Served | **N/A** |

## Program Description

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

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

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

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

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

## Program Update

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

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

# Capital Facilities and Technological Plan (CFTN)

## IT Hardware/Software/Subscriptions Services

| | |
|---|---|
| **Status:** Continued From Prior Year Plan | Estimated FY25/26 Costs **$1,233,602** |
| **Administered by:** Contractors | Estimated Served FY25/26 **1,000** |
| **Services Contractors:** Netsmart, SacValley Med Share | Estimated Cost/Person Served **$1,234** |

## Program Description

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

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

## Goals and Objectives

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

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

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

**Objective 3:** Improve staff and client communication technologies.

## Program Update

This program funds the ongoing and investment costs of the behavioral health systems, technology needs such as EMRs, HIPAA-compliant software applications for remote service provision, and other technology expansion projects and needs. Yolo County HHSA has joined a local Health Information Exchange (HIE) via SacValley Med Share to meet the data exchange expectations put forth by DHCS CalAIM. This HIE platform allows for the protected, real time, exchange of client information between HHSA, our County Managed Care Plans, local hospitals and other health providers who serve our clients. Further, this plan includes access to Relias, a learning management platform providing on-line training and continuing education.

# Acquisition and Rehabilitation of Adult Residential Treatment Facility

**Status:** Continued From Prior Year Plan

**Administered by:** County

**Services Contractors:**

| | |
|---|---|
| Estimated FY25/26 Costs | **$30,000** |
| Estimated Served FY25/26 | **N/A** |
| Estimated Cost/Person Served | **N/A** |

## Program Description

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

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

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

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

## Program Update

CFTN funds were utilized to support the acquisition of the Adult Residential facility known as Pine Tree Gardens (PTG)-West House in Yolo County. Ownership of PTG-West House was transferred to New Hope Community Development Corporation for exclusive use as an Adult Residential Facility. Yolo County's CCE funding allocation ($30,000) match will be expended in the FY 2526 budget.

# Budget Update

## Funding Summary FY2025–2026

| | MHSA Funding | | | | | |
|---|---|---|---|---|---|---|
| | CSS | PEI | INN | WET | CFTN | Prudent Reserve |
| **A. Estimated FY 2023/24 Funding** | | | | | | |
| Estimated Unspent Funds from Prior Fiscal Years* | 8,221,039 | 3,215,211 | 2,673,969 | 335,032 | 1,156,251 | |
| Estimated New FY 2023/24 Funding | 16,543,979 | 4,094,093 | 1,120,686 | | | |
| Transfer in FY 2023/24[a/] | (782,872) | | | | 782,872 | |
| Access Local Prudent Reserve in FY 2023/24 | | | | | | |
| Estimated Available Funding for FY 2023/24 | 23,982,146 | 7,309,304 | 3,794,655 | 335,032 | 1,939,123 | |
| **B. Estimated FY 2023/24 MHSA Expenditures** | 19,168,205 | 4,474,945 | 720,254 | 187,137 | 1,938,771 | |
| **C. Estimated FY 2024/25 Funding** | | | | | | |
| Estimated Unspent Funds from Prior Fiscal Years | 4,813,941 | 2,834,359 | 3,074,400 | 147,895 | 352 | |
| Estimated New FY 2024/25 Funding | 17,374,162 | 4,606,122 | 1,250,916 | | | |
| Transfer in FY 2024/25[a/] | (921,073) | | | 9,983 | 911,090 | |
| Access Local Prudent Reserve in FY 2024/25 | | | | | | |
| Estimated Available Funding for FY 2024/25 | 21,267,029 | 7,440,481 | 4,325,316 | 157,879 | 911,442 | |
| **D. Estimated FY 2024/25 MHSA Expenditures** | 12,068,388 | 3,078,989 | 72,441 | 140,150 | 904,212 | |
| **E. Estimated FY 2025/26 Funding** | | | | | | |
| Estimated Unspent Funds from Prior Fiscal Years | 9,198,641 | 4,361,493 | 4,252,875 | 17,729 | 7,230 | |
| Estimated New FY 2025/26 Funding | 11,807,834 | 2,951,959 | 776,831 | | | |
| Transfer in FY 2025/26[a/] | (1,118,700) | | | 195,561 | 923,139 | |
| Access Local Prudent Reserve in FY 2025/26 | | | | | | |
| Estimated Available Funding for FY 2025/26 | 19,887,775 | 7,313,452 | 5,029,706 | 213,290 | 930,369 | |
| **F. Estimated FY 2025/26 MHSA Expenditures** | 10,810,634 | 4,028,422 | 64,740 | 213,290 | 930,369 | |
| **G. Estimated FY 2025/26 Unspent Fund Balance** | 9,077,141 | 3,285,030 | 4,964,966 | 0 | 0 | |

| **H. Estimated Local Prudent Reserve Balance**** | |
|---|---|
| Estimated Local Prudent Reserve Balance on June 30, 2023 | 2,724,069 |
| Contributions to the Local Prudent Reserve in FY 2023/24 | 0 |
| Distributions from the Local Prudent Reserve in FY 2023/24 | 0 |
| Estimated Local Prudent Reserve Balance on June 30, 2024 | 2,724,069 |
| Contributions to the Local Prudent Reserve in FY 2024/25 | 0 |
| Distributions from the Local Prudent Reserve in FY 2024/25 | 0 |
| Estimated Local Prudent Reserve Balance on June 30, 2025 | 2,724,069 |
| Contributions to the Local Prudent Reserve in FY 2025/26 | 0 |
| Distributions from the Local Prudent Reserve in FY 2025/26 | 0 |
| Estimated Local Prudent Reserve Balance on June 30, 2026 | 2,724,069 |

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

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

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

# Community Services and Supports Budget FY2025-2026

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| Adult Wellness Services | 7,900,522 | 5,040,302 | 1,957,934 | 715,120 | | 187,166 |
| Children's Mental Health Services | 540,000 | 202,218 | 337,782 | | | 0 |
| Pathways to Independence | 82,351 | 80,684 | 1,525 | | | 142 |
| Older Adult Outreach and Assessment Program | 100,877 | 28,499 | 7,650 | | | 64,728 |
| Tele-Mental Health Services | 1,006,897 | 775,077 | 212,138 | | | 19,682 |
| Community-Based Drop-In Navigation Center | 790 | 589 | 184 | | | 17 |
| Mental Health Crisis Services and Crisis Intervention Team (CIT) Training | 0 | | | | | |
| **Non-FSP Programs** | | | | | | |
| Adult Wellness Services | 1,791,385 | 1,405,849 | 89,605 | 286,932 | | 9,000 |
| Children's Mental Health Services | 655,349 | 356,342 | 277,004 | | | 22,004 |
| Pathways to Independence | 212,155 | 134,494 | 71,746 | | | 5,915 |
| Older Adult Outreach and Assessment Program | 120,165 | 93,451 | 24,440 | | | 2,274 |
| Tele-Mental Health Services | 1,478,667 | 900,384 | 487,215 | | | 91,069 |
| Community-Based Drop-In Navigation Center | 533,349 | 380,292 | 140,029 | | | 13,028 |
| Peer- and Family-Led Support Services | 0 | | | | | |
| Mental Health Crisis Services and Crisis Intervention Team (CIT) Training | 0 | | | | | |
| Public Guardian Case Managers | 0 | | | | | |
| Supportive Housing and Social Services Coordination | 0 | | | | | |
| Co-Occurring Disorder Assessment and Intake - AB2265 | 677,378 | 477,896 | 182,501 | | | 16,980 |
| **CSS Annual Planning (CPP)** | 169,748 | 169,748 | | | | |
| **CSS Evaluation** | 0 | | | | | |
| **CSS Administration** | 783,257 | 764,809 | 18,448 | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Component Estimated Expenditures** | 16,052,891 | 10,810,634 | 3,808,202 | 1,002,052 | 0 | 432,003 |
| **FSP Programs as Percent of Total** | 89.1% | | | | | |

# Prevention and Early Intervention Budget FY2025-2026

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **Access and Linkage Programs** | | | | | | |
| Early Childhood Mental Health Access and Linkage Program | 487,500 | 487,500 | | | | |
| **Early Intervention Programs** | | | | | | |
| Senior Peer Support Program | 0 | | | | | |
| College Partnership | 258,750 | 168,750 | | | | 90,000 |
| K-12 School Partnerships Program | 3,809,030 | 1,135,457 | 469,965 | | | 2,203,608 |
| **Prevention Programs** | | | | | | |
| Peer and Family Led Support Services | 148,290 | 148,290 | 0 | | | |
| Mental Health Crisis Services and Crisis Intervention Team (CIT) Training | 4,848,712 | 1,078,862 | 1,741,518 | | | 2,028,332 |
| Cultural Competence | 139,503 | 139,503 | 0 | | | |
| **Outreach for Increasing Recognition of Early Signs of Mental Illness Programs** | | | | | | |
| Early Signs Training and Assistance | 213,613 | 213,613 | | | | |
| **Stigma and Discrimination Reduction Programs** | | | | | | |
| Latinx Outreach/Mental Health Promotores Program | 0 | | | | | |
| **PEI Annual Planning (CPP)** | 317,817 | 317,817 | | | | |
| **PEI Evaluation** | 0 | 0 | | | | |
| **PEI Administration** | 338,629 | 338,629 | | | | |
| **PEI Assigned Funds** | 0 | 0 | | | | |
| **Total PEI Component Estimated Expenditures** | 10,561,845 | 4,028,422 | 2,211,483 | 0 | 0 | 4,321,940 |

# Innovation Budget FY2025-2026

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **INN Programs** | | | | | | |
| Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation | 7,000 | 7,000 | | | | |
| Crisis Now: Receiving Center | 1,510,000 | | | | | 1,510,000 |
| **INN Annual Planning (CPP)** | 0 | | | | | |
| **INN Evaluation** | 0 | | | | | |
| **INN Administration** | 57,740 | 57,740 | | | | |
| **Total INN Component Estimated Expenditures** | 1,574,740 | 64,740 | 0 | 0 | 0 | 1,510,000 |

# Workforce, Education and Training (WET) Funding Budget FY2025-2026

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs**<br>Mental Health Professional Development | 208,345 | 208,345 | | | | |
| **WET Annual Planning (CPP)** | 0 | | | | | |
| **WET Evaluation** | 0 | | | | | |
| **WET Administration** | 4,945 | 4,945 | | | | |
| **Total WET Component Estimated Expenditures** | 213,290 | 213,290 | 0 | 0 | 0 | 0 |

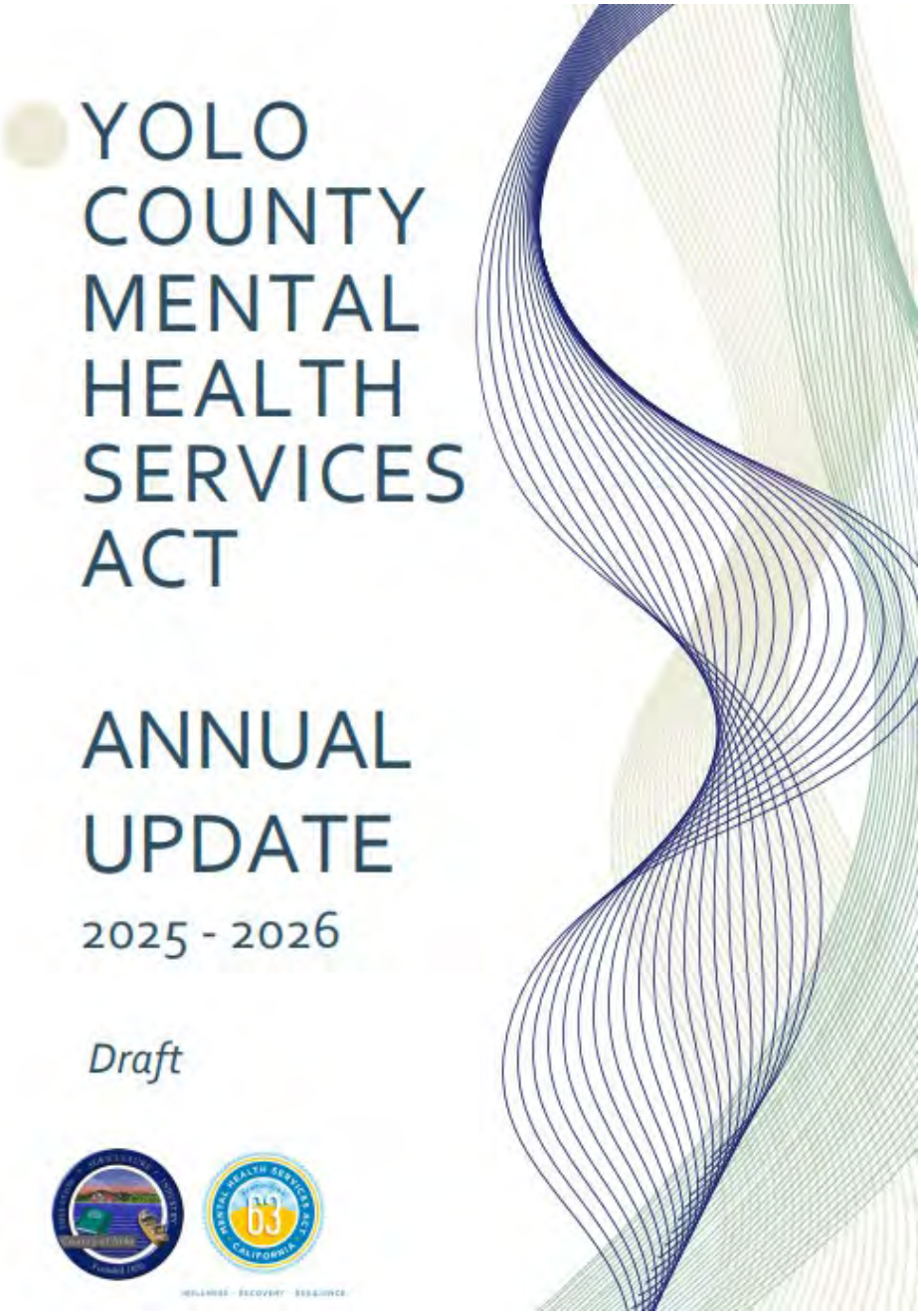
# Capital Facilities/Technological Needs (CFTN) Funding Budget FY2025-2026

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| Adult Residential Facilities Projects | 30,000 | 30,000 | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| IT Hardware/Software/Subscription Services | 1,191,890 | 888,657 | | | | 303,233 |
| **CFTN Annual Planning (CPP)** | 0 | | | | | |
| **CFTN Evaluation** | 0 | | | | | |
| **CFTN Administration** | 11,712 | 11,712 | | | | |
| **Total CFTN Component Estimated Expenditures** | 1,233,602 | 930,369 | 0 | 0 | 0 | 303,233 |

# APPENDIX A. Community Feedback

**Yolo County MHSA Draft FY 2025-2026 Annual Update Public Comment**

30-Day Public Comment Period: October 31, 2025-November 29, 2025



**Summary**

The Yolo County Mental Health Services Act (MHSA) Annual Update Draft Plan 2025-2026 30-day public comment period opened on October 31, 2025, and closed November 29, 2025. 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 Behavioral 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 and could be downloaded electronically along with comment forms and online resources. Hard copies were also made available at HHSA locations in Woodland, Winters, Davis, West Sacramento, and a community location (Esparto) within Yolo County. Additionally, 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, Statements, and Yolo County Health and Human Services Agency Responses are compiled within this document and were presented to the Local Behavioral Health Board. On Wednesday December 3rd, 2025, at 6:00 PM, a public hearing will be held by the Yolo County Local Behavioral Health Board in compliance of regulation.

NAMI Yolo County (Submitted Online; 11-25-25)
Lou Enge, Executive Director
lou@namiyolo.org
P.O. Box 447, Davis Ca. 95617
Mental Health Services Provider

Re: NAMI Yolo County's Public Comment on the Yolo County Mental Health Services Act Annual Update for 2025/26

On behalf of the NAMI Yolo County Board of Directors (NAMI), thank you for the opportunity to comment on the Yolo County Mental Health Services Act Annual Update for 2025/26. We appreciate the release of the report for a 30-day public comment period and look forward to working with the Yolo County Health and Human Services Agency (HHSA) to ensure the effective and efficient implementation of the plan for the benefit of Yolo County residents and their families. We also appreciate HHSA's support of NAMI Yolo County, while dealing with difficult fiscal challenges.

This year NAMI has had to take a 25% reduction in its current year funding from the County.. Despite this reduction, I want to assure you that our team is doing everything we can to serve the community and maintain vital support services during this challenging period. Our commitment to our clients remains as strong as ever.

We look forward to working collaboratively with HHSA leadership and the Board of Supervisors as we all plan for the transition to the various funding allocation changes that will take effect when the Behavioral Health Services Act (BHSA), resulting from Proposition 1, is fully implemented on July 1, 2026. This transition will require careful planning and communication across all stakeholders.

Finally, regarding the implementation of the BHSA, I would like to respectfully remind the staff and the supervisors that there are specific provisions within the BHSA that become operative on July 1, 2026 , allow a county to transfer up to 14 percent of the total funds allocated to the county in a fiscal year between one or more of the purposes for which a county may spend BHSA funds. These provisions limit a county from decreasing the allocation for any one of those purposes by more than 7 percent of the total funds allocated to the county in a fiscal year. Any such changes to the allocation percentages State Department of Health Care Services. The authority to make these transfers, if approved, applies during each three-year plan. Although these provisions are not operative during the 2025-26 fiscal year, we urge you to keep them in mind as you fully transition to BHSA next year because they may afford the County some needed flexibility.

Thank you again for your time and continued support of mental health services in our county. Sincerely,

Lou Enge, Executive Director
National Alliance on Mental Illness (NAMI) Yolo County

# APPENDIX B. Performance Outcomes Report

## Community Services and Supports (FY 2023-2024)

| Program: Adult Outreach and Assessment Program (FSP)<br>Provider: TLCS, Inc dba Hope Cooperative | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY |
| How much did we do? | | | | | |
| # of FTEs onsite at permanent supportive housing locations | 6.5 | 6.5 | 6.5 | 6.5 | 6.5 |
| # of beneficiaries served during reporting period | 174 | 174 | 178 | 178 | 178 |
| # of newly enrolled beneficiaries during the reporting period | 3 | 11 | 8 | 5 | 27 |
| # of Total service hours broken out | TOTAL: 5400 (Med Support: 3,669; CM/Rehab: 1698; Therapy: 16.25; Intervention: 17.25) | TOTAL: 2827 (Med Support: 567; CM/Rehab: 2118; Therapy: 137; Intervention: 5) | TOTAL: 1916.4 (Med Support 236; CM/Rehab: 1632; Therapy: 29; Intervention: 19.4) | TOTAL: 2423 (Med Support 400; CM/Rehab: 1870; Therapy: 121; Intervention: 32) | Total: 12566.4 (Med support: 4872; CM/Rehab: 7318; Therapy: 303.25; Intervention: 73.65) |
| How well did we do it? | | | | | |
| % of no-shows for prescribing staff (psychiatrists and nurse practitioners) | 0% | 16.0% | 0.3% | 8.0% | 6.1% |
| % of no-shows for non-prescribing staff (clinicians, case managers and nurses) | 0% | 16.0% | 3.0% | 3.0% | 5.5% |
| % of beneficiaries that voluntarily discontinued FSP services (program total) | 0% | 0.6% | 2.8% | 2.8% | 1.5% |
| % of beneficiaries referred for FSP assessment accepted into the FSP program | 100% | 100.0% | 100.0% | 100.0% | 100.0% |
| % of beneficiaries seen for post hospital follow-up within 7 calendar days of | 97% | 97.0% | 95.0% | 100.0% | 97.3% |

| | | | | | |
|---|---|---|---|---|---|
| discharge | | | | | |
| % of beneficiaries who are contacted within 4 hours of hospital or jail notification from discharge | 98% | 98.0% | 97.0% | 98.0% | 97.8% |
| % of beneficiaries reporting satisfaction with FSP services | 98% | 98.0% | 99.0% | 99.0% | 98.5% |
| % of referred beneficiaries contacted within 2 calendar days from HHSA referral | 100% | 100.0% | 100.0% | 100.0% | 100.0% |
| Is anyone better off? | | | | | |
| # of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 41 clients experienced homelessness in FY |
| # of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 34 clients experienced incarceration in FY |
| # of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 39 clients experienced hospitalization in FY |
| # of days beneficiaries employed while enrolled compared to prior 12-month period (program total) | 460 | 341 | 356 | 397 | 1,094 |

| | | | | | |
|---|---|---|---|---|---|
| # of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total) | 168 | 328 | 331 | 165 | 824 |
| # of beneficiaries who have met goals and stepped down to a lower level of care | 0 | 1 | 0 | 2 | 3 |
| Analysis | | | | | |
| Access and Availability | • 100% percent of beneficiaries referred for a Full-Service Partnership assessment were accepted into the program.<br>• 97.3% of beneficiaries were seen for a post-hospital follow-up within 7 calendar days of their discharge.<br>• 97.80% of beneficiaries were contacted within 4 hours of hospital or jail notification from discharge.<br>• 100% of referred beneficiaries were contacted within 2 calendar days from HHSA referral. | | | | |
| Impacts | *Challenges*<br>• 41 clients experienced homelessness.<br>• 34 clients experienced incarceration.<br>• 39 clients experienced hospitalization.<br><br>*Successes*<br>• 1,094 days beneficiaries employed while enrolled compared to prior 12-month period (program total).<br>• 824 days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total). | | | | |

<table>
<tr><th colspan="2">Program: Mental Health Court<br>Provider: Yolo County</th></tr>
<tr><th>Performance Measure</th><th>FY 23-24 Totals</th></tr>
<tr><td colspan="2">How much did we do?</td></tr>
<tr><td>Total FTEs: October 1-December 31, 2023</td><td><table><tr><th>FTE</th><th>Classification</th></tr><tr><td>.15</td><td>Clinical Manager</td></tr><tr><td>.25</td><td>Clinical Supervisor</td></tr><tr><td>1</td><td>Clinician</td></tr><tr><td>.75</td><td>Behavioral Health Case Manager III</td></tr><tr><td>1</td><td>Behavioral Health Case Manager II</td></tr><tr><td>1</td><td>Probation Officer</td></tr><tr><td>3</td><td>Part-time Extra Help Peer Support</td></tr></table></td></tr>
<tr><td># of participants referred (age, gender, race, ethnicity)</td><td>46 referrals (41 unduplicated individuals)<br>10 between the ages 20-29<br>26 between the ages of 30-39<br>10 between the ages of 40-60<br><br>19 identify as Caucasian<br>18 identify as Latino/Hispanic<br>9 identify as Black/African American or other<br><br>≥30 identify as male<br>≤10 identify as female</td></tr>
<tr><td># of participants accepted in Mental Health Court</td><td>17</td></tr>
<tr><td># of unhoused participants who entered Mental Health Court</td><td>13</td></tr>
<tr><td># of referrals to Medication Assisted Treatment</td><td>9</td></tr>
<tr><td colspan="2">How well did we do it?</td></tr>
<tr><td>% of participants reducing jail usage per 365 days</td><td>87.3% of participants reducing jail usage per 365 days 44 participants</td></tr>
<tr><td>% of participants with a housing need who were connected to housing resources</td><td>89.7% of participants with a housing need who were connected to housing resources; 39 participants needed housing, 35 connected to housing</td></tr>
<tr><td># of ASAM screenings for MHC clients</td><td>17</td></tr>
<tr><td>% participants remained in program (of current participants at start of fiscal year)</td><td>29 (66%) participants remained in program (of current participants at start of fiscal year); the remaining 15 graduated, transitioned out of services, or passed away.</td></tr>
<tr><td colspan="2">Is anyone better off?</td></tr>
<tr><td>% of participants who graduated from a substance use treatment program</td><td>50%</td></tr>
<tr><td># of jail days 12 months prior to MHC</td><td>5,484 jail days 1 year prior to MHC, 108 arrests 1 year prior to MHC</td></tr>
</table>

| | |
|---|---|
| # of jail days during MHC | 1,104 days during MHC---79.8% reduction in jail days<br>32 arrests during MHC --- 70.3% reduction in arrests |
| # of psychiatric hospitalization days 12 months prior to MHC | 652 State hospital days<br>261 local hospital days |
| # of psychiatric hospitalization days during MHC | 0 State hospital days, 40 local hospital days |
| % of clients who secured stable housing during program | 62.5% of clients who secured stable housing during program 20 have permanent stable housing |
| Analysis | |
| Access and Availability | • 46 referrals (41 unduplicated individuals).<br>• 17 participants were accepted in Mental Health Court, 13 of whom entered Mental Health Court.<br>• 9 total referrals to Medication Assisted Treatment. |
| Impacts | • 4,380 fewer days in jail during Mental Health Court as compared to 12 months prior to Mental Health Court.<br>• 652 fewer days in state hospitals during Mental Health Court as compared to 12 months prior to Mental Health Court.<br>• 221 days fewer in local hospitals during Mental Health Court as compared to 12 months prior to Mental Health Court. |

| Program: Safe Harbor Crisis House<br>Provider: Yolo Community Care Continuum | | | | |
|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| Total # of housed individuals | 26 | 26 | 31 | 30 |
| Total # of unduplicated individuals | 26 | 26 | 30 | 27 |
| Total # of days of treatment | 535 | 398 | 347 | 347 |
| How well did we do it? | | | | |
| Average length of stay in days | 21 days | 21 days | 24-26 days | 24-26 days |
| Percentage of individuals demonstrating engagement | 73% | 80% | 75% | 80% |
| Percentage of individuals who completed individual goals during stay | 62% | 80% | 75% | 75% |
| Is anyone better off? | | | | |
| % of individuals without psychiatric readmission within 6 months | 46% | 87% | 60% | 80% |
| Program Narrative | | | | |
| Q1 | Program Information:<br>Safe Harbor Crisis House served 26 individuals with serious and persistent mental illness during this reporting period, of which 0 of these individuals were readmitted in the same reporting period. Safe Harbor Crisis House served a total of 26 unduplicated individuals. during this reporting period. Utilization of crisis residential services at Safe Harbor Crisis House can be a measure of success for individuals that have previously experienced repeated hospitalizations in a psychiatric unit. Individuals who are experiencing an increase in symptoms may benefit from crisis residential treatment and avoid the need to be hospitalized. This is beneficial for the individual seeking treatment for reasons such as being able to maintain relationships with their support system while still receiving treatment, a voluntary setting where they can engage at their own will, and less self-stigmatism, in a less restrictive treatment setting.<br><br>The total number of treatment days provided in crisis residential services for this reporting period was 535. The overall average length of stay (LOS) for this reporting period is about 21 days. The length of stay can be shortened with effective discharge planning, which takes place as soon as a referral is received. Safe Harbor Crisis House staff in conjunction with Yolo County and each client collaborates to determine a safe discharge plan if one is not in place at time of admission.<br><br>Program Narrative:<br>Safe Harbor Crisis House staff assists individuals with resolving issues around income, housing, APS/CPS cases, and more, in collaboration with Yolo County. Staff assist clients with various items such as SSI applications, connecting with local homeless and substance use resources, helping those interested in going back to the workforce with resume building and job resources, in addition to helping build upon life skills such as meal planning and preparation, while in a safe, empowering | | | |

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| | treatment setting. It can be a challenge to coordinate these resources during the average length of stay, especially with clients who have more challenging conditions and/or living situations.<br><br>73% of individuals will demonstrate engagement in Safe Harbor programming, as evidenced by participation in one or more treatment groups per day. Safe Harbor staff offer two therapeutic treatment groups per day (in addition to ADL's morning check-in group) and clients are encouraged to participate in groups. Safe Harbor Crisis House offers psychoeducational treatment groups, processing treatment groups, recreational groups, relapse prevention groups, discharge/WRAP planning groups, and skills development groups. Clients are also offered a one-on-one with staff versus treatment group if they are not yet ready (due to acuity or symptomology) to participate in the group setting, or if they happen to miss a treatment group. Safe Harbor staff meet each client where they are on their journey to provide quality services tailored toward specific needs for everyone. Treatment groups help each client to increase or gain insight to their mental health, learn healthy and effective coping skills that can be used on an outpatient basis after departure from Safe Harbor Crisis House, build upon positive communication skills, and to recognize their triggers and warning signs and how to rely on their support system to help prevent future crises.<br><br>Treatment planning is a primary service offered that is utilized to engage clients while at Safe Harbor Crisis House. Treatment goals are client driven and help the individuals at Safe Harbor Crisis House receiving treatment focus on goals that they can accomplish in a short time frame, as well as continue in an outpatient setting upon departure from Safe Harbor Crisis House. Treatment planning begins at the admission and continues throughout their stay. Treatment plans are also reviewed in a one-on-one setting during time of discharge, so that clients may see how much they have accomplished, as well as determine their goals to continue to strive towards upon departure. During this reporting period, 62% of consumers completed their individual goals during their stay. Safe Harbor Crisis House strives to provide the best quality care, increase access to mental health services to members of the community, and provide services and support for those experiencing a mental health crisis in a voluntary setting. |
| Q2 | Program Information:<br>Safe Harbor Crisis House served 26 individuals with serious and persistent mental illness during this reporting period, of which 0 of these individuals were readmitted in the same reporting period. Safe Harbor Crisis House served a total of 26 unduplicated individuals. during this reporting period. Utilization of crisis residential services at Safe Harbor Crisis House can be a measure of success for individuals that have previously experienced repeated hospitalizations in a psychiatric unit. Individuals who are experiencing an increase in symptoms may benefit from crisis residential treatment and avoid the need to be hospitalized. This is beneficial for the individual seeking treatment for reasons such as being able to maintain relationships with their support system while still receiving treatment, a voluntary setting where they can engage at their own will, and less self-stigmatism, in a less restrictive treatment setting.<br><br>The total number of treatment days provided in crisis residential services for this reporting period was 398. The overall average length of stay (LOS) for this reporting period is about 21 days. The length of stay can be shortened with effective discharge planning, which takes place as soon as a referral is received. Safe Harbor Crisis House staff in conjunction with Yolo County and each client collaborates to determine a safe discharge plan if one is not in place at time of admission.<br><br>Program Narrative: |

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| | Safe Harbor Crisis House staff assists individuals with resolving issues around income, housing, APS/CPS cases, and more, in collaboration with Yolo County. Staff assist clients with various items such as SSI applications, connecting with local homeless and substance use resources, helping those interested in going back to the workforce with resume building and job resources, in addition to helping build upon life skills such as meal planning and preparation, while in a safe, empowering treatment setting. It can be a challenge to coordinate these resources during the average length of stay, especially with clients who have more challenging conditions and/or living situations.<br><br>80% of individuals will demonstrate engagement in Safe Harbor programming, as evidenced by participation in one or more treatment groups per day. Safe Harbor staff offer two therapeutic treatment groups per day (in addition to ADL's morning check-in group) and clients are encouraged to participate in groups. Safe Harbor Crisis House offers psychoeducational treatment groups, processing treatment groups, recreational groups, relapse prevention groups, discharge/WRAP planning groups, and skills development groups. Clients are also offered a one-on-one with staff versus treatment group if they are not yet ready (due to acuity or symptomology) to participate in the group setting, or if they happen to miss a treatment group. Safe Harbor staff meet each client where they are on their journey to provide quality services tailored toward specific needs for everyone. Treatment groups help each client to increase or gain insight to their mental health, learn healthy and effective coping skills that can be used on an outpatient basis after departure from Safe Harbor Crisis House, build upon positive communication skills, and to recognize their triggers and warning signs and how to rely on their support system to help prevent future crises.<br><br>Treatment planning is a primary service offered that is utilized to engage clients while at Safe Harbor Crisis House. Treatment goals are client driven and help the individuals at Safe Harbor Crisis House receiving treatment focus on goals that they can accomplish in a short time frame, as well as continue in an outpatient setting upon departure from Safe Harbor Crisis House. Treatment planning begins at the admission and continues throughout their stay. Treatment plans are also reviewed in a one-on-one setting during time of discharge, so that clients may see how much they have accomplished, as well as determine their goals to continue to strive towards upon departure. During this reporting period, 80% of consumers completed their individual goals during their stay. Safe Harbor Crisis House strives to provide the best quality care, increase access to mental health services to members of the community, and provide services and support for those experiencing a mental health crisis in a voluntary setting. |
| Q3 | Program Information:<br>Safe Harbor Crisis House served 31 individuals with serious and persistent mental illness during this reporting period, of which 1 of these individuals were readmitted in the same reporting period. Safe Harbor Crisis House served a total of 30 unduplicated individuals. during this reporting period. Utilization of crisis residential services at Safe Harbor Crisis House can be a measure of success for individuals that have previously experienced repeated hospitalizations in a psychiatric unit. Individuals who are experiencing an increase in symptoms may benefit from crisis residential treatment and avoid the need to be hospitalized. This is beneficial for the individual seeking treatment for reasons such as being able to maintain relationships with their support system while still receiving treatment, a voluntary setting where they can engage at their own will, and less self-stigmatism, in a less restrictive treatment setting.<br><br>The total number of treatment days provided in crisis residential services for this reporting period was 347. The overall average length of stay (LOS) for this reporting period is about 24-26 days. The length of stay can be shortened with |

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| | effective discharge planning, which takes place as soon as a referral is received. Safe Harbor Crisis House staff in conjunction with Yolo County and each client collaborates to determine a safe discharge plan if one is not in place at time of admission.<br><br>Program Narrative:<br>Safe Harbor Crisis House staff assists individuals with resolving issues around income, housing, APS/CPS cases, and more, in collaboration with Yolo County. Staff assist clients with various items such as SSI applications, connecting with local homeless and substance use resources, helping those interested in going back to the workforce with resume building and job resources, in addition to helping build upon life skills such as meal planning and preparation, while in a safe, empowering treatment setting. It can be a challenge to coordinate these resources during the average length of stay, especially with clients who have more challenging conditions and/or living situations.<br><br>75% of individuals will demonstrate engagement in Safe Harbor programming, as evidenced by participation in one or more treatment groups per day. Safe Harbor staff offer two therapeutic treatment groups per day (in addition to ADL's morning check-in group) and clients are encouraged to participate in groups. Safe Harbor Crisis House offers psychoeducational treatment groups, processing treatment groups, recreational groups, relapse prevention groups, discharge/WRAP planning groups, and skills development groups. Clients are also offered a one-on-one with staff versus treatment group if they are not yet ready (due to acuity or symptomology) to participate in the group setting, or if they happen to miss a treatment group. Safe Harbor staff meet each client where they are on their journey to provide quality services tailored toward specific needs for everyone. Treatment groups help each client to increase or gain insight to their mental health, learn healthy and effective coping skills that can be used on an outpatient basis after departure from Safe Harbor Crisis House, build upon positive communication skills, and to recognize their triggers and warning signs and how to rely on their support system to help prevent future crises.<br><br>Treatment planning is a primary service offered that is utilized to engage clients while at Safe Harbor Crisis House. Treatment goals are client driven and help the individuals at Safe Harbor Crisis House receiving treatment focus on goals that they can accomplish in a short time frame, as well as continue in an outpatient setting upon departure from Safe Harbor Crisis House. Treatment planning begins at the admission and continues throughout their stay. Treatment plans are also reviewed in a one-on-one setting during time of discharge, so that clients may see how much they have accomplished, as well as determine their goals to continue to strive towards upon departure. During this reporting period, 75 % of consumers completed their individual goals during their stay. Safe Harbor Crisis House strives to provide the best quality care, increase access to mental health services to members of the community, and provide services and support for those experiencing a mental health crisis in a voluntary setting. |
| Q4 | Program Information:<br>Safe Harbor Crisis House served 30 individuals with serious and persistent mental illness during this reporting period, of which 3 of these individuals were readmitted in the same reporting period. Safe Harbor Crisis House served a total of 27 unduplicated individuals. during this reporting period. Utilization of crisis residential services at Safe Harbor Crisis House can be a measure of success for individuals that have previously experienced repeated hospitalizations in a psychiatric unit. Individuals who are experiencing an increase in symptoms may benefit from crisis residential treatment and avoid the need to be hospitalized. This is beneficial for the individual seeking treatment for reasons such as being able to maintain relationships with their support system while still receiving |

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| | treatment, a voluntary setting where they can engage at their own will, and less self-stigmatism, in a less restrictive treatment setting.<br><br>The total number of treatment days provided in crisis residential services for this reporting period was 347. The overall average length of stay (LOS) for this reporting period is about 24-26 days. The length of stay can be shortened with effective discharge planning, which takes place as soon as a referral is received. Safe Harbor Crisis House staff in conjunction with Yolo County and each client collaborates to determine a safe discharge plan if one is not in place at time of admission.<br><br>Program Narrative:<br>Safe Harbor Crisis House staff assists individuals with resolving issues around income, housing, APS/CPS cases, and more, in collaboration with Yolo County. Staff assist clients with various items such as SSI applications, connecting with local homeless and substance use resources, helping those interested in going back to the workforce with resume building and job resources, in addition to helping build upon life skills such as meal planning and preparation, while in a safe, empowering treatment setting. It can be a challenge to coordinate these resources during the average length of stay, especially with clients who have more challenging conditions and/or living situations.<br><br>80% of individuals will demonstrate engagement in Safe Harbor programming, as evidenced by participation in one or more treatment groups per day. Safe Harbor staff offer two therapeutic treatment groups per day (in addition to ADL's morning check-in group) and clients are encouraged to participate in groups. Safe Harbor Crisis House offers psychoeducational treatment groups, processing treatment groups, recreational groups, relapse prevention groups, discharge/WRAP planning groups, and skills development groups. Clients are also offered a one-on-one with staff versus treatment group if they are not yet ready (due to acuity or symptomology) to participate in the group setting, or if they happen to miss a treatment group. Safe Harbor staff meet each client where they are on their journey to provide quality services tailored toward specific needs for everyone. Treatment groups help each client to increase or gain insight to their mental health, learn healthy and effective coping skills that can be used on an outpatient basis after departure from Safe Harbor Crisis House, build upon positive communication skills, and to recognize their triggers and warning signs and how to rely on their support system to help prevent future crises.<br><br>Treatment planning is a primary service offered that is utilized to engage clients while at Safe Harbor Crisis House. Treatment goals are client driven and help the individuals at Safe Harbor Crisis House receiving treatment focus on goals that they can accomplish in a short time frame, as well as continue in an outpatient setting upon departure from Safe Harbor Crisis House. Treatment planning begins at the admission and continues throughout their stay. Treatment plans are also reviewed in a one-on-one setting during time of discharge, so that clients may see how much they have accomplished, as well as determine their goals to continue to strive towards upon departure. During this reporting period, 80 % of consumers completed their individual goals during their stay. Safe Harbor Crisis House strives to provide the best quality care, increase access to mental health services to members of the community, and provide services and support for those experiencing a mental health crisis in a voluntary setting. |
| Analysis | |
| Access and Availability | • The average length of stay was between 21 and 26 days.<br>• There was an average of 77% of individuals demonstrating engagement. |
| Impacts | • 113 total housed individuals. |

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| | • 68% of individuals were without psychiatric readmission within 6 months.<br>• 73% of individuals completed their goals. |

| Program: Wellness Centers<br>Provider: Yolo County Health & Human Services Agency | | | | | |
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| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY 23-24 |
| How much did we do? | | | | | |
| Total FTE | 6 | 6 | 6 | 6 | 6 |
| # of unduplicated participants at the Wellness Centers | 528 | 554 | 688 | 578 | 2348 |
| # of visits to the Wellness Centers (including duplicated participants) | 1154 | 1297 | 1801 | 2038 | 6290 |
| # of groups offered | 473 | 454 | 500 | 525 | 1952 |
| # of unduplicated group participants | 342 | 358 | 417 | 589 | 1706 |
| # of participants across all groups (including duplicated participants | 733 | 740 | 874 | 1125 | 3472 |
| # of food bags distributed | 745 | 745 | 1084 | 988 | 3562 |
| # of outings | 2 | 3 | 2 | 3 | 10 |
| # of participants in outings | 12 | 15 | 8 | 27 | 62 |
| # of special events hosted by Wellness Centers | 1 | 6 | 2 | 3 | 12 |
| # of participants in special events | 10 | 51 | 22 | 31 | 114 |
| How well did we do it? | | | | | |
| % of participants who reported they felt respected | 100% | 100% | 98% | 98% | 99% |
| % of participants who reported their needs were met | 100% | 94% | 98% | 100% | 98% |
| % of weekly groups attended | 70% | 63% | 67% | 72% | 68% |
| Is anyone better off? | | | | | |
| # of participants who reported they felt more connected or made at least one friend | 26 | 32 | 40 | 20 | 118 |
| % of participants who reported they felt more connected or made at least one friend | 100% | 97% | 91.0% | 90% | 94.5% |
| # of participants who reported they felt less isolated | 26 | 31 | 37 | 20 | 114 |
| % of participants who reported they felt less isolated | 100% | 94% | 84% | 85% | 90.8% |
| # of participants who reported they felt comfortable at the center | 26 | 32 | 44 | 20 | 122 |
| % of participants who reported they felt comfortable at the center | 100% | 97% | 100% | 90% | 96.8% |

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| # of participants who were able to identify at least one way to support wellness and recovery | 24 | 31 | 39 | 17 | 111 |
| % of participants who were able to identify at least one way to support wellness and recovery | 92% | 94% | 89% | 85% | 90% |
| Analysis | | | | | |
| Access and Availability | • 2,348 visits to the Wellness Centers.<br>• 1,952 groups offered. | | | | |
| Impacts | • 118 out of 125 (94.5%) of participants reported they felt more connected or made at least one friend.<br>• 114 out of 126 (90/8%) of participants reported they felt less isolated.<br>• 122 out of 126 (96.8%) of participants reported they felt comfortable at the Wellness Centers.<br>• 111 out of 123 (90%) of participants were able to identify at least one way to support wellness and recovery.<br>• 3,562 food bags were distributed. | | | | |

| Program: Farmhouse<br>Provider: Yolo Community Care Continuum | | | | |
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| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| Total number of individuals served in rehabilitative residential | 11 total clients (10 for Yolo) 1 client part of another county | 11 total yolo clients (12 total Clients-> 1 client part of another county) | 11 total yolo clients (12 total Clients  1 client part of another county) | 9 total yolo clients (10 total Clients  1 client part of another county) |
| Total number of unduplicated individuals | 5 | 0 | 0 | 0 |
| Total number of days of treatment: | 92 | 786 | 799 | 837 |
| How well did we do it? | | | | |
| Percentage of individuals demonstrating engagement [Definition: participating in at least one group or activity per day] | 100% of clients participate in at least one of the 5 groups we offer daily. | 100% of clients participate in at least one of the 5 groups we offer daily. | 100% of clients participate in at least one of the 5 groups we offer daily. | 100% of clients participate in at least one of the 5 groups we offer daily. |
| Percentage of individuals who completed individual goals during their stay | At FH, clients work on a total of 2 individualized treatment goals that last two months. After the two months, clients receive 2 new personalized treatment goals that occur for another 2 months. After the 2 months, staff review the goals with clients to see if they were completed, needed to be modified, or changed.<br><br>For quarter 1 we had a total of 66% of clients complete their treatment goals, however, we also had many clients start new treatment goals that wouldn't be marked as | At FH, clients work on a total of 2 individualized treatment goals that last two months. After the two months, clients receive 2 new personalized treatment goals that occur for another 2 months. After the 2 months, staff review the goals with clients to see if they were completed, needed to be modified, or changed.<br><br>For quarter 2 we had a total of 91% of clients complete at least 1 treatment goals however, we had 1 client who arrive 2 weeks before the end of the quarter so they had just begun their | At FH, clients work on a total of 2 individualized treatment goals that last two months. After the two months, clients receive 2 new personalized treatment goals that occur for another 2 months. After the 2 months, staff review the goals with clients to see if they were completed, needed to be modified, or changed.<br><br>For quarter 3 we had a total of 82% of clients complete at least 1 out of the 2 treatment goals they have every 2 months, however, we had 2 clients arrive less than a month before the end of the quarter, | At FH, clients work on a total of 2 individualized treatment goals that last two months. After the two months, clients receive 2 new personalized treatment goals that occur for another 2 months or they can modify the goal if the client feels they need to keep working on that particular goal. After the 2 months, staff review the goals with clients to see if they were completed, needed to be modified, or changed.<br><br>For quarter 4 we had a total of 59% of clients complete at least 1 out of the 2 treatment goals |

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| | completed until quarter 2. | treatment. Without including the 1 new client, Farmhouse would have had 100% of the clients complete at least 1 treatment goals during the quarter. | so they had just begun their treatment. Without including the 2 new clients, Farmhouse would have had 100% of the clients complete at least 1 treatment goal during the quarter. | they have every 2 months, however, we had 1 new client admitted on 6/10/24, and 9 other clients in which their current Tx goals goes into the next fiscal year. Without including the 1 new client, and all the other goals going into the new fiscal year, Farmhouse would have had 100% of the clients complete at least 1 treatment goal during quarter 4. |
| Percentage of clients that are discharged or continue with the program<br>[effectiveness measure for mental health stability] | Percentage of Discharge to lower Care: 9%<br>Percentage of Cts continuing the program for q1: 91% - Which includes one client not part of Yolo 9/10 clients currently being served are Yolo County | Percentage of Discharge to lower Care: 9%<br>Percentage of Cts continuing the program for q2: 82% - One client when to a higher level of care | Percentage of Discharge to lower Care: 18%<br>Percentage of Ct's continuing the program for q3: 82% | Percentage of Discharge to lower Care: Farmhouse had 0 negative or positive discharges during quarter 4<br>Percentage of Ct's continuing the program for q4: 100% |
| Percentage of clients not hospitalized | 100% of Cts during q1 were not hospitalized. | 100% of Cts during q2 were not hospitalized during their stay at Farmhouse. | 100% of Yolo Ct's during q3 were not hospitalized during their stay at Farmhouse. | 100% of Yolo Ct's during q4 were not hospitalized during their stay at Farmhouse. |
| Percentage of clients not incarcerated: | 100% of Cts during q1 were not incarcerated during their stay at the Farmhouse. | 100% of Cts during q2 were not incarcerated during their stay at the Farmhouse. | 100% of Ct's during q3 were not incarcerated during their stay at the Farmhouse. | 100% of Ct's during q4 were not incarcerated during their stay at the Farmhouse. |
| Percentage of individuals with SUD participating in substance use program while at Farmhouse | 100% of Cts who are dual diagnosed with SUD are participating in substance abuse resources during q1. | 80% of Cts who are dual diagnosed with SUD are participating in substance abuse resources during q2. (2 out of 10 clients who are dual diagnosed have chosen not | 100% of Ct's who are dual diagnosed with SUD are participating in substance abuse programs during Q3. | 100% of Ct's who are dual diagnosed with SUD are participating in substance abuse programs during Q4. |

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| | | to participate in any SUD program, groups or resources) | | |
| Is anyone better off? | | | | |
| Percentage of individuals without psychiatric readmission within 6 months | 0 Clients have been re-admitted to the hospital for any psychiatric needs during Q1. | 0 Clients have been re-admitted to the hospital for any psychiatric needs during Q2. | 0 Clients have been re-admitted to the hospital for any psychiatric needs during Q3. | 0 Clients have been re-admitted to the hospital for any psychiatric needs during Q4. |
| Percentage of individuals that obtain a job, volunteer, or school placement while at FarmHouse | 36% of Cts at the Farmhouse during q1 have obtained a job through our farm-to-mouth program, volunteering, and attending school. | 46% of Cts at the Farmhouse during q2 have obtained a job through our farm-to-mouth program, volunteering, and/or attending school. | 36% of Ct's at the Farmhouse during q3 have obtained a job through our farm-to-mouth program, volunteering, and/or attending school. | 50% of Ct's at the Farmhouse during q4 have obtained a job through our farm-to-mouth program, volunteering, attending school, and working on going back to the work field. |
| Program Narrative | | | | |
| Q1 | I am pleased to provide a concise overview of our program's achievements during quarter 1 of the fiscal year. Our efforts have been focused on enhancing the lives of our clients and fostering their growth and development. Here are the key highlights for quarter 1:<br>1. Client Engagements:<br>A. We welcomed one new client to our Farm-2-Mouth program, bringing our total number of employed clients to 2. Our commitment to vocational rehabilitation is yielding positive outcomes.<br>2. Educational Pursuits:<br>A. Two of our clients have embarked on their educational journeys by attending community college for the new semester year. Their dedication to education is a significant step towards self-improvement and career prospects.<br>3. Recreational activities:<br>A. For quarter 1, we organized engaging recreational activities for our clients that include:<br>- Swimming at the community pool<br>- Putah Creek nature walks/swimming<br>- Jelly belly factory<br>- Frequent outings to stores and other places our clients want to visit<br>- Empower Yolo opportunities<br>4. Substance Abuse Programs<br>A. For quarter 1 we are proud to report that 100% of our clients who are dual diagnosis have actively engaged in substance abuse programs | | | |
| Q2 | I am pleased to provide a concise overview of our program's achievements during quarter 2 of the fiscal year. Our efforts have been focused on enhancing the lives of our clients and fostering their growth and development. Here are the key highlights for quarter 2:<br>1. Client Engagements: | | | |

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| | A. We welcomed one new client to our Farm-2-Mouth program, bringing our total number of employed clients to 3. Our commitment to vocational rehabilitation is yielding positive outcomes.<br>2. Educational Pursuits:<br>A. Two of our clients have embarked on their educational journeys by attending community college for the new semester year. Their dedication to education is a significant step towards self-improvement and career prospects.<br>3. Recreational activities:<br>A. For quarter 2, we organized engaging recreational activities for our clients that include:<br>- Frequent outings to stores and other places our clients want to visit<br>- Empower Yolo opportunities<br>- Trips to the Library<br>- Bobby Dazzler Outing<br>- Dia De Los Muertos Evento at Hansen Clinic<br>- Old Sacramento Trip |
| Q3 | I am pleased to provide a concise overview of our program's achievements during Q3 of the fiscal year. Our efforts have been focused on enhancing the lives of our clients and fostering their growth and development. Here are the key highlights for Q3:<br>1. Client Engagements:<br>A. Our Farm-2-Mouth program has a total of 3 clients currently working weekly to help maintain the land and start our garden. Our commitment to vocational rehabilitation is yielding positive outcomes. We have had 1 client who willingly volunteers to help with Farm-2-Mouth program for Farmhouse Tickets.<br>B. Clients can attend offsite AA and NA groups each week on Mondays and Thursdays. Clients look forward to these groups.<br>C. Farmhouse Partnered with a Non-Profit Catholic charity group that comes out every other week on Wednesdays and offer groups that pertain to Nutrition, Healthy eating tips, CAL Fresh information, and games where the clients can win gift cards to various places. They usually provide the clients with a meal on the days they do come.<br>D. Clients have been meeting with PD Romario bi-weekly for 1 on 1 check-ins and making sure their treatment is going well.<br>E. Farmhouse has had a minimum of 3 clients who have had 100% participation throughout Q3 and have been rewarded with various items for their dedication and hard work.<br>2. Educational Pursuits:<br>A. Farmhouse during Q3 has 1 client who has been working on getting her GED through online courses.<br>3. Recreational activities:<br>A. For quarter 3, Farmhouse for Majority of the quarter did not have a vehicle due to it being in the shop and taking time to find a new vehicle. Farmhouse relied on many case managers and our partnering site Safe Harbor for transportation and greatly appreciated everyone that helped with transportation for Q3. Towards the end of the quarter, we organized engaging recreational activities for our clients that include:<br>- Frequent outings to stores and other places our clients want to visit.<br>- Empower Yolo opportunities.<br>- Trips to the Library<br>- Trips to the Farmer's Market in Davis, CA<br>- Movie Theater Outings |

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| Q4 | I am pleased to provide a concise overview of our program's achievements during Q3 of the fiscal year. Our efforts have been focused on enhancing the lives of our clients and fostering their growth and development. Here are the key highlights for Q3:<br>1. Client Engagements:<br>A. Our Farm-2-Mouth program has a total of 2 clients currently working weekly to help maintain the land and start our garden. Our commitment to vocational rehabilitation is yielding positive outcomes. We have had 1-2 clients who willingly volunteer to help with Farm-2-Mouth program for Farmhouse Tickets.<br>B. Clients can attend offsite AA and NA groups each week on Mondays and Thursdays. Clients look forward to these groups.<br>C. Clients affiliated with HOPE COOP also attend offsite groups provided by Hope.<br>D. 1-2 clients frequently attend the wellness center at HHSA.<br>E. Farmhouse has had a minimum of 4 clients who have had 100% participation within the program, throughout Q4 and have been rewarded with various items for their dedication and hard work.<br>F. Farmhouse's gardens have been producing fresh herbs, vegetables, and fruits in which the clients harvest and use within their daily meals.<br>2. Educational Pursuits:<br>A. Farmhouse during Q4 has 1 client who has started to attend adult education in Woodland to finish her GED.<br>3. Recreational activities:<br>A. For quarter 4, Farmhouse had planned activities lined up for the clients to participate in and to allow for them to re-integrate back into the community by attending community festivals and other major activities such as a baseball game. For quarter 4 we organized engaging recreational activities for our clients that include:<br>- Frequent outings to stores and other places our clients want to visit<br>- Empower Yolo opportunities<br>- Frequent Church outings on Sundays<br>- Movie Theater Outing<br>- Weekly trips to library and Davis Farmer's Market<br>- Davis Cherry Blossom Festival<br>- Honey Festival in Woodland<br>- Whole Earth Festival in Woodland<br>- Celebrate Davis (Live Music/Non-profit Booths)<br>- Nami Walk<br>- Sacramento River Cats game |
| Analysis | |
| Impacts* | • Between 91% and 100% of clients continued at Farmhouse or were discharged to a lower level of care.<br>• 100% of clients were not hospitalized.<br>• 100% of clients were not incarcerated during the full fiscal year.<br>• Between 36% and 50% of clients were able to obtain a job, volunteer placement or school placement while living at Farmhouse.<br>• Between 80% and 100% of individuals with substance use disorder participated in a substance use program while at Farmhouse. |

*Number of clients not reported by provider.

| Program: Bridges (FSP) - Yolo County<br>Provider: Turning Point Community Programs | | | | |
|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| Number of Employees:<br>Manager / Supervisor<br>Clinicians<br>Office Support | Manager / Supervisor: 2<br>Clinicians: 1<br>Office Support: 2 | Manager / Supervisor: 1.5<br>Clinicians: 2<br>Office Support: 1 | Manager / Supervisor: 1.5<br>Clinicians: 1<br>Office Support: .5 | Manager / Supervisor: 0.5<br>Clinicians: 1.5<br>Office Support: 0.5 |
| # of open clients | There were 17 open clients. | There were 22 open clients. | There were 17 open clients. | There were 14 open clients. |
| # of intakes | 1 intake was received | 5 intakes were received. | 3 intakes were received. | 4 intakes were received. |
| # of unplanned discharges | Of the 2 discharges, 0 (0.0%) were unplanned. | Of the 6 discharges, 1 (16.7%) was unplanned (neutral reasons). | Of the 5 discharges, 1 (20.0%) was unplanned (neutral reason). | Of the 14 discharges, 12 (85.7%) was unplanned (neutral reason). |
| # of successful discharges | Of the 2 discharges, 2 (100.0%) were due to the client successfully meeting their treatment goals. | Of the 6 discharges, 5 (83.3%) were due to the client successfully meeting their treatment goals. | Of the 5 discharges, 4 (80.0%) were due to the client successfully meeting their treatment goals. | Of the 14 discharges, 2 (14.3%) were due to the client successfully meeting their treatment goals. |
| # of referrals received | 2 referrals were received. | 7 referrals were received. | 4 referrals were received. | 1 referral was received. |
| # of closed out referrals | 0 referrals were closed out | 2 referrals were closed out. | 1 referral was closed out. | 0 referrals were closed out. |
| # of children who meet criteria for ICC or IHBS | 7 (43.8%) of the 16 unduplicated clients were eligible for ICC or IHBS services. | 9 (47.4%) of the 19 unduplicated clients were eligible for ICC or IHBS services. | 11 (68.8%) of the 16 unduplicated clients were eligible for ICC or IHBS services. | 9 (64.3%) of the 14 unduplicated clients were eligible for ICC or IHBS services. |
| # of children served who are non-English speakers | Of the 16 clients served, 3 (18.8%) served were non-English speakers (Spanish). | Of the 19 clients served, 5 (26.3%) served were non-English speakers (Spanish). | Of the 16 clients served, 3 (18.8%) served were non-English speakers (Spanish). | Of the 14 clients served, 2 (14.3%) served were non-English speakers (Spanish). |
| # of families served who are non-English speakers | Of the 16 families/caregivers served, 3 (18.8%) were non-English speakers (Spanish). | Of the 19 families/caregivers served, 5 (26.3%) were non-English speakers (Spanish). | Of the 16 families/caregivers served, 5 (31.3%) were non-English speakers (Spanish). | Of the 14 families/caregivers served, 4 (28.6%) were non-English speakers (Spanish). |
| How well did we do it? | | | | |
| % of clients who received an intake assessment within 10 business days of referral | 100.0% (1/1) of intakes were completed within 10 business days of referral. | 100.0% (5/5) of intakes were completed within 10 business days of referral. | 33.3% (1/3) of intakes were completed within 10 business days of referral. | 75.0% (3/4) of intakes were completed within 10 business days of referral. |
| % of clients assessed with Child and Adolescent Needs and Strengths (CANS) within 30 days | 100% (1/1) of intakes had an initial CANS completed within 30 days. | 80.0% (4/5) of intakes had an initial CANS completed within 30 days. | 100.0% (3/3) of intakes had an initial CANS completed within 30 days. | 100.0% (4/4) of intakes had an initial CANS completed within 30 days. |

| | | | | |
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| % of discharged clients with a CANS completed at discharge | Of the 2 clients discharged, 2 were eligible for discharge CANS. Of those, 2 (100.0%) clients completed a CANS assessment at discharge. | Of the 6 clients discharged, 6 were eligible for discharge CANS. Of those, 2 (33.3%) clients completed a CANS assessment at discharge. | Of the 5 clients discharged, 4 were eligible for discharge CANS. Of those, 4 (100%) clients completed a CANS assessment at discharge. | Of the 14 clients discharged, 14 were eligible for discharge CANS. Of those, 9 (64.3%) clients completed a CANS assessment at discharge. |
| % of open clients assessed with 6-month CANS | 5 (62.5%) of the 8 eligible clients had a reassessment CANS completed. | 6 (75.0%) of the 8 eligible clients had a reassessment CANS completed. | 2 (66.7%) of the 3 eligible clients had a reassessment CANS completed. | No clients were eligible for reassessment CANS. |
| # of days to successful discharge (quarterly average)<br><br>(Successful discharge is defined as met treatment goals and/or no longer meets medical necessity for SMHS) | The average number of days to successful discharge was 283.0 days. | The average number of days to successful discharge was 283.8 days. | The average number of days to successful discharge was 593.3 days. | The average number of days to successful discharge was 302.0 days. |
| % of ICC and IHBS eligible clients with facilitated CFT every 90 days | Of the 7 clients that were eligible, 1 either refused or dropped out of services. Of the remaining 6 clients, 3 (50.0%) had a facilitated CFT every 90 days.<br><br>6 (100.0%) of the 6 clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge. | Of the 9 clients that were eligible, 1 either refused or dropped out of services, and 1 had not been served for 90 days. Of the remaining 7 clients, 4 (57.1%) had a facilitated CFT every 90 days.<br><br>6 (85.7%) of the 7 clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge. | Of the 11 clients that were eligible, 1 either refused or dropped out of services, and 2 had not been served for 90 days. Of the remaining 8 clients, 5 (62.5%) had a facilitated CFT every 90 days.<br><br>7 (87.5%) of the 8 clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge. | Of the 9 clients that were eligible, 1 had not been served for 90 days. Of the remaining 8 clients, 5 (62.5%) had a facilitated CFT every 90 days.<br><br>7 (87.5%) of the 8 clients receiving ICC/IHBS services had a facilitated CFT during the quarter or within 90 days of discharge. |
| % of clients who successfully met treatment plan goals | Of the 2 clients discharged, 2 (100.0%) successfully met their treatment goals. | Of the 6 clients discharged, 1 discontinued services for neutral reasons. Of the remaining 5 clients, 5 (100.0%) successfully met their treatment goals. | Of the 5 clients discharged, 1 discontinued services for neutral reasons. Of the remaining 4 clients, 4 (100.0%) successfully met their treatment goals. | Of the 14 clients discharged, 12 discontinued services for neutral reasons. Of the remaining 2 clients, 2 (100.0%) successfully met their treatment goals. |
| % of clients who received 1st clinical appointment within 7 days post | 1 client was hospitalized during the reporting period. 1 (100.0%) received a clinical | 2 clients were hospitalized during the reporting period. 2 (100.0%) received a clinical | No clients were hospitalized during the period. | 3 clients were hospitalized during the reporting period. 3 (100.0%) received a clinical |

| | | | | |
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| psychiatric hospitalization | appointment within 7 days of release. | appointment within 7 days post psychiatric hospitalization. | | appointment within 7 days post psychiatric hospitalization. |
| % of clients who received 1st psychiatric follow up within 30 days post psychiatric hospitalization | 1 client was hospitalized during the reporting period. 1 (100.0%) received a psychiatric appointment within 30 days of release. | 2 clients were hospitalized during the reporting period. No clients (0.0%) received a psychiatric follow up within 30 post psychiatric hospitalization. | No clients were hospitalized during the period. | 3 clients were hospitalized during the reporting period. Only 2 clients remained open 30 days past release from hospital. 1 client (50.0%) received a psychiatric follow up within 30 post psychiatric hospitalization. |
| Is anyone better off? | | | | |
| # of clients with decrease in # of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge<br><br>% of clients with decrease in # of items needing action on Child Behavioral/ Emotional Need section of CANS from intake to discharge | Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake.<br><br>Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS. | Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake.<br><br>Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS. | Of the 4 clients with an Initial and Discharge CANS, 4 (100.0%) had actionable items reported in this domain at intake.<br><br>Of those 4, 4 (100.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS. | Of the 6 clients with an Initial and Discharge CANS, 5 (83.3%) had actionable items reported in this domain at intake.<br><br>Of those 5, 4 (80.0%) had a decrease in the number of items needing action on the Child Behavioral/Emotional Need section of the CANS. |
| # of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge<br><br>% of clients with decrease in # of items needing action of Life Domain Functioning sections of CANS from intake to discharge | Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake.<br><br>Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS. | Of the 2 clients with an Initial and Discharge CANS, 2 (100.0%) had actionable items reported in this domain at intake.<br><br>Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS. | Of the 4 clients with an Initial and Discharge CANS, 4 (100.0%) had actionable items reported in this domain at intake.<br><br>Of those 4, 4 (100.0%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS. | Of the 6 clients with an Initial and Discharge CANS, 5 (83.3%) had actionable items reported in this domain at intake.<br><br>Of those 5, 4 (80.0%) had a decrease in the number of items needing action on the Life Domain Functioning section of the CANS. |

| | | | | |
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| # of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge<br><br>% of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge | Of the 2 clients with an Initial and Discharge CANS, 0 (0.0%) had actionable items reported on the Caregiver Resources and Needs section at intake. | Of the 2 clients with an Initial and Discharge CANS, 1 (50.0%) had actionable items reported in this domain at intake.<br><br>Of that 1, 1 (100.0%) had a decrease in the number of items needing action on the Caregiver Resources and Needs section of the CANS. | Of the 4 clients with an Initial and Discharge CANS, 1 (25.0%) had actionable items reported in this domain at intake.<br><br>Of that 1, 1 (100.0%) had a decrease in the number of items needing action on the Caregiver Resources and Needs section of the CANS. | Of the 6 clients with an Initial and Discharge CANS, 2 (33.3%) had actionable items reported in this domain at intake.<br><br>Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Caregiver Resources and Needs section of the CANS. |
| # of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge<br><br>% of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge | Of the 2 clients with an Initial and Discharge CANS, 0 (0.0%) had actionable items reported on the Risk Behaviors section at intake. | Of the 2 clients with an Initial and Discharge CANS, 1 (50.0%) had actionable items reported in this domain at intake.<br><br>Of that 1, 1 (100.0%) had a decrease in the number of items needing action on the Risk Behaviors section of the CANS. | Of the 4 clients with an Initial and Discharge CANS, 2 (50.0%) had actionable items reported in this domain at intake.<br><br>Of those 2, 2 (100.0%) had a decrease in the number of items needing action on the Risk Behaviors section of the CANS. | Of the 6 clients with an Initial and Discharge CANS, 4 (66.7%) had actionable items reported in this domain at intake.<br><br>Of those 4, 2 (50.0%) had a decrease in the number of items needing action on the Risk Behaviors section of the CANS. |
| # of clients who remained in their home (without juvenile hall, psychiatric hospital, or STRTP admits) or maintained home-based placement<br><br>% of clients who remained in their home (without juvenile hall, psychiatric hospital, or STRTP admits) or maintained home-based placement | 15 (93.8%) of the 16 clients served remained in their home or maintained home-based placement during the reporting period. | 17 (89.5%) of the 19 clients served remained in their home or maintained home-based placement during the reporting period. | 16 (100%) of the 16 clients served remained in their home or maintained home-based placement during the reporting period. | 11 (78.6%) of the 14 clients served remained in their home or maintained home-based placement during the reporting period. |
| Analysis | | | | |
| Access and Availability | • 10 out of 13 (77%) of clients received an intake assessment within 10 business days of referral.<br>• Child and Adolescent Needs and Strengths (CANS):<br>o 12 out of 13 (92%) of clients were assessed with CANS within 30 days.<br>o 17 out of 26 (65%) of discharged clients had a CANS completed at discharge.<br>o 13 out of 19 (68%) of open clients were assessed with 6-month CANS. | | | |

| | |
|---|---|
| Impacts | • Successful Discharges: 13 out of 27 (48%) of discharges were successful.<br>• Meeting Goals: 13 out of 13 (100%) clients successfully met treatment plan goals.<br>• Home Placement: 59 out of 65 (91%) of clients remained in their home or maintained home-based placement, without any juvenile hall, psychiatric hospital, or STRTP admits.<br>• Child and Adolescent Needs and Strengths (CANS):<br>o 12 out of 13 (92%) clients decreased the number of items needing action on the Child Behavioral/Emotional Need section of CANS from intake to discharge.<br>o 12 out of 13 (92%) clients decreased the number of items needing action on the Life Domain Functioning sections of CANS from intake to discharge.<br>o 4 out of 4 (100%) of clients decreased the number of items needing action on the Caregiver Resources and Needs section of CANS from intake to discharge.<br>o 5 out of 7 (71%) clients decreased the number of items needing action on the Risk Behaviors section of CANS from intake to discharge. |

| Program: Children's Mental Health Services (Non-FSP)<br>Provider: Yolo County<br>Performance Measure | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| How much did we do? | | | | |
| Total FTE | 5 | 5 | 6 | 5 |
| # of open clients | 41 | 42 | 47 | 42 |
| # of intakes | 11 | 12 | 9 | 21 |
| # of unplanned discharges | 4 | 10 | 5 | 3 |
| # of successful discharges | 0 | 3 | 3 | 1 |
| # of closed out referrals | 8 | 5 | 11 | 4 |
| # of referrals received | 16 | 12 | 7 | 14 |
| # of children eligible for IHBS criteria | 4 | 5 | 4 | 5 |
| # of children served who are non-English speakers | 2 | 4 | 3 | 2 |
| # of families served who are non-English speakers | 4 | 6 | 6 | 6 |
| How well did we do it? | | | | |
| % of clients who received an intake assessment with 10 business days of service request | 91% | 100% | 100% | 98% |
| % of clients assessed with Child and Adolescent Needs and Strengths (CANS) within 30 days | 94% | 100% | 100% | 100% |
| % of clients assessed with CANS at discharge | 25% | 73% | 89% | 100% |
| % of open clients assessed with 6-month CANS | 94% | 85% | 100% | 100% |
| # of days to successful discharge | N/A | 470 | 116 | 28 |
| % of ICC and IHBS eligible clients with facilitated CFT every 90 days | 67% | 67% | 67% | 67% |
| % of clients who successfully met treatment plan goals | N/A | 61% | 31% | 8% |
| % of clients who received 1st clinical appointment within 7 business days post psychiatric hospitalization | N/A | 100% | N/A | 100% |
| % of clients who received 1st psychiatric follow up within 15 business days post psychiatric hospitalization | N/A | 100% | N/A | 50% |
| Is anyone better off? | | | | |
| # of clients with decrease in # of items needing action on Child Behavioral/Emotional Needs section of CANS from intake to discharge | N/A | 4 | 3 | 1 |

| | | | | |
|---|---|---|---|---|
| % of clients with decrease in # of items needing action on Child Behavioral/Emotional Needs section of CANS from intake to discharge | N/A | 29% | N/A | N/A |
| # of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge | N/A | 4 | 3 | 1 |
| % of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge | N/A | 29% | N/A | N/A |
| # of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge | N/A | 1 | 3 | N/A |
| % of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge | N/A | 5% | N/A | N/A |
| # of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge | N/A | 4 | 1 | N/A |
| % of clients with decrease in # of items needing action on Risk Behaviors section of CANS from intake to discharge | N/A | 29% | N/A | N/A |
| # of clients who remained in their home or maintained foster home placement | 16 | 20 | 22 | 14 |
| % of clients who remained in their home or maintained foster home placement | 25% | | N/A | N/A |
| Analysis | | | | |
| Access and Availability | • Intakes: Each quarter, between 91% and 100%* of clients received an intake assessment within 10 business days of referral.<br>• Child and Adolescent Needs and Strengths (CANS):<br>o 94%-100%* of clients were assessed with CANS within 30 days.<br>o 25%-100%* of discharged clients had a CANS completed at discharge.<br>o Each quarter, between 85% and 100%* of open clients were assessed within 6 months. | | | |
| Impacts | • Successful Discharges: 7 discharges were successful.<br>• Meeting Goals: Each quarter, between 8% and 61%* of clients successfully met treatment plan goals.<br>• Home Placement: Each quarter, between 14 and 22 clients remained in their home or maintained foster home placement without any juvenile hall or psychiatric hospital entries.<br>• Child and Adolescent Needs and Strengths (CANS):<br>o Between 1 and 4 clients decreased the number of items needing action on the Child Behavioral/Emotional Need section of CANS from intake to discharge.<br>o Between 1 and 4 clients decreased the number of items needing action on the Life Domain Functioning sections of CANS from intake to discharge. | | | |

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|---|---|
| | o Between 1 and 3 clients decreased the number of items needing action on the Caregiver Resources and Needs section of CANS from intake to discharge.<br>o Between 1 and 4 clients decreased the number of items needing action on the Risk Behaviors section of CANS from intake to discharge. |

*Number of clients not reported by provider.
N/A: No data were provided.

| Program: Navigation Center<br>Provider: Yolo County and CommuniCare+OLE Health Centers | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY Total |
| How much did we do? | | | | | |
| # of unduplicated clients who visited Navigation Center | 108 | 107[a] | 103[b] | 92[c] | 410 |
| # of unduplicated Adult/Youth Screening Tools completed | 29 | 18[d] | 17[e] | 28[f] | 92 |
| # of unduplicated Specialty Mental Health Assessments completed | 65[g] | 63[h] | 53[i] | 50[j] | 231 |
| # of unduplicated substance use disorder assessments (ASAMs) completed | 10 | 11 | 15 | 9 | 45 |
| # of unduplicated clients provided with transportation[k] | 22 | 24 | 13 | 10 | 69 |
| # unduplicated clients provided with peer support assistance[l] | 16 | 18 | 19 | 11 | 64 |
| # unduplicated clients provided with direct subsidy assistance[m] | 30 | 24 | 16[n] | 15 | 85 |
| # psychiatric hold applications completed | 0 | 0 | 2 | N/A[o] | 2 |
| Number of unduplicated clients provided with crisis intervention/de-escalation services | N/A | N/A | N/A | 9 | 9 |
| Number of unduplicated clients provided with short-term individual therapy | N/A | N/A | N/A | 0 | 0 |
| Number of community and/or outreach events Navigation Center staff attended | N/A | N/A | N/A | 0 | 0 |
| How well did we do it? | | | | | |
| % of clients who report they are satisfied with Navigation Center services | 76%[p] | 93%[q] | 91%[r] | 94%[s] | 89% |
| Number of screened/assessed clients referred to: | | | | | |
| a. HHSA for Specialty Mental Health Services | N/A | N/A | N/A | 28 | 28 |
| b. A substance use disorder provider | N/A | N/A | N/A | 9 | 9 |
| c. A Mild to Moderate Mental Health Provider | N/A | N/A | N/A | 32 | 32 |
| Number of clients referred to: | | | | | |
| a. A Primary Care Provider | N/A | N/A | N/A | 11 | 11 |
| b. Housing resources | N/A | N/A | N/A | 5 | 5 |
| c. Another community service provider | N/A | N/A | N/A | 14 | 14 |
| Is anyone better off? | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| # and % of unduplicated clients who successfully link with a Specialty Mental Health Services assessment appointment | 71 (79%) | 75 (66%)[t] | 56 (60%)[u] | N/A[v] | N/A |
| # and % of unduplicated clients who successfully link with a Specialty Mental Health Services psychiatric appointment | 20 (91%) | 18 (58%)[w] | 11(92%)[x] | N/A[y] | N/A |
| Number of clients assessed and/or linked to behavioral health services who were incarcerated during assessment or had been released from incarceration in the prior 30 days | N/A | N/A | N/A | 12 | 12 |
| Number of clients served who had no history of Yolo County Behavioral Health services | N/A | N/A | N/A | 36 | 36 |
| Number of clients served who had a mental health hospitalization in the last 90 days | N/A | N/A | N/A | 17 | 17 |
| Number of current HHSA Behavioral Health clients served who requested or were referred to a non-Behavioral Health service or support | N/A | N/A | N/A | 9 | 9 |
| Analysis | | | | | |
| Access and Availability | • Number of Unduplicated Adult/Youth Screening Tools completed: 92<br>• Number of Unduplicated Specialty Mental Health Assessments Completed: 231<br>• Number of Unduplicated Substance Use Disorder Assessments Completed: 45<br>• Number of Unduplicated Clients Provided with Peer Support Assistance: 64 | | | | |
| Impacts | • Number of Unduplicated Clients Provided with Transportation: 69<br>• Specialty Mental Health Services Assessment Appointment: 202 out of 297 clients (68%) were successfully linked with a Specialty Mental Health Services assessment appointment.<br>• Specialty Mental Health Services Psychiatric Appointment: 49 out of 65 clients (75%) were successfully linked with a Specialty Mental Health Services psychiatric appointment. | | | | |

N/A: No data were provided.

[a]367 total contacts/visits
[b]One clinician left, leaving to a decline in client volume.
[c]258 in-person visits (In-person visits/walk-ins: 92; Phone: 0)
[d]Transition of Care tools also used (32); Adult 17/Youth 1
[e]33 TOC
[f]Only tracking adults
[g]103 scheduled, 6 attended but declined assessment, 32 unable to be reached during reporting period
[h]8 additional clients attended, then declined/did not complete assessment
[i]2 clients attended, but declined assessment; 1 attended and was placed on a hold
[j]95 scheduled, 11 unfilled
[k]Many clients receive multiple instances of transportation
[l]Many clients attended the peer-run Wellness Center daily
[m]Foods and basic needs supplies were available to all drop-in clients and visitors to Navigation
[n]Reconfigured budget
[o]This PM no longer tracked
[p]104/136 clients reported they were satisfied or somewhat satisfied. 30 clients reported neither, and 1 client reported they were somewhat dissatisfied
[q]75/80 clients surveyed
[r]94/103 clients surveyed
[s]15/16 anonymous responses
[t]107 unduplicated clients scheduled, 71 attended, 36 unable to reschedule during reporting period
[u]94 unduplicated clients; 53 completed by end of reporting period
[v]no longer tracked
[w]31 clients referred to SMHS, 18 linked, 7 pending, 5 in custody, 1 referred to HHSA and closed
[x]18 referred to SMHS, 12 appointments; 1 unable to be reached, 4 scheduled outside of reporting period, 1 declined, 1 left county
[y]No longer tracked

| Program: Co-Occurring Disorder Assessment and Intake -AB2265<br>Provider: Yolo County Health and Human Services Agency, CommuniCare+OLE Health Centers | |
|---|---|
| Performance Measure | Full Year Total |
| Number of people assessed for co-occurring MH and SUD | 456 |
| Number of people assessed for co-occurring MH and SUD who ultimately determined to have only an SUD without another co-occurring MH condition | 17 |

| Program: Crisis Co-Responder Program<br>Provider: Yolo County Health and Human Services Agency | | | | |
|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| # of unduplicated clients served. | 201 | 170 | 244 | 183 |
| # of Co-Responder clinician responses. | 246 | 222 | 316 | 238 |
| # and % of clients referred by Law Enforcement Agency | 56<br>22.76% | 46<br>21% | 111<br>35% | 86<br>36.13% |
| # and % of clients referred by Family/Self | 89<br>36.18% | 90<br>41% | 153<br>48% | 94<br>39.5% |
| # and % of clients referred by HHSA/community MH or SUD provider | 50<br>24.88% | 49<br>22% | 34<br>10.8% | 14<br>5.82% |
| # and % of clients referred by Other | 84<br>34.15% | 37<br>17% | 18<br>5.7% | 44<br>18.49% |
| # and % of clients referred for Crisis needs | 118<br>48% | 87<br>39% | 130<br>41.1% | 151<br>63.45% |
| # and % of clients referred for Mental Health needs | 77<br>31% | 75<br>34% | 102<br>32.3% | 42<br>17.65% |
| # and % of clients referred for substance use disorder needs | 10<br>4% | 17<br>8% | 21<br>6.6% | 2<br>0.84% |
| # and % of clients referred for other needs | 41<br>16.67% | 43<br>19% | 63<br>19.9% | 43<br>18.07% |
| How well did we do it? | | | | |
| Average clinician response time (from request notification to initial in-person contact with client) in minutes | 6 minutes | 6 minutes | 15 minutes | 6 minutes |
| Average clinician time spent on scene (in minutes). | 50 minutes | 50 minutes | 53 minutes | 52 minutes |
| Average law enforcement officer wait time for clinician response (in minutes). | N/A | N/A | | N/A |
| % of law enforcement personnel who reported satisfaction with Co-Responder Project services. | N/A | N/A | N/A | N/A |
| Is anyone better off? | | | | |
| # and % of clients served who were not placed on an involuntary hold | 209<br>85% | 184<br>83% | 250<br>79% | 191<br>80.25% |
| # and % of clients served who were not arrested/taken to jail | 240<br>97.5% | 219<br>99% | 312<br>98% | 231<br>97.05% |
| # and % of clients served who were linked to an HHSA/community provider | 21<br>9.2% | 19<br>11% | 142<br>48.5% | 39<br>20.9% |

| | | | | |
|---|---|---|---|---|
| mental health and/or substance use provider. | | | | |
| # and % of clients referred to an HHSA/community provider for homeless services. | 9<br>16.67% | 2<br>4% | 5<br>6.25% | 11<br>20% |
| Analysis | | | | |
| Access and Availability | • Crisis Co-Responders:<br>o Average clinician response time ranged from 6 to 15 minutes.<br>o Average clinician time spent on scene ranged from 50 to 53 minutes. | | | |
| Impacts | • Crisis Co-Responders:<br>o 834 out of 1,022 (82%) clients served who were not placed on an involuntary hold.<br>o 1,002 out of 1,023 (98%) clients served who were not arrested/taken to jail. | | | |

| Program: Crisis Intervention Training<br>Provider: Yolo County Health and Human Services Agency | | | | |
|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| Total of course participants *trained* in 40-hour CIT course | N/A | 12 | N/A | N/A |
| Total number of Yolo County participants who completed 40-hour CIT course | N/A | 12 | N/A | N/A |
| Total number of individuals from Yolo County Law Enforcement Agencies who completed 40-hour course | N/A | 12 | N/A | N/A |
| Total number of participants *trained* in 8-hour refresher CIT Course | N/A | 92 | N/A | N/A |
| Total number of participants from Yolo County who completed 8-hour refresher CIT course | N/A | 92 | N/A | N/A |
| Total number of Yolo County Law Enforcement Officers who successfully completed 8-hour CIT course | N/A | 84 | N/A | N/A |
| How well did we do it? | | | | |
| Percent of 40-hour participants who reported an improvement in their current knowledge of mental illness | N/A | 23.20% | N/A | N/A |
| Percent of 8-hour participants who reported an improvement in their current knowledge of mental illness | N/A | 10.60% | N/A | N/A |
| Percent of participants in 40-hour course who reported increased awareness of resources available to people with mental illness | N/A | 22.00% | N/A | N/A |
| Percent of participants in 8-hour course who reported increased awareness of resources available to people with mental illness | N/A | 14.20% | N/A | N/A |
| Percent of participants in 40-hour course with increased knowledge of civil commitment laws | N/A | 26.20% | N/A | N/A |
| Percent of participants in 8-hour course with increased knowledge of civil commitment laws | N/A | 17.60% | N/A | N/A |
| Percent of participants in 40-hour course who reported increased knowledge of the professional liability that can arise when dealing with people with mental illness who are in crisis? | N/A | 21.40% | N/A | N/A |
| Percent of participants in 8-hour course who reported increased knowledge of the professional liability that can arise when dealing with people with mental illness who are in crisis? | N/A | 11.60% | N/A | N/A |

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| Percent of participants in 40-hour course with increased understanding of roles of various providers in mental health system (HHSA County, the hospitals, the courts) | N/A | 27.00% | N/A | N/A |
| Percent of participants who reported training satisfaction with 40-hour course delivery | N/A | 91.67% | N/A | N/A |
| Percent of participants who reported training satisfaction with 8-hour course delivery | N/A | 88.10%[a] | N/A | N/A |
| Is anyone better off? | | | | |
| Percent difference of participants that feel better prepared to verbally de-escalate individuals who are in crisis | N/A | 32%[b] | N/A | N/A |
| Percent of participants that completed a CIT course that intend to apply learned skills | N/A | 97.85%[c] | N/A | N/A |
| Analysis | | | | |
| Access and Availability | • Total of course participants trained in 40-hour CIT course: 12<br>• Total number of Yolo County participants who completed 40-hour CIT course: 12<br>• Total number of individuals from Yolo County Law Enforcement Agencies who completed the 40-hour course: 12<br>• Total number of participants trained in 8-hour refresher CIT Course: 92<br>• Total number of participants from Yolo County who completed 8-hour refresher CIT course: 92<br>• Total number of Yolo County Law Enforcement Officers who successfully completed 8-hour CIT course: 84 | | | |
| Impacts | • Percent of participants who reported training satisfaction with 40-hour course delivery: 91.67%<br>• Percent of participants who reported training satisfaction with 8-hour course delivery: 88.10%<br>• Percent of participants that completed a CIT course that intend to apply learned skills: 97.85% | | | |

N/A: There were no CIT trainings provided during Q1, Q3, and Q4.

[a]Note 81 responses; 84 possible

[b]Post test above average count 66 (93 responses, out of 104 total); Pre-test count 38 (98 responses)

[c]93 actual responses, 104 possible responses

| Program: Hope Co-Op Older Adult FSP<br>Provider: TLCS, Inc dba Hope Cooperative; Yolo Community Care Continuum; North Valley Behavioral Health | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY 23-24 Totals |
| How much did we do? | | | | | |
| # of FTEs onsite at permanent supportive housing locations | 6.5 | 6.5 | 6.5 | 6.5 | 6.5 |
| # of beneficiaries served during reporting period | 24 | 24 | 26 | 26 | 26 |
| # of newly enrolled beneficiaries during the reporting period | 1 | 0 | 1 | 0 | 2 |
| # of Total service hours broken out | TOTAL: 849.75 (Med Support: 566.75; CM/Rehab: 261; Therapy: 1.5; Intervention: 20.5) | TOTAL: 349.8 (Med Support: 81.6; CM/Rehab: 264; Therapy: 4.2; Intervention: 0) | TOTAL: 277 (Med Support: 9; CM/Rehab: 263; Therapy: 5; Intervention: 0) | TOTAL: 423 (Med Support: 60; CM/Rehab: 342; Therapy: 10; Intervention: 11) | TOTAL: 1899.55 (Med support: 717.35; CM/Rehab: 1130; Therapy: 20.7; Intervention: 31.5) |
| Beneficiary Demographics | Demographic report provided as separate attachment | | | | |
| # of Senior Peer Counseling referrals made | 1 | 2 | 0 | 0 | 3 |
| How well did we do it? | | | | | |
| % of no-shows for prescribing staff (psychiatrists and nurse practitioners) | 0% | 0.0% | 0.0% | 6.0% | 2.0% |
| % of no-shows for non-prescribing staff (clinicians, case managers and nurses) | 0% | 17.6% | 2.9% | 2.0% | 6.0% |
| % of beneficiaries that voluntarily discontinued FSP services (program total) | 0% | 0.0% | 0.0% | 0.0% | 0.0% |
| % of beneficiaries referred for FSP assessment accepted into the FSP program | 100% | N/A (no referral) | 100.0% | N/A (no referral) | 100.0% |
| % of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge | 96% | 98.0% | 99.0% | 100.0% | 98.0% |
| % of beneficiaries who are contacted within 4 hours of hospital or jail notification from discharge | 97% | 97.0% | 99.0% | 99.0% | 98.0% |

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| % of beneficiaries reporting satisfaction with FSP services | 98% | 100.0% | 100.0% | 97.0% | 99.0% |
| % of referred beneficiaries contacted within 2 calendar days from HHSA referral | 98% | N/A (no referral) | 100.0% | N/A as no referral received | 99.0% |
| Is anyone better off? | | | | | |
| # of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 12% of Older Adult clients experienced homelessness in FY** |
| # of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 8% of older adult experienced incarceration during FY |
| # of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 15% of older adult experienced psychiatric hospitalization during FY |
| # of days beneficiaries employed while enrolled compared to prior 12-month period (program total) | 0 (0) | 0 | 0 | 0 | 0 |
| # of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total) | N/A | N/A | N/A | N/A | N/A |
| # of beneficiaries who have met goals and stepped down to a lower level of care | 0 (0) | 0 | 0 | 0 | 0 |
| Analysis | | | | | |
| Access and Availability* | • 98% of beneficiaries were seen for a post-hospital follow-up within 7 calendar days of their discharge.<br>• 98% of beneficiaries were contacted within 4 hours of hospital or jail notification from discharge.<br>• 99% of referred beneficiaries were contacted within 2 calendar days from HHSA referral. | | | | |
| Impacts* | • 12% of Older Adult clients experienced homelessness in FY. **<br>• 8% of older adult experienced incarceration during FY.<br>• 15% of older adult experienced psychiatric hospitalization during FY. | | | | |

*Number of clients not reported by provider.
** clients number hidden due to number being less than 11.

| Program: Hope Co-Op TAY FSP<br>Provider: TLCS Inc. dba HOPE Cooperative; Yolo Community Care Continuum | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY 23-24 Average/Total |
| How much did we do? | | | | | |
| # of FTEs onsite at permanent supportive housing locations | 6.5 | 6.5 | 6.5 | 6.5 | 6.5 |
| # of beneficiaries served during reporting period | 20 | 17 | 17 | 17 | 20 |
| # of newly enrolled beneficiaries during the reporting period | 0 | 0 | 0 | 0 | 0 |
| Total service hours broken out by | TOTAL: 405 (Med Support: 171; CM/Rehab: 232; Therapy: 1.25; Intervention: 0.75) | TOTAL: 362.2 (Med Support: 46; CM/Rehab: 283; Therapy: 32; Intervention: 1.2) | TOTAL: 271 (Med Support: 38; CM/Rehab: 228; Therapy: 5; Intervention: 0) | TOTAL: 226 (Med Support: 30; CM/Rehab: 178; Therapy: 15; Intervention: 3) | TOTAL: 1264.2 (Med Support: 285; CM/Rehab: 921; Therapy: 53.25; Intervention: 4.95) |
| How well did we do it? | | | | | |
| % of no-shows for prescribing staff (psychiatrists and nurse practitioners) | 0% | 12.7% | 0% | 3% | 4% |
| % of no-shows for non-prescribing staff (clinicians, case managers and nurses) | 0% | 0% | 0.70% | 2% | 1% |
| % of beneficiaries that voluntarily discontinued FSP services (program total) | 0% | 0% | 0% | 0% | 0% |
| % of beneficiaries referred for FSP assessment accepted into the FSP program | 100% | N/A | N/A | N/A | 100% |
| % of beneficiaries seen for post hospital follow-up within 7 calendar days of discharge | 100% | 100% | 100% | 100% | 100% |
| % of beneficiaries who are contacted within 4 hours of hospital or jail notification from discharge | 100% | 100% | 100% | 100% | 100% |
| % of beneficiaries reporting satisfaction with FSP services | 96% | 97% | 99% | 99% | 98% |

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| % of referred beneficiaries contacted within 2 calendar days from HHSA referral | 100% | N/A | N/A | N/A | 100% |
| Is anyone better off? | | | | | |
| # of days beneficiaries experienced homelessness while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 15% of TAY clients experienced homelessness in FY* |
| # of days beneficiaries experienced incarceration while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 10% of TAY clients experienced incarceration in FY* |
| # of days beneficiaries experienced psychiatric hospitalization while enrolled compared to prior 12-month period (program total) | Reports pulled annually | | | | 35% of TAY clients experiences hospitalization in FY, some repeatedly* |
| # of days beneficiaries employed while enrolled compared to prior 12-month period (program total) | 113 | 30 | 75 | 142 | 360 |
| # of days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total) | 80 | 180 | 164 | 66 | 490 |
| # of beneficiaries who have met goals and stepped down to a lower level of care | 0 | 0 | 0 | 0 | 0 |
| Analysis | | | | | |
| Access and Availability* | • 100% percent of beneficiaries referred for a Full-Service Partnership assessment were accepted into the program.<br>• 100% of beneficiaries were seen for a post-hospital follow-up within 7 calendar days of their discharge.<br>• 100% of beneficiaries were contacted within 4 hours of hospital or jail notification from discharge.<br>• 100% of referred beneficiaries were contacted within 2 calendar days from HHSA referral. | | | | |
| Impacts | *Challenges*<br>• 15% of TAY clients experienced homelessness. **<br>• 10% of TAY clients experienced incarceration. **<br>• 35% of TAY clients experienced hospitalization, some repeatedly. **<br><br>*Successes* | | | | |

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| | • 247 days beneficiaries employed while enrolled compared to prior 12-month period (program total).<br>• 410 days beneficiaries enrolled in school while enrolled compared to prior 12-month period (program total). |

*Number of clients not reported by provider.
** client's number hidden due to number being less than 11.

| Program: Peer and Family Led Programs<br>Provider: NAMI Yolo County | | | | |
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| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| # of NAMI educational classes offered this quarter as part of a course. | 8 | 6 | 0 | 6 |
| # of NAMI support group meetings offered this quarter. | 32 | 24 | 35 | 36 |
| # of NAMI direct services and events provided this quarter. | 4 | 3 | 3 | 6 |
| # of NAMI community educational presentations provided. | 1 | 0 | 3 | 2 |
| How well did we do it? | | | | |
| # of total NAMI educational course participants. | 12 | 15 | 0 | 7 |
| # of unduplicated NAMI support group meeting participants. | 53 | 38 | 56 | 61 |
| # of total NAMI community educational presentation attendees. | 8 | 0 | 85 | 25 |
| # of volunteers recruited and/or trained in the quarter. | 12 | 13 | 6 | 8 |
| # of total NAMI direct service recipients. | 20 | 140 | 20 | 20 |
| # of total NAMI event attendees. | 0 | 146 | N/A | 167 |
| Is anyone better off? | | | | |
| % of support group and/or educational course participants who reported increased ability to manage stress. | 100% | 92% | 89% | 89% |
| % of support group and/or educational course participants who reported increased ability to recognize the signs and symptoms of mental illness. | 83% | 92% | 56% | 100% |
| % of support group and/or educational course participants who reported increased access to community resources. | 83% | 100% | 100% | 89% |
| % of support group and/or educational course participants who reported feeling less isolated as a result of group involvement. | 100% | 100% | 100% | 100% |
| % of event attendees that reported increased understanding of mental illness and associated stigma. | N/A | 70% | N/A | 100% |
| % of community education presentation attendees that reported increased understanding of mental illness and associated stigma. | 100% | N/A | 80% | 100% |
| % of community education presentation attendees that reported increased ability to | 67% | N/A | 100% | 86% |

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| recognize the signs and symptoms of mental illness. | | | | |
| Program Narrative | | | | |
| Q1 | In Quarter 1 of the fiscal year, NAMI Yolo County hired and onboarded two new staff into newly created positions. Including the Executive Director, we now have three full-time staff members. Britney Brinson is NAMI's Program Coordinator and Kendall Doten is the Outreach and Communications Coordinator. Both started their positions with NAMI Yolo County at the end of July 2023. August and September were focused heavily on onboarding and training our new staff and they both continue to make strong progress in learning about NAMI Yolo County and their roles in the organization.<br><br>The addition of new staff positions in Q1 allowed NAMI Yolo County to increase our efforts on volunteer recruitment. Our Program Coordinator held a number of group and one-on-one Volunteer Orientations and recruited 12 new volunteers in August and September. Some of these individuals will be volunteering as part of NAMI Yolo County's CAN-Do program which provides direct support to individuals living with mental illness, including providing meals and social connection. Other new volunteers are in the process of becoming trained as NAMI support group facilitators.<br><br>In August, all of the NAMI Yolo County staff attended the NAMI California Annual State Conference in Sacramento. This was an excellent opportunity for our new staff members to learn about NAMI and the issues facing the individuals and families we serve. We attended an excellent presentation by Dr. Veronica Kelley, Orange County Behavioral Health Director, as she discussed her county's implementation of CARE Court as part of the initial cohort of counties that have launched the program. It was valuable to hear the successes and challenges that Orange County has experienced, and Dr. Kelley expressed hope that there would be some changes made to the program before it rolls out to the entire state.<br><br>Also in August, NAMI Yolo County staff and volunteers were invited to give a presentation to staff with the Community and Family Engagement Program at Woodland Joint Unified School District. This in-person presentation was attended by 12 specialists who work with families at their school site to engage them in their students' education as well as connect families with any resources they might be in need of. NAMI Yolo County provided information on community resources available to families and youth who are experiencing symptoms of a mental health condition, as well as a brief overview of mental health in youth, and information on how people can access NAMI Yolo County's programs for youth and their parents. | | | |
| Q2 | In Quarter 2 of the fiscal year, NAMI Yolo County held its first local NAMIWalks event at Woodland Community College on October 8th. The walk included a resource fair where community partners and NAMI Yolo County shared information and resources relevant to the mental health community in Yolo County. The event was very successful, with 116 attendees (and 15 dogs). This was the first year participating in NAMIWalks for 61% of participants, so holding a local event resulted in far greater participation than when | | | |

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| | NAMI Yolo County has joined the Northern California NAMIWalks in Sacramento. We received positive feedback from event attendees, with 100% of survey respondents rating their experience as "good" or better. We look forward to making this an annual event. The 2024 NAMIWalks will be held on September 28, 2024, at Woodland Community College. Some of the feedback we received from participants regarding the most meaningful part of the event:<br>• "Learning about Yolo County mental health facilitators"<br>• "Hearing the speakers tell their stories. And as always, there was a family who came to this event for the first time seeking support."<br>• "The sense of community from bringing so many people together who care about mental health."<br>• "When I heard there's hope to recovery."<br><br>On November 16th, NAMI Yolo County hosted a symposium at The Cannery in Davis with the theme "Uniting to Build Community Wellness." Karleen Jakowski, Yolo County Mental Health Director, gave the keynote address and presented an overview of the current mental health landscape in Yolo County. Additional presentations included "Mental Wellness in the Black/African Ancestry Communities" and "Asian American/Pacific Islander Mental Health Challenges." The event was attended by 30 individuals, including local elected officials, people affiliated with partner agencies (such as CommuniCare+Ole, Yolo County HHSA, and the Yolo County District Attorney's office, among others), peers and family members who utilize NAMI Yolo County's programs, and community members.<br><br>NAMI Yolo County staffed tables at several events during Quarter 2 where we provided resources on mental health, and information on the programs and services we offer. We participated in the Yolo County Children's Alliance Homeless Resource Fair on Oct. 27th in West Sacramento, the CommuniCare Dia de los Muertos event on Oct. 27th in Woodland, the West Sacramento Fall Festival on Nov. 2nd, and the Bryte Park Dia de los Muertos event on Nov. 5th in West Sacramento. NAMI Yolo County also staffed a table to provide resources at the Yolo County Children's Alliance Giveaway Day on Nov. 18th. These are valuable opportunities for NAMI Yolo County to inform the public about the mental health resources available in Yolo<br><br>County. At each of these events, multiple attendees shared personal stories of mental health challenges that they or their loved ones were experiencing, and we were able to refer these individuals to our educational programs and support groups for additional resources and support. One individual who completed the NAMI Basics Course after learning about it at one of these events reported the following:<br>• "I want to say thank you so much to Britney. It was at a community event where NAMI had a booth and I asked her about any resources for teens because I've been having a really hard time and she told me about the BASICS class was starting the next week. This was on a Friday night and I think Joanne even followed up with me over the weekend. I was touched and it really made me feel like I matter and my son matters and that someone |

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| | cares. I really appreciate everything the facilitators did, they were so helpful and passionate. It was a great experience."<br><br>NAMI Yolo County was invited to participate in the West Sacramento Chamber of Commerce Mental Health Roundtable on Oct. 25th, which included representatives from law enforcement, Washington Unified School District, a medical group, and behavioral health facilities. The group discussed the mental health needs of the West Sacramento community and how we can collaborate to address those needs.<br><br>NAMI Yolo County offered our first in-person NAMI Basics course since the beginning of the pandemic in Quarter 2. This course is designed for parents and caregivers of youth aged 22 or younger who are experiencing symptoms of mental health challenges. We had a great deal of interest in the course and had a full class of 15 participants, 12 of whom completed the entire course. We are working to schedule another course in Spring 2024. One of the participants reported the following after completion of the course:<br>• "This course was life changing as I finally felt like there were others who could relate and I didn't feel isolated. It was great having more resources to tap into as this is something new to our family and we didn't know where to start."<br><br>Through the Can-Do program, NAMI Yolo County prepared and served two holiday meals to residents in supported housing for people living with mental illness in Quarter 2. In addition, we provided stockings to 100 mental health clients in Yolo County in December.<br><br>NAMI Yolo County continued to engage in partnerships and collaborations throughout the county.<br>• In October, the Executive Director attended the first Yolo County Gun Violence Collaborative meeting and will continue to participate in this collaborative.<br>• NAMI Yolo County staff also participated in the Yolo Health Aging Alliance Collaborative and the Yolo Family Strengthening Network.<br>• The Executive Director and/or Board President continued to attend monthly Local Mental Health Board meetings during Q2.<br>• The Executive Director gave presentations on mental health and an overview of NAMI Yolo County to the Woodland Rotary Club and the ADRC (Aging & Disability Resource Connection) Steering Committee, to educate the community on the various programs and services we offer.<br><br>In Quarter 2, the Executive Director attended NAMI National's Executive Director Leadership Exchange in Washington D.C. This annual conference is limited to Executive Directors of NAMI Affiliates and State Organizations and is capped at 125 attendees. This year's theme was "Learn & Lead" and the conference provided many opportunities to learn best practices, innovative programs offered by other NAMI Affiliates, guidance on capacity-building to |

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| | be able to offer more programs to our constituents, and other issues facing the mental health community.<br><br>Finally, NAMI Yolo County staff attended training for a new program developed by Pro Youth and Families that is designed for high school and middle school aged youth. The program, called MindOneSix, is a non-therapeutic training curriculum that supports youth in developing facilitation skills and knowledge to promote and advocate for mental health and wellness for themselves and others. It is designed to empower youth as ambassadors for mental wellness on their campuses and in the larger community. This program will be a valuable complement to our existing programming for TAY youth. |
| Q3 | In Quarter 3 of the fiscal year, NAMI Yolo County increased efforts to recruit additional Board members as two current members will be completing their terms of service and transitioning off the Board in May 2024. Applicants must submit an application and resume, and interview with two separate Board members before being nominated to the full Board of Directors for a vote. One applicant has completed the entire process and will be nominated at the April 2024 Board meeting. Several other people have expressed interest and NAMI Yolo County will be holding an informational session for people interested in learning more about Board service on April 4, 2024.<br><br>During Quarter 3, NAMI Yolo County trained three new Ending the Silence presenters and provided three Ending the Silence presentations: two were for students at UC Davis and Davis High School, and one was for parents that was held at the New Harmony apartment complex in Davis. A total of 85 people attended the three presentations.<br><br>NAMI Yolo County staff assisted the NAMI on Campus at UC Davis club re-establish their club membership with NAMI National. The club's membership lapsed in 2021 after the death of the club president, and staff has been working closely with club members over the past year to reinvigorate the club. NAMI Yolo County staff also began working with students at Da Vinci High School in Davis to establish a NAMI on Campus club. That process is still ongoing.<br><br>Two of NAMI Yolo County's support groups that had been meeting virtually resumed in-person meetings in Quarter 3. The NAMI Basics Support Group resumed once per month in-person meetings in January, while continuing to meet virtually once a month. The Spanish Family Support Group also resumed in-person meetings in, while two NAMI Connection Support Group continued to meet in-person weekly in Davis and twice a month in West Sacramento. The NAMI Family Support Group continues to meet twice per month in a virtual format. We continue to try to recruit volunteers who are able to facilitate the Family Support Group in person so that we can offer that option in addition to virtual. NAMI Yolo County currently has 5 different support groups that meet regularly.<br><br>While we did not offer any educational courses in Quarter 3, three new volunteers were trained as Peer-to-Peer instructors and we will offer a class in Quarter 4. |

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| | During Quarter 3, NAMI Yolo County staff has been working to plan our annual "Celebrate Hope and Resilience" event which will be held on May 9th at the El Macero Country Club in Davis. This event will bring together family members, peers, professional providers, and others who are<br><br>part of the local mental health community to learn about the status of youth mental health in Yolo County. We also confirmed a date for our second annual local NAMIWalks, which will be held on Saturday, September 28 at Woodland Community COllect.<br><br>On February 6, 2024, NAMI Yolo County's Executive Director was invited by Rotary International's District 2452 Medical and Wellness Group to participate in their 2nd Medical Conference titled "Building Hope Within, Mental Health in the Arab Region." Rotary District 2452 is made-up of Rotarians with medical backgrounds from the countries of Lebanon, Armenia, Georgia, Jordan, Bahrain, Palestine, Emirates, and Sudan. The conference was held in Beirut on February 6th, 2024, in partnership with the Lebanese University Hospital Getaoui. NAMI's Executive Director was one of the speakers at the conference (appearing virtually) and shared what we do at NAMI and the importance of peer support for people impacted by mental illness.<br><br>NAMI Yolo County staffed tables at two community events during Quarter 3 where we provided resources on mental health, and information on the programs and services we offer. We participated in the Davis Food Co-op's Community Market on Jan. 14th and Help Me Grow's Spring Eggstravaganza in Woodland on March 24th. These are valuable opportunities for NAMI Yolo County to inform the public about the mental health resources available in Yolo County, and at every event people ask for our assistance with resources for themselves or their loved ones.<br><br>Through the Can-Do program, NAMI Yolo County prepared and served three meals to residents in supported housing for people living with mental illness in Quarter 3.<br><br>NAMI Yolo County helped to promote Yolo County's MHSA Listening Sessions in February. The Executive Director attended the session on February 26 in West Sacramento, and two Board members attended the session on February 28 in Davis. In addition to having the opportunity to provide feedback, these sessions were also helpful for NAMI Yolo County to hear about the concerns and needs of people affected by mental illness in our local communities.<br><br>NAMI Yolo County continued to engage in partnerships and collaborations throughout the county.<br>• In February, the Executive Director attended the Yolo County Gun Violence Collaborative meeting where Rep. Mike Thompson spoke and participants brainstormed ways that different groups can contribute to gun violence prevention.<br>• Two NAMI Yolo County staff members and two Board members attended the Gun Violence Restraining Order training on February 28th. |

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| | • NAMI Yolo County continued to participate in the West Sacramento Chamber of Commerce Mental Health Roundtable, which met on March 18th and included representatives from law enforcement, Washington Unified School District, a medical group, and behavioral health facilities. The group heard an excellent presentation from Karleen Jackowski and other Yolo County HHSA staff about the current state of mental health services in Yolo County.<br>• NAMI Yolo County staff continued to participate in the Yolo Health Aging Alliance Collaborative and the Yolo Family Strengthening Network.<br>• The Executive Director and/or Board President continued to attend monthly Local Mental Health Board meetings during Q3.<br>• The Executive Director is a member of the Restorative Justice Partnership JAG Steering Committee, Yolo County's prosecutor-led adult criminal diversion program, and attended the Committee's March 21st meeting where the committee received a report on the project from the Yolo County District Attorney's Office. |
| Q4 | In Quarter 4 of the 2023-24 fiscal year, NAMI Yolo County offered 5 ongoing support groups, served three meals to people living with mental illness in residential facilities as part of our CanDo program, held a Peer-to-Peer course, offered community presentations on Tardive Dyskinesia and Coping with Stress, and held our annual "Celebrate Hope and Resilience" event. NAMI also co-hosted the NAMI Northern Region Affiliates Multicultural Symposium and held a NAMIWalks Kickoff Party.<br><br>NAMI Yolo County continued to hold five different support groups, both in-person and virtual. Our Family Support Group meets twice monthly via Zoom and regularly has first-time participants joining. El Grupo de Apoyo Familiar meets in-person once a month, currently at the Empower Yolo offices in Woodland. NAMI Basics Support Group, for parents of youth aged 22 and younger who are experiencing symptoms of a mental health condition, meets twice per month - once via Zoom and once in-person at Owendale Apartments in Davis. Our NAMI Connection Support Group meets weekly in-person at Cesar Chavez Plaza in Davis, and twice monthly in West Sacramento. The West Sacramento NAMI Connection group had been meeting at the new Bryte & Broderick Community Center; however, we were recently notified that the Community Center was ceasing operations so the support group has moved back to the Arthur F. Turner Library in West Sacramento.<br><br>NAMI Yolo County served three CanDo program meals to approximately 20 individuals living in residential homes for people living with mental illness in Quarter 4.<br><br>Through a continued collaboration with Mutual Housing of California, NAMI Yolo County held an in-person Peer-to-Peer course at Moore Village Apartments, an affordable housing complex in Davis. Seven people attended the six-session course, all of whom were residents of Moore Village. This course was co-taught by three of our newly trained Peer-to-Peer volunteer instructors. |

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| | On April 11th, NAMI Yolo County joined with several other local NAMI affiliates to host the NAMI California Northern Region Affiliates Multicultural Symposium event, "Together for Community Wellness." This event was dedicated to multicultural mental wellness and included presentations from Michelle McDaniel, LCSW (Co-Coordinator of Outreach and Programming, University of the Pacific), Dr. Marbella Alfonza (Founding Director, Design Tech High School), and Courtney Davis (Executive Director of TabiMOMS). This event was attended by 30 people from Yolo County and the Greater Sacramento area.<br><br>During May, NAMI Yolo County held a number of activities to mark Mental Health Awareness Month. On May 7th, we held a lunch & learn webinar via Zoom titled, "Let's Talk TD: An Overview of Tardive Dyskinesia" as part of TD Awareness Week. The featured speaker was Whitney Tice, APRN, FNP-C. This webinar was attended by 14 individuals. On May 16th, NAMI Yolo County held an in-person presentation titled "Coping with Stress" at Mercy Housing in West Sacramento that was attended by 11 residents of the residential community.<br><br>May also marked NAMI Yolo County's annual "Celebrate Hope and Resilience" Event where community members were recognized for their significant and lasting commitment to mental health in Yolo County. This year's Pat Williams Mental Health Luminary Award Honoree was RISE, Inc. Also recognized were several "NAMI Stars" - Don Bosley (Mercy Coalition), Joshua Pozun (Peer Leader), Nancy Temple (Community Member), and Woodland Community College (NAMIWalks site host). The educational presentation portion of the event included a panel discussion of the K-12 Schools Partnership featuring Garth Lewis (YCOE Superintendent) and Karleen Jakowski and Tony Kildare (Yolo County HHSA). The presentation was very well received by the 114 people in attendance.<br><br>NAMI Yolo County staff began planning for the second annual NAMIWalks Yolo County, which will be held on September 28th at Woodland Community College. On June 11th, we held a NAMIWalks Kickoff Party to bring community members together to support mental health and stigma reduction and encourage people to share information about NAMIWalks with their networks. The event was attended by 23 individuals, with speakers who shared their personal stories about mental illness. We are hoping for an attendance of 200 walkers at this year's event.<br><br>During Quarter 4, NAMI Yolo County staffed tables at a number of events and resource fairs to provide resources on mental health and share information on the programs and services offered by NAMI. We provided a resource table at the Davis Food Co-op Block Party, the West Sacramento Senior Resource Fair, the Davis Housing Solutions event, the Esperanza for Health & Wellness Fair in Esparto, the Community Bike Party at Yolo County HHSA, Davis Pride, and Woodland Pride. At each of these tabling events, we have connected people to needed resources.<br><br>In June, NAMI Yolo County staff attended NAMICon, the annual NAMI National Conference. We attended sessions on volunteer recruitment, using social media to promote NAMI programs, and a |

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| | large variety of sessions on trends in mental health treatment, policy approaches, and information on various mental health disorders. It was a great opportunity for staff to learn new things, connect with colleagues from around the country, and get re-energized.<br><br>In Quarter 4, NAMI Yolo County successfully recruited two new members of our Board of Directors who will each serve three-year terms. Mark Moeller, MD is a family practice physician at Kaiser, and Mikaila Wedding who works for SMUD. In June, we elected new Board Officers who will each serve a one-year term in the role: Stacie Frerichs, Board President; Donna Neville, Treasurer; and Mikaila Wedding, Secretary. David Pinto and Erik Daniells continue to serve on the NAMI Yolo County Board of Directors. |
| Analysis | |
| Access and Availability | • 20 educational classes offered.<br>• 127 support group meetings offered.<br>• 16 direct services and events provided.<br>• 6 community educational presentations provided. |
| Impacts* | • Between 89% and 100% of support group and/or educational course participants reported an increased ability to manage stress.<br>• Between 56% and 100% of support group and/or educational course participants reported an increased ability to recognize the signs and symptoms of mental illness.<br>• Between 83% and 100% of support group and/or educational course participants reported increased access to community resources.<br>• 100% of support group and/or educational course participants reported feeling less isolated because of group involvement.<br>• Between 70% and 100% of event attendees reported an increased understanding of mental illness and associated stigma.<br>• Between 80% and 100% of community education presentation attendees reported an increased understanding of mental illness and associated stigma.<br>• Between 67% and 100% of community education presentation attendees reported an increased ability to recognize the signs and symptoms of mental illness. |

*Number of clients not reported by provider.

| Program: Permanent Supportive Housing<br>Provider: Yolo County Continuum of Care | | | | |
|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| Total # of participants served | | 22 | 22 | 22 |
| Total # of referrals | | • 4 Other<br>• 1 Primary care<br>• 0 Substance Use<br>• 0 Mental Health | • 27 Other<br>• 5 Primary care<br>• 0 Substance Use<br>• 0 Mental Health | • Other<br>• Primary care<br>• 0 Substance Use<br>• 0 Mental Health |
| How well did we do it? | | | | |
| Engagement rate for Homestead | | 61% | 99% | 99% |
| Engagement rate for Pacifico | | 63% | 67% | 90% |
| Group participation rate | | 0% | 39% | 47% |
| Data entry timelines | | 100% | 100% | 100% |
| Is anyone better off? | | | | |
| Inpatient stabilization reduction rate | | 100% | 100% | 100% |
| Permanent housing retention rate | | 100% | 100% | 100% |
| Health stability rate | | 100% | 100% | 100% |
| Program Narrative | | | | |
| Q1 | | | | |
| Q2 | • A total of 36 participants (13 males and 9 females) were served, exceeding our initial goal of 30 participants. Of the 30 participants served, 22 of the residents were Yolo Community Care Continuum's clients, while the remaining 14 were non-YCCC Pacifico residents.<br>• Overall, Caucasians were the highest ethnicity served at 77%, while African Americans were the second most population served at 9%. At 5%, Asians, Hispanics/Latinos, and American Indians were the lowest ethnicity served. (Only YCCC)<br>• The average age served for YCCC clients is 51 years old. Residents served age ranges from 18 to 80. The majority of the participants were between the ages of 41 to 60 at Homestead, while Pacifico participants (only YCCC) were between the ages of 51 to 60.<br>• Cumulatively, 33% of the residents are diagnosed with Schizophrenia, 24% with Schizoaffective, 19% with Depression, 5% with Psychosis NOS, and 5% with Bipolar. Many of the non-YCCC residents' diagnoses are unknown or undiagnosed. They are encouraged to seek their primary care doctors for proper evaluations if concerned or interested.<br>• Overall, Schizophrenia was the highest diagnosis served between Homestead and Pacifico at 33%. | | | |
| Q3 | • Overall, Caucasians were the highest ethnicity served at 77%, while African Americans were the second most population served at 9%. At 5%, Asians, Hispanics/Latinos, and American Indians were the lowest ethnicity served.<br>• The average age served for YCCC clients is 50 years old. Residents served age ranges from 30 to 67 years old. Most participants were between 30 and 67 years old at Homestead, while Pacifico participants were between 50 and 65 years old. | | | |

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| | • Cumulatively, 36% of the residents are diagnosed with Schizophrenia, 23% with Schizoaffective, 18% with Depression, 14% with Bipolar Disorder, 5% with Psychosis NOS, and 5% with Dissociative Identity Disorder. Many of the non-YCCC residents' diagnoses are unknown or undiagnosed. They are encouraged to seek their primary care doctors for proper evaluations if concerned or interested. |
| Q4 | • Overall, Caucasians were the highest race/ethnicity served at 75%, while African Americans and Hispanic/Latinos at 8%. At 4% each for Asian and American Indian were the lowest race/ethnicity served.<br>• Recent data analysis conducted for community engagement and resident demographics at Pacifico has revealed that there has been an increase in resident numbers, particularly among minority groups, including the Hispanic/Latino community.<br>• The average age served for YCCC clients is 52 years old. Residents served age ranges<br>• from 30 to 80. The majority of the participants were between the ages of 40 to 65 at<br>• Homestead, while Pacifico participants were between the ages of 51 to 60.<br>• 50% of the residents at Homestead are diagnosed with Schizophrenia, 25% with<br>• Schizoaffective, 15% with Depression, 5% with Psychosis NOS, and 5% with Bipolar. The majority of YCCC residents at Pacifico are diagnosed with Bipolar at 50%, Depression at 25%, and DID at 25%.<br>• Many of the non-YCCC residents' diagnoses are unknown or have never been diagnosed and are encouraged to seek their primary care doctors for proper evaluations if concerned or interested.<br>• Overall, Schizophrenia was the highest diagnosis served between Homestead and Pacifico at 42%. |
| Analysis | |
| Access and Availability* | • Between 61% and 99% engagement rate for Homestead.<br>• Between 63% and 90% engagement rate for Pacifico.<br>• Between 0% and 47% group participation rate. |
| Impacts* | • 100% reduction in inpatient stabilization.<br>• 100% rate of permanent housing retention.<br>• 100% rate of health stability. |

*Number of clients not reported by provider.

| Program: Tele-Mental Health Services<br>Provider: Yolo County | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY 23-24 Totals |
| How much did we do? | | | | | |
| Total number of client contacts via tele-mental health platforms | 1233 | 1269 | 1452 | 1397 | 5351 |
| Percentage of all client contacts conducted via tele-mental health platforms. | 22.70% | 10.49% | 11.93% | 30% | 19% |
| Total number of unduplicated clients served by tele-mental health services. | 201 | 197 | 219 | 355 | 1174 |
| Number of tele-mental health services by type of service: Psychiatric Services | 679 | 619 | 711 | 757 | 2766 |
| Number of tele-mental health services by type of service: Crisis Services | 0 | 6 | 11 | 0 | 17 |
| Number of tele-mental health services by type of service: Individual/Group Therapy | 4 | 0 | 0 | 0 | 4 |
| Number of tele-mental health services by type of service: Clinical Assessment | 0 | 0 | 4 | 7 | 11 |
| Number of tele-mental health services by type of service: Peer Supports | 0 | 0 | 0 | 0 | 0 |
| Number of tele-mental health services by type of service: Rehabilitation/Targeted Case Management | 16 | 47 | 5 | 60 | 128 |
| Number of tele-mental health services by type of service: SUD Services | 0 | 0 | 0 | 0 | 0 |
| Total number of HHSA staff utilizing tele-mental health platforms to provide client services | 43 | 27 | 7 | 22 | 99 |
| How well did we do it? | | | | | |
| Total number of clients requesting Change of Provider from remote services to in-person services | 1 | 2 | 0 | 0 | 3 |
| Total number of change of provider requests | 12 | 7 | 3 | 6 | 28 |
| Percentage of client no-shows for telepsychiatry services. | 25% | 14% | 14% | 20% | 18% |
| Percentage of client no shows for all other clinical tele-mental health services. | 22.75% | 27% | 11% | 23% | 21% |
| Percentage of psychiatry services provided via a tele-mental health platform. | 81% | 79% | 83% | 81% | 81% |
| Is anyone better off? | | | | | |
| Number of clients receiving tele-mental health services who remain active in treatment. | 237 | 262 | 212 | 251 | 962 |
| Percentage of clients receiving tele-mental health services who remain active in treatment. | 28% | 54% | 22% | 18% | 30.5% |

| Analysis | |
|---|---|
| Access and Availability | • Total number of client contacts via tele-mental health platforms: 5,341<br>• Percentage of all client contacts conducted via tele-mental health platforms: 19%*<br>• Total number of unduplicated clients served by tele-mental health services: 1,174 |
| Impacts* | • 81%* of psychiatry services were provided via a tele-mental health platform.<br>• 962 out of 3,154 (30.5%) clients receiving tele-mental health services who remain active in treatment. |

*Number of clients not reported by provider.

# Prevention and Early Intervention (FY 2023-2024)

| Program: College Partnership Program<br>Provider: CommuniCare+OLE Health Centers | | | | |
|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| Behavioral Health Services | | | | |
| # of students served | 34 | 39 | 49 | 40 |
| # of students referred through the Early Alert Interface | 0 | 0 | 0 | 0 |
| # of referrals made to County-based supports and programs | 0 | 2 | 5 | 0 |
| # of students receiving services during peak hours (8:30am to 4:30pm) | 33 | 34 | 45 | 38 |
| # of students receiving services during after-hours (4:30pm to 7:00pm) | 1 | 5 | 4 | 5 |
| Physical Health Services | | | | |
| # of students served | 38 | 8 | 13 | 6 |
| # of students referred through the Early Alert Interface | 0 | 0 | 0 | 0 |
| # of referrals made to County-based supports and programs | 0 | 0 | 0 | 0 |
| # of students receiving services during peak hours (8:30am to 4:30pm) | 37 | 8 | 13 | 6 |
| # of students receiving services during after-hours (4:30pm to 7:00pm) | 1 | 0 | 0 | 0 |
| Social Services | | | | |
| # of students served | 35 | 57 | 2 | 0 |
| # of referrals made to County-based supports and programs | 4 | 1 | 5 | 0 |
| # of tabling events held | 3 | 1 | 1 | 2 |
| # of health fairs held | 0 | 0 | 0 | 0 |
| # of Flu Shot Clinics held | 0 | 0 | 0 | 0 |
| # of STI Testing Clinics held | 0 | 1 | 0 | 0 |
| # of education and learning events held for staff | 0 | 1 | 0 | 0 |
| # of education and learning events held for students | 2 | 12 | 1 | 0 |
| # of students that received services in their primary language of Spanish | 5 | 5 | 7 | 3 |
| # of students that received services in their primary language of Russian | 0 | 0 | 0 | 0 |
| How well did we do it? | | | | |

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|---|---|---|---|---|
| # and % of students who self-report that they received an initial appointment timely | 16 (94%) | 5 (71%) | 3 (100%) | No data to report |
| # and % of students satisfied with access to and services provided based on results of the Student Satisfaction Survey | No surveys completed | N/A | 3 (100%) | N/A |
| % of students seen at the Woodland campus | No surveys completed | 89% | 55% | 90% |
| % of students seen at the Colusa County campus | No surveys completed | 0.05% | 1% | 2.50% |
| % of students seen at Lake County campus | No surveys completed | 0.05% | 3% | 7.50% |
| Is anyone better off? | | | | |
| # and % of students that self-report improved access to behavioral/physical/social services on campus | | N/A | 3 (100%) | No data to report |
| # and % of students that received routine[a] care | | N/A | 41 (89%) | No data to report |
| # and % of students that self-report improved access to training and education opportunities | No surveys completed | N/A | 2 (66%) | No data to report |
| # and % of faculty/staff that self-report improved access to training and education opportunities | No surveys completed | N/A | No data to report | |
| # and % of students that self-report increased knowledge of healthy living habits | No surveys completed | N/A | 3 (100%) | |
| # and % of faculty/staff that self-report increased knowledge of healthy living habits | No surveys completed | N/A | N/A | |
| Analysis | | | | |
| Access and Availability | • 17 referrals were made to County-based supports and programs.<br>• 3 out of 3 (100%) of the participants were satisfied with access to services and services provided.<br>• 321 students received either behavioral health, social services or physical health care services in this reporting period. | | | |
| Impacts | • 41 out of 46 (89%) of students received routine care.<br>• 3 out of 3 (100%) of students reported improved access to behavioral/physical/social services on campus.<br>• 2 out of 3 (66%) students reported improved access to training and education opportunities.<br>• 3 out of 3 (100%) students reported increased knowledge of healthy living habits. | | | |

[a] The definition of "routine" is found in Section V.B.b of the Scope of Services attached to the Contract.

| Program: Help Me Grow<br>Provider: First 5 Yolo<br>Performance Measure | Q1 & Q2 | Q3 & Q4 |
|---|---|---|
| Number of FTE Staff | 4.84 | 4.84 |
| Number of unique/unduplicated children served. Family consented to enroll in HMG CAP direct services. | 1153 | 543 |
| Number of referral to HMG received either HMG online referral form, UniteUS assistance request form, phone call, etc. | 1018 | 715 |
| Number of HMG CAP calls and/or general information inquiries (e.g. Facebook, messenger, text, etc.) received. | 130 | 123 |
| Number of trainings/workshops conducted by HMG for child healthcare/medical providers and Community Outreach regarding HMG services. | 7 | 3 |
| Number of families served who resulted in sharing information or education only | 551 | 163 |
| Number of families who received supportive referrals (families received 1 or more HMG follow up contacts, advocacy/facilitation of connection, and parent agreed to follow up. | 317 | 214 |
| Percent of children HMG screened and identified in need of developmental or behavioral intervention (were screened with at least one evidence-based tool and had a monitor result, refer to evaluation result or parental/provider concern). | 55% | |
| Number of unknown outcomes for referral follow up (HMG National) | 11% | |
| Average number of days for screening results to be shared/discussed w/families | 3 | |
| | 1st 6 months | Annual Total |
| Number and percent of children identified by HMG as needing developmental behavioral intervention, who reported successful connection to an individualized developmental promotion service/program (i.e. part B/C, evidence based informed home visiting services other evidenced based interventions), within 60 days of referral date from HMG. | 57% | 61% |
| Number and percent of children eligible for a rescreen who completed a recommended follow up screen in current FY after scoring in the "monitor" range across one or more categories on their last screen, and had an improved score in at least one of those same categories after receiving ASQ learning activities/activities for parents to practice | 11% | 82% |
| Number and percent Parents/caregivers, who reported increased knowledge of appropriate activities to facilitate their child's development after participating in HMG developmental playgrounds/parent support groups. | 99% | 82% |
| | Fiscal Year 2023-2024 | |
| Children Screened for Development | 1247 | |
| Children at risk connected to intervention services within 60 days | 61% | |
| Children participated in developmental playgrounds | 263 | |
| Caregivers connected to therapy | 36 | |
| Improved Caregiver functioning | 93% | |

| Program Narrative | |
|---|---|
| Key Successes and highlights:<br>• 831 unique children were screened. Of those with a complete screen, 49% scored in the monitor or concern/refer to evaluation range (children with special needs).<br>• 73% of families identified in need by HMG, were connected to In Home Therapy for Caregivers<br>• 62% of children identified as at risk of developmental/behavioral issues were connected to individualized developmental promotion services under Part B/C.<br>• Of the 62% connected:<br>o 54% of referrals were connected to Part B/school district<br>o 75% of referrals were connected to Part C/ Regional Center/Early Start Intervention services | |
| Analysis | |
| Access and Availability | • Within Help Me Grow, a total of 1,696 unique children were served. |

| Program: IHTC<br>Provider: First 5 Yolo<br>Performance Measure | Q1 & Q2 | Q3 & Q4 |
|---|---|---|
| Number of referrals received | 15 | 25 |
| Number of referrals screened for eligibility | 15 | 20 |
| Number of sessions provided (total) | 119 | 291 |
| Number of unique clients who received in-home therapy | 16 | 20 |
| Number of unique families served | 9 | 27 |
| | 1st 6 months | Annual Total |
| Total number of FTE Staff | 0.45 | 0.65 |
| Percentage of clients completing therapy or meeting treatment plan goals at exit | 71% | 79% |
| Average number of days from date referral received to treatment | 41 | 51 |
| Average visit engagement/attendance rate | 64% | 67% |
| Percentage of clients showing clinically significant reduction in symptoms and improved functioning after completing 6 sessions or more, based on validated screening/assessment tools and feedback surveys | 92% | 93% |
| Percentage of clients referred for mental health supports, who were connected to therapy services (IHTC or other therapy provider) | 67% | 68% |

Program Narrative

Key highlights and trends:

The expected/budgeted FTE allocation was .65, however due to staffing turnover the actual allocation was .45 FTE. The staffing shortage, coupled with a migration to a new EMR system and IHTC's inherent design to support diverting eligible cases, to access services through their insurance led to a drop in sessions delivered. There was an increase in eligibility and access to Caralon services this past FHY. This led to a 42% reduction in total sessions delivered relative to the last Fiscal half year. (207 therapy sessions were delivered in FHY2 of 2024, vs 119 in FHY1 of the current 24-25 Fiscal Year).

This past year's cohort had highest baseline PHQ-9 scores, and several clients had severe mental illness diagnoses. Despite this, 93% reported improved functioning and reduced symptoms after completing 6 sessions. On average client scores for PHQ-9 and GAD-7 improved/ reduced by 6.8 points.

Clients chose to remain on the waitlist given IHTC's ability to provide in-home visits, 1-hour sessions and weekly visits at consistent days/times. Other providers were offering 30-minute sessions over 3-4 weeks in between appointments and at inconsistent times to clients.

| Analysis | |
|---|---|
| Access and Availability | • Within IHTC, a total of 36 unique families were served. |

| Program: K-12 School Partnership Programs: Davis Catchment Area<br>Provider: CommuniCare+OLE Health Centers | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY |
| How much did we do? | | | | | |
| Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support): | Associate Director: 0.3<br>Manager: 0.5<br>Clinicians: 2.35<br>Case Manager: 2<br>Administrative Assistant: 1<br>Quality Assurance: 0.1 | Associate Director: 0.3<br>Manager: 0.5<br>Clinicians:4.35<br>Case Manager: 2<br>Administrative Assistant: 1<br>Quality Assurance: 0.1 | Associate Director: 0.3<br>Manager: 0.5<br>Clinicians: 2.35<br>Case Manager: 2<br>Administrative Assistant: 1<br>Quality Assurance: 0.1 | Associate Director: 0.3<br>Manager: 0.5 (maternity leave)<br>Clinicians: 4.35<br>Case Manager: 2<br>Administrative Assistant: 1<br>Quality Assurance: 0.1 | Associate Director: 1.2<br>Manager: 1<br>Clinicians: 6.7<br>Case Manager: 2<br>Administrative Assistant: 1<br>Quality Assurance: 0.1 |
| Program Participants<br># of unduplicated participants served: | 107<br>(3 in T2 & T3) | 69<br>(1 in T2 & T3) | 97<br>(2 in T2 & T3) | 98<br>(34 in T2 & T3) | 371 |
| # of Tier I services (unduplicated): | 0 | 0 | 2 | 0 | 0 |
| # of Tier I services provided (duplicated): | 0 | 0 | 46+ | 0 | 46+ |
| # of Tier II services (unduplicated): | 32 | 3 | 6 | 6 | 47 |
| # of Tier II services provided (duplicated): | 141 | 6 | 7 | 164 | 318 |
| # of Tier III services (unduplicated): | 78 | 67 | 93 | 6 | 244 |
| # of Tier III services provided (duplicated): | 321 | 346 | 476 | 406 | 1549 |
| How well did we do it? | | | | | |
| Timeliness<br>Average interval (days) between referral and completion of screening: | 27 | 7 | 2 | 6 | 42 |
| % of participants who receive an assessment within 10 business days of screening: | 4 of 7 (57%) | 26% (5 of 19) | 8 % (1 of 13) | 5% (1 of 21) | 24% (11) |
| Referral/Linkage<br># and % of participants (with private health insurance) referred to | 100% (7 of 7) | 100% (9 of 9) | 100% (9 of 9) | 0% (0) | 75% (25) |

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| services through their insurance plan: | | | | | |
| # and % of participants (with private health insurance) successfully linked to services through their insurance plan: | 2 of 7 (29%) | 0% (0 of 9 successful linkages made) | 11% (1 of 9 successful linkages made) | 0% (0) | 10% (3) |
| # and % of participants in treatment services utilizing Medi-Cal billing (managed care): | 0 of 107 (0%) | 6% (4 of 69) | 2% (2 of 97) | 2% (2 of 98) | 2.5% (8) |
| # and % of participants in treatment services utilizing Medi-Cal billing (SMHS): | 13 of 107 (12%) | 31% (22 of 69) | 33% (32 of 97) | 36% (35 of 98) | 28% (102) |
| Service Delivery Average # of sessions per participant in therapeutic services: | 4 | 5 | 5 | 6 | 20 |
| Participant Satisfaction # and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys): | N/A – no participant surveys completed this quarter | N/A – no participant surveys completed this quarter | N/A – no participant surveys completed this quarter | N/A – no participant surveys completed this quarter | N/A – no participant surveys completed this year |
| Is anyone better off? | | | | | |
| # and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge | 72% (18 of 25 successful and unplanned discharges)<br><br>100% (10 of 10 successful discharges) | 100% (1 of 1 successful discharges; no actionable items on this measure for other discharges) | 55% (6 of 11 successful and unplanned discharges) | 46% (6 of 13 successful and unplanned discharges)<br><br>25% (2 of 8 successful discharges) | 68% (31)<br><br>75% (16) |
| # and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge: | 62% (13 of 21 successful and unplanned discharges)<br><br>100% (8 of 8 successful discharges) | 100% (2 of 2 successful discharges) | 36% (4 of 11 successful and unplanned discharges)<br><br>100% (3 of 3 successful discharges) | 54% (7 of 13 successful and unplanned discharges)<br><br>50% (4 of 8 successful discharges) | 63% (26)<br><br>83% (15) |

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|---|---|---|---|---|---|
| # and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge). | 50% (5 of 10 successful and unplanned discharges)<br><br>67% (2 of 3 successful discharges; 1 clt successfully completed their therapy program and was discharged to residential SUD treatment program) | 50 % (2 of 4 successful and unplanned discharges where attendance was an issue)<br><br>100% (1 of 1 successful discharge) | 100% (4 of 4 successful and unplanned discharges where attendance was an issue)<br><br>100% (3 of 3 successful discharges) | 33% (3 of 9 successful and unplanned discharges where attendance was an issue)<br><br>N/A (Attendance not an issue for successful discharges) | 58% (14)<br><br>89% (6) |
| # 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). | 50% (8 of 16 successful and unplanned discharges)<br><br>100% (4 of 4 successful discharges) | 25% (1 of 4 successful and unplanned discharges)<br><br>33% (1 of 3 successful discharges) | 60% (6 of 10 successful and unplanned discharges)<br><br>100% (4 of 4 successful discharges) | 35% (7 of 20 successful and unplanned discharges)<br><br>63% (5 of 8 successful discharges) | 42.5% (22)<br><br>74% (14) |
| Analysis* | | | | | |
| Access and Availability | • Across the five locations, 28 out of 28 (100%) of respondents reported being satisfied or very satisfied with services.<br>• Across the five locations, 37 out of 168 (22%) of participants were referred to services through their insurance plan and 4 out of 47 (9%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts. | | | | |
| Impacts | • Across the five locations, 78 out of 101 (77%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 76 out of 96 (79%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge. | | | | |

*Calculations exclude data that was marked "N/A", "unknown", or that only provided percentages.

| Program: K-12 School Partnership Programs: Rural Catchment Area<br>Provider: RISE, Inc. | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY |
| How much did we do?[a] | | | | | |
| Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support)<br>.05 FTE<br>Manager;.10 Supervisor: 2.0<br>Clinician: 1.0 Case Manager: 1.0<br>Linkage/Outreach | 6.5 FTE | 6.5 FTE | 6.5 FTE | 6.5 FTE | 6.5 FTE |
| Program Participants<br># of unduplicated participants serve (All students served) | 55 | 26 | 21 | 30 | 132 |
| # of Tier I services (unduplicated) (universal support; for example: outreach and education) | 31 | 13 | 12 | 1 | 24 |
| # of Tier I services provided (duplicated) | 0 | 0 | 0 | 65 | 585 |
| # of Tier II services (unduplicated) | 22 | 13 | 4 | 28 | 84 |
| # of Tier II services provided (duplicated) | 0 | 0 | 0 | 324 | 1242 |
| # of Tier III services (unduplicated) (All Students receiving individual therapy) | 2 | 0 | 5 | 2 | 48 |
| # of Tier III services provided (duplicated) | 0 | 0 | 0 | 122 | 537 |
| How well did we do it?[b] | | | | | |
| Timeliness<br>Average interval (days) between referral and completion of screening | 4 Days | 6 Days | 6 Days | 6 Days | 22 Days |
| % of participants (with private health insurance) referred to services through their insurance plan | 100% | 100% | 100% | 100% | 100% |
| Referral/Linkage<br># and % of participants (with private health insurance) referred to services through insurance plan | 0 - 0% | 0-0 % | 0-0% | 0-0% | 0-0% |
| # and % of participants (with private health insurance) successfully linked to services through their insurance plan | 0- 0% | 0-0 % | 0-0% | 0-0% | 0-0% |
| # and % of participants in treatment services utilizing Medi-Cal billing (managed care) | 0-0% | 0-0% | 0-0% | 0-0% | 0-0% |
| # and % of participants in treatment services utilizing Medi-Cal billing (SMHS) | 2 and 9% | 0-0% | 5-24% | 0-0% | 7-13% |

| Service Delivery<br>Average # of sessions per participant in therapeutic services | 7 Sessions | 6 Sessions | 9 Sessions | 6 Sessions | 28 Sessions |
|---|---|---|---|---|---|
| Participant Satisfaction<br># and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys) | 0-0%<br>0-0%<br>0-0%<br>24-90%<br>10-10% | 0-0%<br>0-0%<br>2-5%<br>27-79%<br>7-16% | 0-0%<br>0-0%<br>1-8%<br>9-74%<br>2-18% | 0-0%<br>0-0%<br>1-1%<br>9- 56%<br>7-43% | 0-0%<br>0-0%<br>4-4%<br>69-70%<br>26-27% |
| Is anyone better off?[c] | | | | | |
| # and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge. | N/A | N/A | 0-0% | 0-0% | 0-0% |
| # and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge. | N/A | N/A | 0-0% | 0-0% | 0-0% |
| # and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge). | N/A | N/A | 0-0% | 0-0% | 0-0% |
| # 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). | N/A | N/A | 0-0% | 0-0% | 0-0% |
| Analysis* | | | | | |
| Access and Availability | • Across the five locations, 28 out of 28 (100%) of respondents reported being satisfied or very satisfied with services.<br>• Across the five locations, 37 out of 168 (22%) of participants were referred to services through their insurance plan and 4 out of 47 (9%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts. | | | | |
| Impacts | • Across the five locations, 78 out of 101 (77%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 76 out of 96 (79%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge. | | | | |

*Calculations exclude data that was marked "N/A", "unknown", or that only provided percentages.

Quarters 1-3 data is under-reported. Data collection clarification was provided and data in Q4 and FY represent totals.

[a]**Q1:** 1 Clinical Director – 2.5 Mental Health Clinician – 2.0 Youth Specialist – 1.0 Access Linkage/Outreach
Total 6.5 FTE to support the program. Tier II services began late August in Winters and September in Esparto. Tier III services began in August, when school returned for the 23-24 school year.
**Q2: 1 Clinical Director (Vacant)**– 2.5 Mental Health Clinician– 2.0 Youth Specialist – 1.0 Access Linkage/Outreach
Total 6.5 FTE
**Q3: 1 Clinical Director (Vacant)** – 2.5 Mental Health Clinician **(1.0 Mental Health Clinician Vacant)** – 2.0 Youth Specialist – 1.0 Access Linkage/Outreach. Total 6.5 FTE to support the program.
**Q4: 1 Clinical Director (Vacant)** - 2.5 Mental Health Clinician **(1.5 Mental Health Clinician Vacant)** - 2.0 Youth Specialist – 1.0 Access Linkage/Outreach. Total 6.5 FTE to support the program.

[b]**Q1**: 4 days is the average amount of time between the completion of a referral and screening. 100% of participants received an assessment within 10 business days. Zero clients were referred to their private insurance provider. RISE Mental Health Clinicians also provide services to students with Medi-Cal, Private, and No Insurance.
**(1) Very Unsatisfied-0-0% (2) Unsatisfied- 0-0% (3) Neutral- 0-0% (4) Satisfied- 24-90% (5) Very Satisfied-10-10%**
**Q2:** 6 days is the average amount of time between a referral and screening due to a lack of parent response. RISE Inc. continues to provide behavioral health services to students regardless of their primary medical insurance.
***1.Very Unsatisfied-0-0% 2. Unsatisfied- 0-0% 3. Neutral- 2-5% 4. Satisfied- 27-79% 5. Very Satisfied- 7-16%***
**Q3:** 6 days continues to be the interval time between referral and screening. ***Very Unsatisfied-0-0% Unsatisfied- 0-0% Neutral- 1-8% Satisfied- 9-74% Very Satisfied- 2-18%***
**Q4:** We continued to have 6 days between completion and screening. Quarter 4 Participation Satisfaction Surveys: 1. **Very Unsatisfied:** 0-0% **2. Unsatisfied:** 0-0% **3. Neutral:** 1-1% **4. Satisfied:** 9-56% **5. Very Satisfied:** 7-43%
***Fiscal Year 2023-2024 Participation Satisfaction Surveys*- 1. Very Unsatisfied**: 0-0% **2. Unsatisfied:** 0-0% **3. Neutral:** 4-4% **4. Satisfied:** 69-70% **5. Very Satisfied**: 26-27%

[c]No clients were not discharged so data were not collected/reported. During Q2, RISE Inc. Executive Director Laura Guevarra has begun communication with Esparto and Winters school districts to discuss obtaining data on attendance after discharge.

| Program: K-12 School Partnership Programs: Woodland Catchment Area<br>Provider: CommuniCare+OLE Health Centers | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY |
| How much did we do? | | | | | |
| Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support): | 0,2, 3,0, 1 | 0,2, 3,0, 1 | 0,2, 3,0,1 | 0,2,3,0,2 | 0,2,3,0,2 |
| Program Participants<br># of unduplicated participants served | 4 | 16 | 19 | 30 | 54 |
| # of Tier I services (unduplicated) | 0 | 0 | 0 | 0 | 0 |
| # of Tier I services provided (duplicated) | 0 | 0 | 0 | 0 | 0 |
| # of Tier II services (unduplicated) | 0 | 5 | 0 | 13 | 18 |
| # of Tier II services provided (duplicated) | 0 | 7 | 0 | 6 | 13 |
| # of Tier III services (unduplicated) | 4 | 11 | 19 | 17 | 36 |
| # of Tier III services provided (duplicated) | 14 | 181 | 114 | 146 | 469 |
| How well did we do it? | | | | | |
| Timeliness<br>Average interval (days) between referral and completion of screening | 0 | 0 | 0 | 0 | 0 |
| % of participants who receive an assessment within 10 business days of screening | 8/11= 73% | 7 of 8 = 88% | 8/14 = 57% | 0 of 6 = 0% | 23/39 = 59% |
| Referral/Linkage<br># and % of participants (with private health insurance) referred to services through their insurance plan | n/a<br>zero | n/a<br>zero | n/a<br>zero | n/a<br>zero | n/a<br>zero |
| # and % of participants (with private health insurance) successfully linked to services through their insurance plan | n/a<br>zero | n/a<br>zero | n/a<br>zero | n/a<br>Unk. | n/a<br>Unk. |
| # and % of participants in treatment services utilizing Medi-Cal billing (managed care) | 0<br>0% | 0<br>0% | 0<br>0% | 0<br>0% | 0<br>0% |
| # and % of participants in treatment services utilizing Medi-Cal billing (SMHS) | 4<br>100% | 11<br>100% | 14<br>74% | 11<br>65% | 24<br>69% |
| Service Delivery<br>Average # of sessions per participant in therapeutic services | 3 | 8.5 | 5 | 7.4 | 10.5 |
| Participant Satisfaction<br># and % of participants (including parent/guardians) who reported satisfaction with services (as | 8<br>100% | 1<br>100% | 4<br>100% | 1<br>100% | 14<br>100% |

| | | | | | |
|---|---|---|---|---|---|
| calculated from responses to satisfaction surveys) | | | | | |
| Is anyone better off? | | | | | |
| # and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge | n/a zero | 5 of 7 = 71% | 5 of 8 = 71% | 3 of 3 = 100% | 13 of 18 = 72% |
| # and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge | n/a zero | 5 of 7 = 71% | 4 of 4 = 100% | 2 of 3 = 67% | 11 of 14 = 79% |
| # and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge) | n/a zero | Unk. | Unk. | Unk. | Unk. |
| # 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). | n/a zero | Unk. | Unk. | Unk. | Unk. |
| Analysis* | | | | | |
| Access and Availability | • Across the five locations, 28 out of 28 (100%) of respondents reported being satisfied or very satisfied with services.<br>• Across the five locations, 37 out of 168 (22%) of participants were referred to services through their insurance plan and 4 out of 47 (9%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts. | | | | |
| Impacts | • Across the five locations, 78 out of 101 (77%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 76 out of 96 (79%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge. | | | | |

*Calculations exclude data that was marked "N/A", "unknown", or that only provided percentages.

| Program: K-12 School Partnership Programs: West Sacramento Catchment Area<br>Provider: Victor Community Support Services | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY |
| How much did we do? | | | | | |
| Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support) *Specify classification & # in notes below | 0,2,4,0,1 | 0,2,4,0,1 | 0,2,3,0,1 | 0,2,3,0,2 | 0,2,3,0,2 |
| Program Participants<br># of unduplicated participants served: | 802 | 770 | 407 | 834 | 2,230 |
| # of Tier I clients (unduplicated): | 717 | 584 | 212 | 650 | 1723 |
| # of Tier I services provided (duplicated): | 149 | 97 | 53 | 121 | 420 |
| # of Tier II clients (unduplicated): | 56 | 133 | 107 | 86 | 321 |
| # of Tier II services provided (duplicated): | 26 | 67 | 103 | 83 | 279 |
| # of Tier III clients (unduplicated): | 29 | 53 | 88 | 98 | 186 |
| # of Tier III services provided (duplicated): | 232 | 450 | 627 | 854 | 2,163 |
| How well did we do it? | | | | | |
| Timeliness<br>Average interval (days) between referral and completion of screening: | 0 | 0 | 0 | 0 | 0 |
| % of participants who receive an assessment within 10 business days of screening: | 55% | 46% | 32% | 21% | 38% |
| Referral/Linkage<br># and % of participants (with private health insurance) referred to services through their insurance plan | 3 | 6 | 0 | 0 | 9<br>9% |
| # and % of participants (with private health insurance) successfully linked to services through their insurance plan | Unk. | Unk. | Unk. | Unk. | Unk. |
| # and % of participants in treatment services utilizing Medi-Cal billing (managed care): | 0<br>0% | 0<br>0% | 0<br>0% | 0<br>0% | 0<br>0% |
| # and % of participants in treatment services utilizing Medi-Cal billing (SMHS): | 19<br>66% | 33<br>63% | 63<br>72% | 71<br>71% | 114<br>72% |
| Service Delivery<br>Average # of sessions per participant in therapeutic services: | 6.5 | 7.2 | 5.7 | 7.0 | 11.0 |
| Participant Satisfaction | 8<br>100% | 1<br>100% | 4<br>100% | 1<br>100% | 14<br>100% |

| | | | | | |
|---|---|---|---|---|---|
| # and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys): | | | | | |
| Is anyone better off? | | | | | |
| # and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge. | 14/20 = 70% | 4/5 = 80% | 12/14 = 86% | 18/22 = 82% | 48/61 = 79% |
| # and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge. | 14/18 = 78% | 4/5 = 80% | 6/8 = 75% | 26/33 = 79% | 50/64 = 78% |
| # and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge). | Unk. | Unk. | Unk. | Unk. | Unk. |
| # 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). | Unk. | Unk. | Unk. | Unk. | Unk. |
| Analysis* | | | | | |
| Access and Availability | • Across the five locations, 28 out of 28 (100%) of respondents reported being satisfied or very satisfied with services.<br>• Across the five locations, 37 out of 168 (22%) of participants were referred to services through their insurance plan and 4 out of 47 (9%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts. | | | | |
| Impacts | • Across the five locations, 78 out of 101 (77%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 76 out of 96 (79%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge. | | | | |

*Calculations exclude data that was marked "N/A", "unknown", or that only provided percentages.

| Program: K-12 School Partnership Programs: YCOE<br>Provider: CommuniCare+OLE Health Centers | | | | | |
|---|---|---|---|---|---|
| Performance Measure | Q1 | Q2 | Q3 | Q4 | FY |
| How much did we do? | | | | | |
| Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support) **Specify classification & # in notes below* | Director: 0.3<br>Manager:<br>Youth Support Specialist: 0.8<br>Administrative Assistant: 1<br>Quality Assurance: 0.1 | Director: 0.3<br>Manager: 0<br>Youth Support Specialist: 0.8<br>Administrative Assistant: 1<br>Quality Assurance: 0.1 | Director: .3<br>Manager: 0<br>Youth and Family Specialist: .8<br>BH Clinician: .75<br>Administrative Assistant: 1<br>Quality Assurance: .1 | Director: .3<br>Manager: 0<br>Youth and Family Specialist: 1<br>BH Clinician: .6<br>Administrative Assistant: 1<br>Quality Assurance: .1 | Director: .3<br>Manager: 0<br>Youth and Family Specialist: 1<br>BH Clinician: .6<br>Administrative Assistant: 1<br>Quality Assurance: .1 |
| Program Participants<br><br># of unduplicated participants served: | 16 | 12 | 19 (9 tier 2 and 3) | 17 | 64 |
| # of Tier I services (unduplicated): | 0 | 0 | 0 | 0 | 0 |
| # of Tier I services provided (duplicated): | 0 | 0 | 0 | 0 | 0 |
| # of Tier II services (unduplicated): | 0 | 2 | 16 | 3 | 21 |
| # of Tier II services provided (duplicated): | 0 | 2 | 27 | 22 | 51 |
| # of Tier III services (unduplicated): | 16 | 10 | 12 | 3 | 41 |
| # of Tier III services provided (duplicated): | 56 | 22 | 23 | 74 | 175 |
| How well did we do it? | | | | | |
| Timeliness<br><br>Average interval (days) between referral and completion of screening: | 7 | N/A – 0 referrals | 9 | 11 | 9 |
| % of participants who receive an assessment within 10 business days of screening: | N/A – 0 clients had an assessment | N/A – 0 client assessments | N/A – 0 assessments | 0 (1 client) | 0 and N/A |
| Referral/Linkage<br><br># and % of participants (with | 1 of 16 (6%) | 0 (0%) | 2 of 19 (11%) | 0 of 17 (0%) | 3 of 35 (9%) |

| | | | | | |
|---|---|---|---|---|---|
| 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 | 1 (6%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 (6%) |
| # and % of participants in treatment services utilizing Medi-Cal billing (managed care): | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| # and % of participants in treatment services utilizing Medi-Cal billing (SMHS): | 4 (22%) | 1 (8%) | 4 (21%) | 9 (53%) | 18 (26%) |
| Service Delivery<br><br>Average # of sessions per participant in therapeutic services: | 3 | 2 | 3 | 4 | 3 |
| Participant Satisfaction<br><br># and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys): | N/A | N/A | N/A | N/A | N/A |
| Is anyone better off? | | | | | |
| # and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge. | 50% (1 of 2 successful and unplanned)<br><br>100% (1 of 1 successful discharge) | N/A – Initial CANS was not administered for clients who discharge | N/A – no discharges | 0% % (1 of 1 unplanned discharge)<br><br>N/A (1 successful discharge – no Intake CANS Administered; D/C no actionable items | 1 of 3 (33%)<br><br>1 of 1 (100%) 2 successful discharges but 1 no CANS done |

| | | | | | |
|---|---|---|---|---|---|
| | | | | on this measure) | |
| # and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge. | 100% (1 of 1 unplanned discharge)<br><br>N/A successful completion, no actionable items on this measure | N/A – Initial CANS was not administered for clients who discharged | N/A – no discharges | 100% (1 of 1; unplanned discharge)<br><br>N/A (1 successful discharge no Intake CANS Administered; D/C no actionable items on this measure) | 2 of 2 (100%)<br><br>N/A successful completion, no actionable items on this measure |
| # and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge). | 100% (1 of 1, unplanned discharge; attendance not an issue for others) | 100% (3 of 3 unplanned discharges where attendance an issue)<br><br>0 clients successfully discharged | N/A – no discharges | 0% (0 of 1) unplanned; Attendance was not a concern for successful discharge) | 3 (100%) unplanned |
| # 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). | 50% (2 of 4, successful and unplanned discharges)<br><br>100% (1 of 1, successful discharge) | 40% (2 of 5 unplanned discharges)<br><br>0 clients successfully discharged | N/A – no discharges | 50% (1 of 2 successful and unplanned)<br><br>100% (1 successful discharge) | 5 of 11 (45%) successful and unplanned<br><br>2 of 2 (100%) successful discharge |
| Analysis* | | | | | |
| Access and Availability | • Across the five locations, 28 out of 28 (100%) of respondents reported being satisfied or very satisfied with services.<br>• Across the five locations, 37 out of 168 (22%) of participants were referred to services through their insurance plan and 4 out of 47 (9%) of participants with private health insurance were successfully linked to services through their insurance plan. Here, note that referral numbers represent unique referral counts, not unique client counts. | | | | |
| Impacts | • Across the five locations, 78 out of 101 (77%) of clients decreased the number of items needing action on the Child Behavior/Emotional Needs section of CANS from intake to discharge and 76 out of 96 (79%) of clients decreased the number of items needing action on the Life Domain Functioning section of CANS from intake to discharge. | | | | |

*Calculations exclude data that was marked "N/A", "unknown", or that only provided percentages.

| Program: Creando Recursos y Enlaces Paran Oportunidades (CREO)<br>Provider: CommuniCare+OLE Health Centers | | | | | |
|---|---|---|---|---|---|
| Performance Measure | | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | | |
| | Total FTEs by Classification, including breakdown of program staff who are bilingual and bicultural | • 5 FTE's (1 intern that was hired by another program within CommuniCare)<br>• All are bilingual and bi-cultural | N/A | N/A | N/A |
| Program Participants | Total participants served | 115 (Total Visits Provided = 802) | 133 | 160 | 139 |
| | Total # of unduplicated participants served | 47 new (67 returning) | 43 | 28 | 43 |
| | Total # of participants identified as male heads of household | 16 | 10 | 8 | 18 |
| | Total # of participants who received services in Spanish as their preferred language | 115 | 43 | 28 | 43 |
| Program Activities: | Total # of FTE Promotores actively involved in the program | 1 | N/A | N/A | N/A |
| | Total # of unduplicated participants who received a whole-person health screening | 47 | 43 | 22 | 43 |
| | % of participants screened for a history of trauma | 100% | N/A | N/A | N/A |
| | Total # of outreach events (minimum weekly) | 36 events | 30 | 33 | 39 |
| | Average # of participants at outreach events | 53 | 73 | 60 | 85 |
| | Total # of group counseling "platicas" (minimum bi-weekly) | 13 (weekly) | 8 | 12 | 12 |
| | Average # of participants at group counseling "platicas" | 26 | 22 | 21 | 25 |
| | Total # of advisory panel meetings that included representatives from the target population and community-based agencies | 2 | 1 | 1 | 1 |

| How well did we do it? | | | | | |
|---|---|---|---|---|---|
| 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) | 45 (96%) | 14 (100%) | 20 (100%) | 43 (100%) |
| Referral/Linkage | Total # of participants referred to: Primary Care services | 31 | 21 | 22 | 21 |
| | Total # of participants referred to: Mental Health and / or substance use disorder services | 3 | 2 | 1 | 6 |
| | Total # of participants referred to: Other support services (e.g., health benefits enrollment, food resources, housing support) | 27 | 18 | 16 | 35 |
| | Total # of participants referred to any service | 47 | N/A | N/A | N/A |
| Treatment Engagement: % and # of <u>new</u> participants who completed a referral and engaged in treatment. Engagement is defined as participating at least once in the Program to which they were referred, including: | Total | 46 | N/A | N/A | N/A |
| | Primary Care services | 31 (95%) | 21 (100%) | 22 (100%) | 20 (91%) |
| | Mental Health and / or substance use disorder services | 3 (100%) | 2 (100%) | 1 (0%) | 6 (83%) |
| | Other support services (e.g., health benefits enrollment, food resources, housing support | 92% | 13 (72%) | 16 (100%) | 35 (100%) |

| | | | | | |
|---|---|---|---|---|---|
| Timeliness | 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 | 24 days | 23 days | 20 days | 20 days |
| 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 | 3-6 months | More than 12 months | 4-5 months | 7-8 months |
| Staff Training | % of program staff trained in using evidence informed and evidence-based practices | 100% | 0 | 0 | 0 |
| Is anyone better off? | | | | | |
| Stigma | % and # of new participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services. | 47 (100%) | 39 (91%) | 18 (90%) | 41 (95%) |
| Hospitalizations | Reduced % and # of mental health hospitalizations and average length of stay | 1 hospitalization | 0 | 0 | 0 |
| Quality of Life | % and # of <u>new</u> participants with improved functional outcomes (e.g., enrollment in entitlement benefits, employment status, housing status, health insurance coverage, food security) | 43 (91%) | 39 (91%) | 20 (71%) | 41 (93%) |
| | % and # of <u>all</u> participants with improved mental, physical, and/or emotional well-being outcomes. | 81% | 39 (91%) | 132 (83%) | 130 (94%) |
| Program Narrative | | | | | |

| | |
|---|---|
| Q1 | The reporting structure changed between Q1 and Q2 such that no narrative data was provided in Q1. |
| Q2 | This quarter the program celebrated our Dia De Muertos event in collaboration with several local organizations. It was well attended and offered food, music, cultural entertainment and children's activities. We continue to offer our weekly platicas but started with one in person platica each month and will rotate locations. Services and presentations continue to be in high demand however we are monitoring our waitlist effectively and still getting access to care within a months time. Next month our focus will be on educating the community about the expanded MediCal benefit and the expansion of groups. |
| Q3 | Since there were less events going on due to weather we focused more on traditional/cultural practices to support mental health. We hosted 3 well received events about traditional herbal remedies and practices and spiritual practices of "calling upon your ancestors" as well as the "importance of maintaining a healthy womb using ancestral practices. We also spent a lot of time supporting applications to enroll in MediCal and to explain the benefits. We also tracked the number of clients who were approved. |
| Q4 | As the weather improved we had increased numbers of events to attend such as Woodland and Davis Pride celebrations. The Migrant Centers were active beginning in April and we were able to capture additional audience while attending and supporting the medical mobile team in providing medical care. Several clients were returning from last year. Two were pregnant and one had a significantly serious chronic condition that needed attention. We were also able to engage some teens and children in care. The Mexican Consulate continues to engage us in multiple community events that are important for our target population. We also entered a contract with Empower Yolo to support a .5 FTE Promotor to be trained on domestic violence and services to engage men in communication about gender violence. One of our Clinician's became a licensed LCSW.<br>We have unfortunately had to dissolve our program due to an end to our funding on June 30, 2024. Four positions have been impacted. The BH Clinicians have transitioned to another program and will continue to provide counseling to Spanish speakers with MediCal. The Case Managers are transitioning to other roles and are working diligently to support current clients in obtaining MediCal. Many are anxious about doing so and others do not qualify. At this time, we have had about 40% obtain MediCal. Those clients will continue to be seen through other options. The Promotoras program will continue with funding from Empower Yolo and Sutter Health. Platicas will continue as they have been. |
| Analysis | |
| Access and Availability | • Across the CREO and RISE programs, there were 47 total referrals.<br>• Across the CREO and RISE programs, 132 out of 134 (99%) of clients were satisfied with services. |
| Impacts | • Across the CREO and RISE programs, 170 out of 193 clients (88%) reported a reduction in stigma. |

N/A: No data were provided.

| Program: Latino Promotores Program<br>Provider: RISE, Inc. | | | | | |
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| Performance Measure | | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | | |
| Staff | Total FTEs by Classification, including breakdown of program staff who are bilingual and bicultural. | 1.0 FTE Bilingual | 1.0 FTE Bilingual | N/A | N/A |
| Program Participants | Total # of participants served. | 50 | 80 | N/A | N/A |
| | Total # of unduplicated participants served | 50 | 80 | N/A | N/A |
| | Total # of participants identified as male heads of household | 25 | 50 | N/A | N/A |
| | Total # of participants who received services in Spanish as their preferred language | 50 | 80 | N/A | N/A |
| Program Activities | Total # of FTE Promotores actively involved in the program. | 1 | 1 | N/A | N/A |
| | Total # of Yolo County farm outreach events | 5 | 4 | N/A | N/A |
| | Average # of participants at farm outreach events. | 100 | 400 | N/A | N/A |
| | Total # of Latino Male Farmworker Conferences | 1 | 1 | N/A | N/A |
| | Total # of participants at each Latino Male Farmworker Conference. | 15 | 10 | N/A | N/A |
| | Total # of Drop-in Opportunities (minimum two per month; one Saturday and one weekday evening). | 0 | 2 | N/A | N/A |
| | Average # of participants at Drop-in events. | 0 | 10 | N/A | N/A |
| How well did we do it? | | | | | |
| Satisfaction | % 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 in a language that I understood) | 100% (0) | 100% (10) | N/A | N/A |

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| Referral/Linkage<br><br>Total number of participants referred to: | Primary Care services | 0 | 0 | N/A | N/A |
| | Mental Health and/or substance use disorder services | 0 | 0 | N/A | N/A |
| | Other support services (e.g., health benefits enrollment, food resources, housing support) | 0 | 0 | N/A | N/A |
| | Total # of participants referred to any service. | 0 | 0 | N/A | N/A |
| | Timeliness2: Average interval (in days) between the referral and participation in treatment. Participation is defined as participating at least once in the treatment to which referred. | 30 days | 30 days | N/A | N/A |
| Is anyone better off? | | | | | |
| Stigma | % and # of participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services. | 50% (15) | 100% (10) | N/A | N/A |
| Knowledge | % and # of participants who reported increased knowledge of services (e.g., they learned new skills to help them in their mental wellness, how to define health/mental health needs, access culturally sensitive health/ mental health services. | 50% (15) | 100% (10) | N/A | N/A |
| Access: Treatment Engagement<br><br>% and # of participants who completed and engaged in treatment. Engagement is defined as participating at least once to which they were referred, including: | Primary Care Services | 0% (0) | 0% (0) | N/A | N/A |
| | Mental Health and / or substance use disorder services | 0% (0) | 0% (0) | N/A | N/A |

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| | Other support Services (e.g., health benefit enrollment, food resources, housing support) | 100% (0) | 100% (0) | N/A | N/A |
| | Access: Referral Outcome:<br>% and # of participants who, at follow-up, reported improved outcomes a result of RISE's referral. | 0% (0) | 0% (0) | N/A | N/A |

Summary

The Latino Promotore Program targets Latino Male head of households to reduce the stigma of mental health services. Our goal is to provide information, education, and resources to the herd to reach Latino Male Farmworkers in rural Yolo County. Our Team builds trust with farmworkers with the goal of getting them connected to mental health services.

In this new program year, RISE received an increase to our contract. As a result, we were able to hire a full time boots on the ground Outreach Coordinator. Having a full time employee dedicated to the rural farms of Yolo County has been incredible! Our Program Coordinator is making weekly visits to farms during their lunch and work breaks. The goal of the program is to bring resources and information to the hard to reach Latino Male population.

The Latino Promotore has continuously created an exquisite amount of experiences for the farm working community. As mentioned, the Latino Promotore has continued a consistent amount of outreach events, spreading support services in the realm of Mental health. Also, the Latino Promotore has conducted Farmworker Appreciation workshop events, where farmworkers are more immersed around the topics of Mental Health and becoming more aware of the agencies that specialize in supporting individuals when needed. Through this the sense of community has increased, and farm workers are developing strong positive relationships with one another and are becoming more knowledgeable of the amount of help that exists around Yolo County and so forth. In return, the Latino Promotore has established trustworthy relationships with the farm workers. An abundance of trust and connection through these relationships has also paved the opportunity for a Youth Mentoring program to be developed. The purpose of this program has intertwined with the focus that the Latino Promotore specializes in. Since a majority of these adolescents come from a farm working

background. Allowing for a role model figure to be created, who encourages adolescents in a positive way and also guides them through both their educational endeavors and their overall development.

Analysis

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| Access and Availability | • Across the CREO and RISE programs, there were 47 total referrals.<br>• Across the CREO and RISE programs, 132 out of 134 (99%) of clients were satisfied with services. |
| Impacts | • Across the CREO and RISE programs, 170 out of 193 clients (88%) reported a reduction in stigma. |

| Program: Senior Peer Companion Program<br>Provider: Yolo Hospice, YoloCares | | | | |
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| Performance Measure | Q1 | Q2 | Q3 | Q4 |
| How much did we do? | | | | |
| Total FTEs: | Volunteer Senior Peer Companions: 26 (33 clients have SPC volunteers due to some SPC volunteers having more than 1 client)<br>Program Director: .75 | Volunteer Senior Peer Companions: 26 (33 clients have SPC volunteers due to some SPC volunteers having more than 1 client)<br>Program Director: .75<br>Volunteer Manager: .10<br>Volunteer Coordinator: .10<br>Marketing and Communications Specialist: .05<br>Director of Community Programs: .10 | Volunteer Senior Peer Companions: 32<br>Program Director: .75<br>Volunteer Manager: .10<br>Volunteer Coordinator: .10<br>Marketing and Communications Specialist: .05<br>Director of Community Programs: .10 | Volunteer Senior Peer Companions: 32<br>Program Director: .75<br>Volunteer Manager: .10<br>Volunteer Coordinator: .10<br>Marketing and Communications Specialist: .05<br>Director of Community Programs: .10 |
| # of older adults served by Senior Peer Companions | 33 (total served) | 43 (total served) | 44 | 44 |
| # of Family members receiving support from volunteers | 16 | 19 | 24 | 27 |
| # of volunteer Senior Peer Companions recruited | 7 | 2 | 7 | 4 |
| How well did we do it? | | | | |
| # of older adults referred to services | 28 | 31 referred to 53 resources | 30 referred to 69 services | 32 referred to 76 services |
| # of volunteer hours of service rendered to older adults and their families | 303.85 | 355 | 450 | 401.30 |
| # of volunteer hours spent in training for service | 126 hours | 116 hours | 115 hours | 124 hours |
| Is anyone better off? | | | | |
| # and % of older adults who reported improvement in their overall mental wellness as a result of contact with Senior Peer Companion Program Volunteer | 17<br>100% | 16<br>100% | 17<br>100% | 18<br>100% |
| # and % of older adults who reported an ability to maintain level of self-care/ independence as a result of | 17<br>100% | 16<br>100% | 17<br>100% | 18<br>100% |

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| contact with Senior Peer Companion volunteers | | | | |
| # and % of above average Likert Scores provided by older adults engaged in this program/ or their family members on the efficacy of the Senior Peer Companion programs. | 17<br>100% | 16<br>100% | 17<br>100% | 18<br>100% |
| Program Narrative | | | | |
| Q1 | Based on our current program goals and structure, we created a short interview process to measure program effectiveness for Question PM3: Is anyone better off?<br><br>We conducted telephone interviews with each client, asking 3 questions regarding their experience with the Senior Peer Companions Program:<br><br>1. How would you describe your mood after visiting with your Senior Peer Companion?<br>2. Can you share an area in your life where you felt supported by the Senior Peer Companion Program?<br>3. Has the Senior Peer Companion Program helped you improve self-care and maintain independence? If so, how?<br><br>57% of clients for Q1 (17/30) completed the interview questionnaire.<br><br>Note: 44 total SPC clients (including 3 who discharged this quarter).<br><br>33 with SPC volunteers (including 3 who discharged this quarter).<br><br>11 awaiting SPC volunteers (receiving monthly calls and resources from LCSW).<br><br>3 SPC clients discharged this quarter (1 moved, 1 went to hospice & 1 to palliative).<br><br>Question #1: 100% of clients reported improved mood, describing their mood after seeing their Senior Peer Companion as one or more of the following: comforted, inspired, encouraged, in good spirits, optimistic, confident, refreshed, happy, peaceful, hopeful, and relieved.<br><br>After meeting with their Senior Peer Companion:<br><br>- 88 % said they felt comforted, in good spirits, and happy.<br>- 76 % said they felt encouraged and relieved.<br>- 71 % said they felt inspired, refreshed, and peaceful.<br>- 65 % said they felt confident, hopeful, full of energy and optimistic.<br>Question #2: 100% of clients reported being supported in one or more of the following areas: increasing socialization, reducing loneliness and isolation, coping with anxiety and depression, loss of a spouse/family members, navigating family conflict, and providing community resources. Increasing socialization, reducing isolation and loneliness, and coping with anxiety and depression were the most common responses.<br><br>An area in their life where their Senior Peer Companion supported them:<br><br>- 88% reported increased socialization and reduction of loneliness and isolation.<br>- 71% reported coping more effectively with anxiety and depression.<br>- 42% reported assistance with community resources.<br>- 35% reported assistance with crisis support.<br>- 29% reported support with the loss of a spouse/family member. | | | |

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| | - 24% reported a reduction in caregiver stress.<br>- 12% said their volunteer helped with adjustment to a new medical diagnosis and navigate family conflicts.<br><br>Question #3: 100% of clients reported that the program helped them with self-care and independence.<br><br>A client who is grieving the loss of a family member and feeling depressed reports:<br><br>- "My Volunteer has been extremely encouraging and has motivated me to do things even on days where I have no energy by doing the hardest thing first."<br><br>A client who reports being isolated and lonely shares:<br><br>- "I don't really have someone my own age to talk and relate to since most of my friends have passed so having a Companion come spend time with me empowers and encourages me.<br><br>A client who has lost their eyesight recently reports:<br><br>- "The Volunteer has helped enormously! Specifically, having someone help me sign up and navigate through the Library of Congress Braille and Talking Book Program has given me a lot of pleasure and independence."<br><br>A client who doesn't drive and is home-bound since losing her spouse states:<br><br>- "My Volunteer has provided transportation so I can go out to places I couldn't get to alone. He helps me get food and attend medical appointments so I can take care of myself, which I would otherwise neglect."<br><br>What were the program's key successes in the previous quarter?<br><br>- Successfully onboarded (7) SPC volunteers and paired them with SPC clients.<br>- Successfully added (4) new SPC clients.<br>- Onboarded (1) Native American and (3) male clients (majority of SPC clients are female).<br>- YoloCares hired a new full-time Volunteer Manager who has increased our visibility on recruiting sites for volunteers such as Handshake, VolunteerMatch, and JustServe.<br>- YoloCares hired a part-time Volunteer Coordinator who is Spanish Speaking and available to assist with onboarding Spanish Speaking SPC clients and SPC volunteers.<br>- Reached out to Cheri Hendrickson with Yolo County Mental Health to discuss potential referrals to our SPC Program, provided SPC information and referral form.<br>- Reached out again to the Program Director of HOPE COOPERATIVE of Yolo County to establish referral process, provide marketing materials, and discuss range of services.<br>- Reached out to Jorge Cervantes, Outreach Specialist, with Yolo County to arrange MHFA Training in early 2024 for SPC volunteers.<br>- Collaborated further with current SPC Volunteer to strategize how to partner with community organizations such as Rotary Club, Kiwanis, local Churches, etc. to recruit SPC volunteers, especially retirees.<br>- Collaboration started with Meals on Wheels, Team Giving, and Mercy Coalition to increase the number of SPC clients and volunteers and enhance the services we provide.<br>- Attended (5) outreach events to include YHAA Food Truck event at Margaret McDowell in West Sacramento, Dementia workshops at Davis and Woodland Senior Centers, Yolo Heatly Aging Alliance annual cross training event, and |

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| | Yolo County Retired Public Employees Association, Chapter 43, quarterly meeting.<br>- Attended YoloCares Board Meeting to present information about our SPC Program.<br>- Implemented and completed SPC volunteer performance evaluations for volunteers who have been with YoloCares for over 3 years.<br>- The 'Perfect Visit' for SPC volunteers is being enhanced with video modules.<br>- The Training Handbook for SPC volunteers is being revised and implemented.<br><br>What were some of the challenges and barriers the program encountered during the previous quarter?<br><br>- As the SPC program continues to build and expand, especially in West Sacramento, we need to recruit SPC volunteers who are willing to travel to West Sacramento or more remote areas in Yolo County.<br>- The SPC client demand continues to be larger than the trained and available SPC volunteer pool. Volunteer demand will continue to be an ongoing effort into this fiscal year with a special focus on SPC volunteer recruitment.<br><br>Did you partner with other departments/providers to implement or deliver this program in the previous quarter? If yes, who?<br><br>- YoloCares' Patient Access, Medical Records and the fully staffed Volunteer department have remained consistent through the client onboarding process.<br>- Working in conjunction with YoloCares' Galileo Place Adult Day Program and Saturday Club has increased support for SPC clients and their families.<br>- Collaboration with Yolo Healthy Aging Alliance continues to support current SPC clients and refer new SPC clients. Including recruitment at YHAA Mobile Food Truck events.<br>- Partnered with Yolo County Retired Public Employees Association, Chapter 43, to recruit SPC volunteers.<br>- Began collaborations with agencies including Meals on Wheels, Team Giving, and Mercy Coalition to increase our number of SPC clients and volunteers and enhance the services we deliver.<br><br>What are the key activities you expect this program to achieve in the following quarter?<br><br>- Continue to implement strategic plans to partner with community organizations such as Rotary Club, Kiwanis, local Churches, etc. to recruit SPC volunteers, especially retirees.<br>- Focus on training and education for new and current SPC volunteers on mental health topics related to the elderly to include implementing a revised SPC Training Manual and 'Perfect Volunteer Visit' training video.<br>- Collaborate with training offered through Yolo County MHSA PEI, including MHFA offered in early 2024.<br>- Further develop the relationship with HOPE Cooperative if feasible.<br>- Develop a relationship with Yolo County Mental Health to reach seniors who might benefit from the SPC Program.<br>- Continue to collaborate with the *Life Transitions Project* for culturally diverse outreach events.<br>- Maintain current clients by providing social support through SPC volunteer visits and providing community resources as needed.<br><br>Are the program's services and activities to change in the following quarter? If so, how?<br><br>- Services and activities are not expected to change. The internal structure to support services and activities is going through above-listed changes. |

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| Q2 | Based on our current program goals and structure, we created a short interview process to measure program effectiveness for Question PM3: Is anyone better off?<br><br>We conducted telephone interviews with each client, asking 3 questions regarding their experience with the Senior Peer Companion Program:<br><br>1. How would you describe your mood after visiting with your Senior Peer Companion?<br>2. Can you share an area in your life where you felt supported by the Senior Peer Companion Program?<br>3. Has the Senior Peer Companion Program helped you improve self-care and maintain independence? If so, how?<br><br>48% of clients for Q1 (16/33) completed the interview questionnaire.<br><br>Note: 45 total SPC clients (including 3 who discharged this quarter).<br><br>33 with SPC volunteers (including 3 who discharged this quarter).<br><br>12 awaiting SPC volunteers (receiving monthly calls and resources from LCSW).<br><br>3 SPC clients discharged this quarter (1 went to palliative care and 2 died).<br><br>Question #1: 100% of clients reported improved mood, describing their mood after seeing their Senior Peer Companion as one or more of the following: comforted, inspired, encouraged, in good spirits, optimistic, confident, refreshed, happy, peaceful, hopeful, and relieved.<br><br>After meeting with their Senior Peer Companion:<br><br>- 100% said they felt encouraged.<br>- 88% said they felt comforted, happy, and optimistic.<br>- 81% said they felt inspired, refreshed, and relieved.<br>- 75 % said they felt confident, hopeful and in good spirits.<br>- 69% said they felt peaceful.<br>- 56% said they felt full of energy.<br><br>Question #2: 100% of clients reported being supported in one or more of the following areas: increasing socialization, reducing loneliness and isolation, coping with anxiety and depression, loss of a spouse/family members, navigating family conflict, and providing community resources. Increasing socialization, reducing isolation and loneliness, and coping with anxiety and depression were the most common responses.<br><br>An area in their life where their Senior Peer Companion supported them:<br><br>- 94% reported increased socialization and reduction of loneliness and isolation.<br>- 75% reported coping more effectively with anxiety and depression.<br>- 44% reported assistance with community resources.<br>- 31% reported a reduction in caregiver stress. (Note: this includes both clients who are caregivers and the caregivers of clients whose cognitive decline is too advanced to complete the survey themselves.)<br>- 25% said their volunteer helped with adjustment to a new medical diagnosis.<br>- 13% reported assistance with crisis support, the loss of a spouse/family member, and support with navigating family conflict.<br><br>Question #3: 100% of clients reported that the program helped them with self-care and independence.<br><br>A client living alone who fell and broke her hip reports: |

- "My volunteer visited regularly at the SNF while I recuperated from my broken hip. She connected me to community services when I was discharged. She provided steady contact and an ear for me to vent. It's a wonderful feeling to have someone walk beside me. My volunteer is like an angel in my life."

A client who reports being depressed as she ages shares:

- "Having a senior peer companion gives me someone to talk to who will listen. It helps me feel like I matter."

A client who cares for her Veteran spouse who is disabled reports:

- "The volunteer helps me feel more confident in taking care of my husband and helps relieve the stress from caregiving. Being at home is hard and the increased socialization is very beneficial."

A client who doesn't drive and is home-bound states:

- "My volunteer is like a friend and I'm grateful for this as it's hard to make friends as a senior. She is a good sounding board and helps broaden my horizons."

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

- Successfully onboarded (2) SPC Volunteers and paired with (2) SPC clients in West Sacramento and (1) in Woodland.
- Successfully added (4) new SPC clients which included (3) males and (1) female (including 3 veterans).
- Published information about SPC Program in Yolo County's *The Dirt* monthly free print and on-line magazine-format-newspaper which has a circulation of 3,000. (Note: not included in total Outreach numbers.)
- Updated City of West Sacramento Website for SPC Volunteer Opportunities.
- Coordinated with Dignity Health regarding SPC Program and provided SPC referral forms, brochures, and flyers.
- Met with Jamie Johnson, New YHAA Executive Director, to discuss the SPC Program and ways we can support one another.
- Connected with Jorge Cervantes, Outreach Specialist, with Yolo County to plan MHFA Training in March 2024 for SPC volunteers.
- Collaborated with current SPC Volunteer, James Mayer, who is experienced in volunteer recruitment to further strategize outreach to local community organizations and retirees.
- Collaborated with YoloCares *Life Transitions Project* Community Outreach Team to increase diversity in the SPC program.
- Attended (5) outreach events to include YHAA Mobile Food Truck event held at Yolo Rancho in Davis, UC Davis Career Fair for college students, Winter's Rotary Club Meeting, and healthcare facilities.
- Researched training opportunities with PEARLS (Program to Encourage Active Rewarding Lives) to help older adults with depression.
- Coordinated with Yolo County HHSA to provide free mobile tablets to (5) SPC clients who are disabled and have barriers to transportation.

What were some of the challenges and barriers the program encountered during the previous quarter?

- During the holiday months it was challenging to recruit SPC volunteers.
- As the SPC program continues to build and expand, especially in West Sacramento, we need to recruit SPC volunteers who are willing to travel to West Sacramento or more remote areas in Yolo County.

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| | - The SPC client demand continues to be larger than the trained and available SPC volunteer pool. SPC Volunteer recruitment will continue to be an ongoing effort into this fiscal year.<br><br>Did you partner with other departments/providers to implement or deliver this program in the previous quarter? If yes, who?<br><br>- YoloCares' Patient Access, Medical Records, and Volunteer Department have remained consistent through the SPC client and volunteer onboarding process.<br>- Working in conjunction with YoloCares' Galileo Place Adult Day Program and Saturday Club has increased support for SPC clients and their families.<br>- Collaboration with YoloCares *Life Transitions Project* Community Outreach Team ensures the SPC program is more diverse.<br>- Ongoing collaboration with Yolo Healthy Aging Alliance supports current SPC clients and is a source of referrals for new SPC clients. Including recruitment at YHAA Mobile Food Truck events.<br>- Partnered with Dignity for recruitment of SPC clients coping with health and mental health challenges.<br><br>What are the key activities you expect this program to achieve in the following quarter?<br><br>- Implement strategic plans to increase the number of SPC volunteers to meet the demands of SPC clients, including those located in West Sacramento.<br>- Attend UCD Career Fair and expand outreach to Sacramento State students on Handshake to recruit students for volunteering with SPC.<br>- Attend 2 dementia-care workshops sponsored by YoloCares, to recruit clients and potential volunteers for SPC.<br>- Focus on support and education for SPC volunteers on topics applicable to seniors, particularly PEARLS (Program to Encourage Active Rewarding Lives) to help older adults with depression.<br>- Collaborate with Yolo County MHSA PEI to offer MHFA training to SPC Volunteers in March 2024.<br>- Collaborate with the *Life Transitions Project* for culturally diverse outreach events including Grand Opening at Bryte and Broderick Community Center in West Sacramento connected to the Buena Vista Rancheria.<br>- Maintain current clients by providing social and mental health support through SPC volunteer visits and providing community resources as needed.<br>- Continue to collaborate with HOPE Cooperative and Yolo County Mental Health to serve seniors who may benefit from SPC Program.<br><br>Are the program's services and activities to change in the following quarter? If so, how?<br><br>- Services and activities are not expected to change. |
| Q3 | Based on our current program goals and structure, we created a short interview process to measure program effectiveness for Question PM3: Is anyone better off?<br><br>We conducted telephone interviews with each client, asking 3 questions regarding their experience with the Senior Peer Companion Program:<br><br>1. How would you describe your mood after visiting with your Senior Peer Companion?<br>2. Can you share an area in your life where you felt supported by the Senior Peer Companion Program?<br>3. Has the Senior Peer Companion Program helped you improve self-care and maintain independence? If so, how?<br><br>50% of clients for Q3 (17/34) completed the interview questionnaire. |

Note: 44 total SPC clients

34 with SPC volunteers

10 awaiting SPC volunteers (receiving monthly calls and resources from LCSW)

5 SPC clients discharged this quarter (2 palliative, 1 hospice, 1 died, & 1 moved)

Question #1: 100% (17/17) of clients reported improved mood, describing their mood after seeing their Senior Peer Companion as one or more of the following: comforted, inspired, encouraged, in good spirits, optimistic, confident, refreshed, happy, peaceful, hopeful, and relieved.

After meeting with their Senior Peer Companion:

- 41% said they felt comforted and happy.
- 38% said they felt in good spirits, refreshed, and optimistic.
- 35% said they felt encouraged and peaceful.
- 32% said they felt hopeful.
- 24 said they felt inspired.
- 17% said they felt full of energy.

Question #2: 100% (17/17) of clients reported being supported in one or more of the following areas: increasing socialization, reducing loneliness and isolation, coping with anxiety and depression, loss of a spouse/family members, navigating family conflict, and providing community resources. Increasing socialization, reducing isolation and loneliness, and coping with anxiety and depression were the most common responses.

An area in their life where their Senior Peer Companion supported them:

- 44% reported increased socialization and a reduction of loneliness and isolation.
- 32% reported coping more effectively with anxiety and depression.
- 18% reported assistance with community resources.
- 15% reported assistance with crisis support.
- 10% reported a reduction in caregiver stress and adjustment to new med diagnosis.
- 6% reported support with the loss of a spouse or significant other.
- 3% reported adjustment to relocation and navigating family conflict.

Question #3: 100% (17/17) of clients reported that the program helped them with self-care and independence.

A client who is home-bound and struggles with significant anxiety shared:

- "Contact with my volunteer has me happier and less afraid as she makes everything a little bit easier. She also makes me feel 'liked' and 'cared about'.

A client who struggles with major depression shared:

- "My SPC volunteer gives me an extra boost of energy to get through the day. Life wouldn't be the same without her companionship and caring."

A client who resides in a remote area and lost her sister who lived close by stated:

- "Having a volunteer keeps me from being lonely and gives me something to look forward to. She is a great listener and has become a friend!"

A client who lives alone and is challenged with losing his eyesight reports:

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| | - "The Peer companion helps me feel confident to remain in my home and not feel so alone and sad since my wife died."<br><br>What were the program's key successes in the previous quarter?<br><br>- Successfully onboarded (7) SPC Volunteers and paired with (7) SPC clients.<br>- Successfully added (2) SPC clients which included (1) females and (1) male.<br>- Received SPC referrals from In Home Supportive Services (IHSS) and Yolo Healthy Aging Alliance (YHAA) with whom we collaborate.<br>- Coordinated with UC Davis Psychiatry, Multipurpose Senior Services Program (MSSP), and Woodland Dignity Health regarding SPC referrals.<br>- Met with Staff at Senior Centers to include Woodland, Davis, and West Sacramento to provide information and brochures for the SPC Program.<br>- Connected with Marketing Directors at Assisted Living Facilities to include The Californian in Woodland, Atria Covell Gardens in Davis, and Carlton Senior Living in Davis to provide information and brochures for the SPC Program.<br>- Attended (4) outreach events to include Grand openings at Community Center Bryte & Broderick in West Sacramento and Capay Valley Health & Community Center in Esparto, YoloCares Dementia workshop at Woodland Sr. Center, and YoloCares Quintessential Care Summit.<br>- Attended advocacy events geared towards seniors to include Mental Health Services Act (MHSA) Town Hall Meeting at Veteran's Memorial in Davis and YHAA Town Hall Meeting in Woodland.<br>- Coordinated with Jorge Cervantes, Outreach Specialist, with Yolo County to arrange Mental Health First Aid (MHFA) Training in April 2024 for SPC volunteers.<br>- Participated in ongoing collaboration with YoloCares *Life Transitions Project* Community Outreach Team to increase diversity in the SPC program.<br>- Implemented a monthly Support and Education Group for SPC Volunteers.<br>- Revised our policy so new SPC volunteers complete the 'End of Life' Training Certification so they can continue to volunteer with clients who move to palliative or hospice care.<br><br>What were some of the challenges and barriers the program encountered during the previous quarter?<br><br>- As the SPC program continues to expand in areas such as Esparto and West Sacramento, we need to increase SPC volunteers who reside in those areas or recruit those willing to travel.<br>- The SPC client demand continues to be larger than the trained and available SPC volunteer pool. SPC Volunteer recruitment will continue to be an ongoing effort into this fiscal year, especially in West Sacramento and rural parts of Yolo County.<br><br>Did you partner with other departments/providers to implement or deliver this program in the previous quarter? If yes, who?<br><br>- YoloCares' Patient Access, Medical Records, and Volunteer Department have remained consistent through the SPC client and volunteer onboarding process.<br>- Continued collaboration with YoloCares' Galileo Place Adult Day Program and Saturday Club has increased support for SPC clients and their families.<br>- Ongoing collaboration with YoloCares *Life Transitions Project* Community Outreach Team ensures the SPC program is more diverse.<br>- Ongoing collaboration with IHSS and YHAA to support the SPC Program, including recruitment at YHAA Mobile Food Truck events. |

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| | - Coordinated with UC Davis Psychiatry, MSSP, and Woodland Dignity Health for recruitment of SPC clients coping with health and mental health challenges.<br><br>What are the key activities you expect this program to achieve in the following quarter?<br><br>- Implement strategic plans to increase the number of SPC volunteers to meet the demands of SPC clients, including those located in West Sacramento and Esparto (RISE Valley Seniors Program).<br>- Revise SPC outreach materials and mass mail postcards to senior recipients in Yolo County to recruit SPC Clients and Volunteers.<br>- Attend Senior Resource Fairs in West Sacramento and Woodland to recruit clients and potential volunteers for SPC.<br>- Coordinate a SPC volunteer recruitment event at West Sacramento Senior Center.<br>- Focus on support and education for SPC volunteers through monthly meetings and trainings.<br>- Collaborate with Yolo County MHSA PEI to offer MHFA training to SPC Volunteers on April 22, 2024.<br>- Collaborate with the *Life Transitions Project* for culturally diverse outreach events including gatherings hosted by Native communities.<br>- Maintain current clients by providing social and mental health support through SPC volunteer visits and providing community resources as needed.<br>- Continue to collaborate with HOPE Cooperative and Yolo County Mental Health to serve seniors who may benefit from SPC Program.<br><br>Are the program's services and activities to change in the following quarter? If so, how?<br><br>- Services and activities are not expected to change. |
| Q4 | Based on our current program goals and structure, we created a short interview process to measure program effectiveness for Question PM3: Is anyone better off?<br><br>We conducted telephone interviews with each client, asking 3 questions regarding their experience with the Senior Peer Companion Program:<br><br>1. How would you describe your mood after visiting with your Senior Peer Companion?<br>2. Can you share an area in your life where you felt supported by the Senior Peer Companion Program?<br>3. Has the Senior Peer Companion Program helped you improve self-care and maintain independence? If so, how?<br><br>51% of clients for Q4 of FY 23/24 (18/35) completed the interview questionnaire.<br><br>Note: 44 total SPC clients<br><br>35 with SPC volunteers<br><br>9 awaiting SPC volunteers (receiving monthly calls and resources from LCSW)<br><br>2 SPC clients discharged this quarter as moved to Palliative Care<br><br>Question #1: 100% (18/18) of clients reported improved mood, describing their mood after seeing their Senior Peer Companion as one or more of the following: comforted, inspired, encouraged, in good spirits, optimistic, confident, refreshed, happy, peaceful, hopeful, and relieved.<br><br>After meeting with their Senior Peer Companion:<br><br>- 94 % said they felt comforted and encouraged.<br>- 83 % said they felt in good spirits, hopeful and optimistic. |

| | |
|---|---|
| | - 78 % said they felt happy, inspired and refreshed.<br>- 72% said they felt full of energy, peaceful and relieved.<br><br>Question #2: 100% (18/18) of clients reported being supported in one or more of the following areas: increasing socialization, reducing loneliness and isolation, coping with anxiety and depression, loss of a spouse/family members, navigating family conflict, and providing community resources. Increasing socialization, reducing isolation and loneliness, and coping with anxiety and depression were the most common responses.<br><br>An area in their life where their Senior Peer Companion supported them:<br><br>- 4 % reported increased socialization.<br>- 89% reported a reduction of loneliness and isolation.<br>- 56 % reported coping more effectively with anxiety and depression.<br>- 39% reported assistance with community resources.<br>- 28 % reported support with the loss of a spouse or significant other.<br>- 22 % reported assistance with crisis support and managing caregiver stress.<br>- 11 % reported help with adjustment to relocation.<br><br>Question #3: 100% (18/18) of clients reported that the program helped them with self-care and independence.<br><br>A client who is home-bound after breaking her leg shared:<br><br>- "Having a nice rapport with my senior peer companion has helped me to exercise my independence with their friendship and support. It has helped me to increase my social interactions and experiencing this has given me hope I can gain back a meaningful life."<br><br>A client who struggles with major depression and has no family connections shared:<br><br>- "The socialization aspect is very important. I am very isolated. My SPC volunteer helps me with tasks that are crucial to my daily needs. With help, I am better able to take care of myself and receive hope."<br><br>A client who lost his spouse shared:<br><br>- "I am able to be emotional and share about the loss of my spouse. It's good to have a SPC volunteer who understands what I'm going through."<br><br>A client with dementia, who has a SPC volunteer, is cared for by her sister who shared:<br><br>- "Knowing that someone besides me shows care and compassion for my sister who has Alzheimer's makes me feel stronger and better. I can count on their support."<br><br>What were the program's key successes in the previous quarter?<br><br>- Successfully onboarded (5) female SPC clients, including (1) who is currently residing in a motel due to housing instability.<br>- Successfully onboarded (4) new SPC volunteers.<br>- Successfully paired (7) SPC volunteers with SPC Clients.<br>- Updated SPC outreach materials to include brochures, flyers and postcards.<br>- Coordinated with Resources for Independent Living to support SPC clients with disabilities in West Sacramento to make their homes more accessible.<br>- Coordinated with 'Teens Helping Seniors' Program through Woodland Community & Senior Center to assist SPC clients in Woodland with chores around their home and yards during June-August 2024. |

- Coordinated with Joy Cohen, Director of Meals On Wheels (MOW) Yolo County, to distribute 840 SPC flyers (in English & Spanish) to their Senior MOW home delivered meal recipients in July 2024. Additionally, arranged to share information about SPC in person with their Café Yolo participants at the Davis and Woodland Senior Centers in August 2024.
- Coordinated with Senta Lee, Recreation Assistant at West Sacramento Community & Senior Center, to sponsor and attend their Ice Cream Social Event on August 28, 2024, and present information about the SPC Program and publish information about the SPC program in their Senior Newsletter.
- Coordinated with Juliane Crowley, Director at UC Davis Retiree Center, to connect with UC Davis Retirees via their newsletter and events to recruit new SPC volunteers and SPC clients.
- Coordinated with Gil Walker, President of California Retired Teachers Association, Division 83, to connect with retired teachers via their newsletter and events to recruit new SPC volunteers and SPC clients.
- Met with Yolo Healthy Aging Alliance (YHAA) new Outreach Coordinator, Faye Turner, to discuss our partnership and outreach opportunities for SPC.
- Certified SPC Volunteers in Healthy Handwashing Protocol to reduce the spread of infectious diseases.
- Received SPC client referrals from UC Davis Psychiatry Dept. and Yolo Healthy Aging Alliance (YHAA) with whom we collaborate.
- Attended (4) outreach events: Northern Valley Indian Health Community Health Fair in Woodland, Senior Resource Fair at West Sacramento Community & Senior Center, Senior Resource Fair at Woodland Community & Senior Center, and Yolo Juneteenth Celebration at UC Davis.
- Coordinated with Jorge Cervantes, Outreach Specialist, with Yolo County Yolo Health & Human Services Agency, to present Mental Health First Aid (MHFA) Training on April 22, 2024, for SPC volunteers.
- Participated in ongoing collaboration with YoloCares *Life Transitions Project* Community Outreach Team to increase diversity in the SPC program.

What were some of the challenges and barriers the program encountered during the previous quarter?

- It continues to be a challenge to find SPC volunteers willing to travel to remote areas of Yolo County such as West Sacramento, Esparto, and Knight's Landing.
- The SPC client demand continues to be larger than the trained and available SPC volunteer pool. SPC Volunteer recruitment will continue to be an ongoing effort into the next fiscal year, especially in West Sacramento and rural parts of Yolo County.
- As our SPC clients move to our Palliative Care and Hospice programs for medical support their SPC volunteers continue to visit them; however, the way our program is currently structured, these SPC volunteer hours are not counted.

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

- YoloCares' Patient Access, Medical Records, and Volunteer Department have remained consistent through the SPC client and volunteer onboarding process.
- Collaboration with YoloCares' Galileo Place Adult Day Program & Saturday Club continues to increase support for SPC clients and their families.
- Ongoing collaboration with YoloCares *Life Transitions Project* Community Outreach Team ensures the SPC program is increasing its diversity.
- Collaboration with Resources for Independent Living, 'Teens Helping Seniors' Program, Yolo County Meals on Wheels, West Sacramento Community &

| | |
|---|---|
| | Senior Center, UC Davis Retiree Center, California Retried Teachers Association, Yolo Healthy Aging Alliance, and Yolo Health & Human Services Agency helps strengthen the SPC program.<br>- Coordinated with UC Davis Psychiatry and Yolo Healthy Aging Alliance for recruitment of SPC clients coping with health and mental health challenges.<br><br>What are the key activities you expect this program to achieve in the following quarter?<br><br>- Increase the number of SPC volunteers to meet the demands of SPC clients, including those located in West Sacramento and Esparto, by attending outreach events at West Sacramento Community & Senior Center, Meals on Wheels Café Yolo, UC Davis Retirees, and California Retired Teachers Association.<br>- Increase the number of SPC clients by including SPC flyers in 840 Meals On Wheels delivered meals to recipients throughout Yolo County many of whom are home-bound and isolated.<br>- Focus on support and education for SPC volunteers through monthly meetings and trainings.<br>- Collaborate with the *Life Transitions Project* for culturally diverse outreach events including gatherings hosted by Native communities.<br>- Maintain current clients by providing social and mental health support through SPC volunteer visits and providing community resources as needed.<br>- Continue to collaborate with HOPE Cooperative and Yolo County Mental Health to serve seniors who may benefit from SPC Program.<br><br>Are the program's services and activities to change in the following quarter? If so, how?<br><br>- Services and activities are not expected to change. |
| Analysis | |
| Access and Availability | • 121 total older adults were referred to services.<br>• 481 volunteer hours spent in training for service. |
| Impacts | • 68 (100%) older adults reported improvement in their overall mental wellness due to contact with Senior Peer Companion Program Volunteer.<br>• 68 (100%) older adults reported an ability to maintain level of self-care/independence due to contact with Senior Peer Companion volunteers. |

# APPENDIX C. Three-Year PEI Report (FY 21-24)

## Prevention and Early Intervention

(July 1, 2021 to June 30, 2024)

| Program: College Partnership Program<br>Provider: CommuniCare+OLE Health Centers | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 938 | 537 | 681 |
| New Clients: Not seen previously in this Fiscal Year) | 75 | 116 | N/A |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 62 | 55 | N/A |
| Individual Family Members Served | | 0 | 0 |
| Clients Served: Prevention | | 13 | 0 |
| Clients Served: Early Intervention | 137 | 113 | 681 |
| Clients Served By Age | | | |
| Children 0-15 | | 0 | 2 |
| Transition Age Youth 16-25 | 84 | 104 | 49 |
| Adult 26-59 | 53 | 66 | 30 |
| Older Adult 60+ | | 1 | 2 |
| Declined to State | | 0 | 0 |
| Not recorded /Field left blank | | 0 | 0 |
| Clients Race | | | |
| American Indian or Alaska Native | 3 | 6 | 1 |
| Asian | 5 | 7 | 1 |
| Black or African American | 5 | 7 | 4 |
| Native Hawaiian or other Pacific Islander | 2 | 0 | 0 |
| White (includes Non-Hispanic/Latino) | 67 | 63 | 25 |
| Other (Includes Hispanic/Latino) | 13 | 0 | 0 |
| More than one race | 7 | 4 | 1 |
| Declined to State | 25 | 9 | 0 |
| Race not recorded /Field left blank | 11 | 75 | 51 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | 33 |
| Caribbean | | 0 | 0 |
| Central American | | 0 | 0 |
| Mexican/Mexican American/Chicano | | 0 | 2 |
| Puerto Rico | | 0 | 0 |
| South American | | 0 | 0 |
| Other | | 76 | 1 |
| Declined to State | 52 | 0 | 0 |
| Not recorded/Field left Blank | 26 | 6 | 35 |
| Non-Hispanic or Non-Latino | | | 13 |
| African | 4 | 2 | 0 |
| Asian Indian/South Asian | 5 | 4 | 0 |
| Cambodian | | 0 | 0 |
| Chinese | | 0 | 0 |
| Eastern European | | 0 | 0 |
| European | | 0 | 0 |
| Filipino | | 0 | 0 |
| Japanese | | 0 | 0 |
| Korean | | 0 | 0 |
| Middle Eastern | | 0 | 0 |
| Vietnamese | | 0 | 0 |
| Other | 22 | 9 | 0 |

| | | | |
|---|---|---|---|
| More than one ethnicity | 5 | 3 | 0 |
| Declined to state ethnicity | | 30 | 10 |
| Not recorded/Field left Blank | 12 | 0 | 3 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 132 | 129 | 80 |
| Spanish | 5 | 42 | 11 |
| Russian | | 0 | 0 |
| Other<br>(Not a county threshold language) | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 126 | 129 | 80 |
| Spanish | 11 | 42 | 11 |
| Russian | | 0 | 0 |
| Other (Not a county threshold language) | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | 13 | 1 | 2 |
| Heterosexual or Straight | 69 | 67 | 19 |
| Bisexual | 16 | 13 | 3 |
| Questioning or unsure of sexual orientation | 3 | 4 | 1 |
| Queer | | 0 | 0 |
| Another Sexual Orientation | 5 | 12 | 6 |
| Declined to State | 8 | 8 | 1 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Not recorded/Field left Blank | 23 | 56 | 51 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 11 | 14 | 2 |
| Communication Domain: Difficulty Seeing | | 0 | 0 |
| Communication Domain: Difficulty hearing or having speech understood | | 0 | 0 |
| Communication Domain: Other | | 0 | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | 2 | 0 | 0 |
| Physical Mobility Domain: Physical or mobility issue | | 2 | 1 |
| Chronic Health Condition: including but not limited to chronic pain | 3 | 0 | 0 |
| Other Disability: | 2 | 11 | 0 |
| No, Not disabled | 93 | 82 | 16 |
| Declined to State | | 0 | 1 |
| Not recorded/Field left Blank | 33 | 75 | 64 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 45 | 39 | 21 |
| Females | 91 | 124 | 60 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | 1 | 8 | 2 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 45 | 39 | 20 |
| Female | 87 | 115 | 55 |
| Transgender | 4 | 1 | 1 |
| Genderqueer | | 0 | 0 |
| Questioning or unsure of gender identity | | 0 | 0 |
| Another Gender Identity | 1 | 9 | 0 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Declined to State | | 1 | 1 |

| | | | |
|---|---|---|---|
| Not recorded/Field left Blank | | 6 | 2 |
| Clients Served by Gender Current Gender Identity | | | |
| Yes, Veteran | 2 | 2 | 1 |
| No, Not Veteran | 102 | 89 | 17 |
| Declined to State | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Not recorded/Field left Blank | 33 | 78 | 66 |
| Clients Served by City of Residence | | | |
| Brooks | | 0 | 0 |
| Clarksburg | | 0 | 0 |
| Davis | 15 | 29 | 15 |
| Dunnigan | | 0 | 1 |
| Esparto | 2 | 1 | 2 |
| Guinda | | 0 | 0 |
| Knights Landing | 11 | 6 | 0 |
| Madison | | 0 | 0 |
| Sacramento [board and care] | | 0 | 1 |
| West Sacramento | 1 | 0 | 0 |
| Winters | | 2 | 5 |
| Woodland | 72 | 87 | 41 |
| Yolo | 2 | 1 | 0 |
| Yolo County Unincorporated areas | | 0 | 0 |
| Homeless | 1 | 0 | 1 |
| Out of County | 23 | 37 | 6 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 9 | 11 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 137 | 171 | 83 |
| Family Member of Mental Health Client/Consumer | | 0 | 0 |
| Not Applicable | | 0 | 0 |
| Prefer Not to Answer | | 0 | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 28 | 82 | 19 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 151 | 150 | 43 |
| Outreach Setting | | | |
| Church | | 0 | 0 |
| Clinic | | 0 | 0 |
| Cultural Organization | | 0 | 0 |
| Faith-Based Organization | | 0 | 0 |
| Family Resource Center | | 0 | 0 |
| Law Enforcement Departments | | 0 | 0 |
| Library | | 0 | 0 |
| Mental/Behavioral Health Care | | 0 | 0 |
| Other | | 0 | 0 |
| Primary Health Care | | 0 | 0 |
| Public Transit Facility | | 0 | 0 |
| Recreation Center | | 0 | 0 |
| Residence | | 0 | 0 |
| School | 28 | 70 | 18 |
| Senior Center | | 0 | 0 |
| Shelter | | 0 | 0 |
| Substance Use Treatment Location | | 0 | 0 |
| Support Group | | 0 | 1 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 142 | 144 | 0 |
| Total SMI Participants Referred | 1 | 2 | 0 |
| Kind of Treatment to which participants were referred | | | |

| | | | |
|---|---|---|---|
| Behavioral/Mental Health | 42 | 9 | 0 |
| Substance Use Treatment | | 0 | 0 |
| Both Behavioral/Mental Health and Substance Use Treatment | | 0 | 0 |
| Treatment/Program Client was Referred To | | | |
| Physical Health | | 7 | 10 |
| Other community | 43 | 53 | 23 |
| Legal Services | | 2 | 1 |
| Empower Yolo | 17 | 5 | 4 |
| Client Benefits Advocate | | 3 | 3 |
| Psychiatry | 6 | | |
| Insurance Linkage | 6 | | |
| Crisis Nursery | 3 | | |
| Dental | 3 | | |
| Medical Services | 25 | | |
| CalWORKs | 2 | | |
| Housing | 3 | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | 75 | 77 | 44 |
| Participants who did not engage in treatment to which they were referred. | | 56 | 38 |
| Participants for which referral engagement data is not available. | | 0 | 0 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | 0 | 46 |
| 1-2 Months | | 0 | 0 |
| 2-3 Months | | 0 | 0 |
| 3-4 Months | | 0 | 0 |
| 4-5 Months | | 0 | 0 |
| 5-6 Months | | 0 | 0 |
| 6-7 Months | | 0 | 0 |
| 7-8 Months | | 0 | 0 |
| 8-9 Months | | 0 | 0 |
| 9-10 Months | | 0 | 0 |
| 10-11 Months | | 0 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | | 0 | 0 |
| Unable to determine | | 0 | 0 |
| Not Applicable | | 0 | 0 |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | 75 | 0 | 46 |
| 1-2 Months | | 0 | 0 |
| 2-3 Months | | 0 | 0 |
| 3-4 Months | | 0 | 0 |
| 4-5 Months | | 0 | 0 |
| 5-6 Months | | 0 | 0 |
| 6-7 Months | | 0 | 0 |
| 7-8 Months | | 0 | 0 |
| 8-9 Months | | 0 | 0 |
| 9-10 Months | | 0 | 0 |
| 10-11 Months | | 0 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | | 0 | 0 |
| Participation in Treatment not Recorded | | 0 | 0 |
| Treatment not Completed: Referral Closed | | 0 | 0 |
| What were the program's key successes in the previous quarter? | | | |

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| The site experienced an increase in drop-ins for services and the behavioral health clinician was available to support with coping skills on managing the stress from school. The Behavioral Health and Primary Care teams organized and supported a Valentines day event centered on Healthy Heart, Healthy Love and Healthy Relationships. Following the leave of a primary BH clinician, the team quickly recruited and onboarded a new clinician who began seeing existing and new clients, as well as quickly built relationships with education staff on the campus. The team experienced greater and increased integration with the college including supporting partnerships with the Director of Retention and Student Life on a plan for the Fall semester and an invitation to participate on the advisory board for DSPS. Additionally, the team was present for WCC's Open House and also supported with a mindfulness presentation for students during finals week. Lastly, two new EPSDT clients were identified and enrolled into the program for BH services.<br>CCOLE and the college established new standing monthly meetings to discuss topics ongoing pertaining to client care and the services being provided to students on campus. CCOLE had the opportunity to provide a Stress and Coping Workshop during WCC's Welcome Week, as well as host two different Mindful Monday sessions. Additionally, CCOLE's newly hired full time clinician completed onboarding and had high access for students to enroll in services.<br><br>The team established stronger relationship with WCC leadership and collaborated on a plan for increasing referrals and engaging the student population at a higher degree around the mental health services offered at the college. |
| What were some of the challenges or barriers this program encountered in the previous quarter? |
| The program continued to face challenges with having enough capacity for behavioral health services. This was especially apparent in Q3 due to the primary BH clinician leaving, which reduced capacity for a short time while another clinician was onboarded into the program.<br>Following the holidays, there was a significant dip in referrals for behavioral health counseling services. Towards the end of Q3, referrals slowly began to increase. CCOLE and WCC collaborated on strategies for promoting services at the Student Health Center more including through listserv email and social media, but referrals continued to be low throughout the remainder of the school year leading into Summer. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| WCC internal education staff and teams and Yolo County Health and Human Services Agency. |
| What are the key activities you expect this program to achieve in the following quarter? |
| The team hopes to increase access to behavioral health services for students and to serve a higher volume of students, as well as increase the billing of Medi-Cal insurances.<br>CCOLE will continue to promote services in order to increase engagement with students, as well as increase Medi-Cal billing for students with this insurance.<br>Increase referrals and improve communication and engagement with the student body population utilizing college social media tools and promotion. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| The team doesn't anticipate any major changes in activities or services. |

| Program: Cultural Competence<br>Provider: County | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | * | 735 | 865 |
| New Clients: Not seen previously in this Fiscal Year) | * | | |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | * | | |
| Individual Family Members Served | * | | |
| Clients Served: Prevention | * | | |
| Clients Served: Early Intervention | * | | |
| Clients Served By Age | | | |
| Children 0-15 | * | | 208 |
| Transition Age Youth 16-25 | * | 27 | 62 |
| Adult 26-59 | * | 699 | 543 |
| Older Adult 60+ | * | 42 | 37 |
| Declined to State | * | 17 | 15 |
| Not recorded /Field left blank | * | | |
| Clients Race | | | |
| American Indian or Alaska Native | * | 12 | |
| Asian | * | 75 | |
| Black or African American | * | 41 | |
| Native Hawaiian or other Pacific Islander | * | 5 | |
| White (includes Non-Hispanic/Latino) | * | 262 | |
| Other (Includes Hispanic/Latino) | * | 305 | |
| More than one race | * | 34 | |
| Declined to State | * | 24 | |
| Race not recorded /Field left blank | * | | |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | * | 2 | |
| Central American | * | 11 | |
| Mexican/Mexican American/Chicano | * | 275 | |
| Puerto Rico | * | 3 | |
| South American | * | 4 | |
| Other | * | 31 | |
| Declined to State | * | | |
| Not recorded/Field left Blank | * | | |
| Non-Hispanic or Non-Latino | | | |
| African | * | | |
| Asian Indian/South Asian | * | | |
| Cambodian | * | | |
| Chinese | * | | |
| Eastern European | * | | |
| European | * | | |
| Filipino | * | | |
| Japanese | * | | |
| Korean | * | | |
| Middle Eastern | * | | |
| Vietnamese | * | | |
| Other | * | | |
| More than one ethnicity | * | | |
| Declined to state ethnicity | * | | |
| Not recorded/Field left Blank | * | | |
| Clients Served by Language Requested for Written Communication | | | |
| English | * | 731 | |
| Spanish | * | 2 | |

| | | | |
|---|---|---|---|
| Russian | * | 2 | |
| Other<br>(Not a county threshold language) | * | 8 | |
| Declined to State | * | | |
| Not recorded/Field left Blank | * | | |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | * | 731 | |
| Spanish | * | 1 | |
| Russian | * | 1 | |
| Other (Not a county threshold language) | * | 8 | |
| Declined to State | * | | |
| Not recorded/Field left Blank | * | | |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | * | 20 | |
| Heterosexual or Straight | * | 608 | |
| Bisexual | * | 29 | |
| Questioning or unsure of sexual orientation | * | 3 | |
| Queer | * | 13 | |
| Another Sexual Orientation | * | 3 | |
| Declined to State | * | 54 | |
| Not Applicable: Minor exempt from answering this question | * | 1 | |
| Not recorded/Field left Blank | * | | |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | * | 56 | |
| Communication Domain: Difficulty Seeing | * | | |
| Communication Domain: Difficulty hearing or having speech understood | * | | |
| Communication Domain: Other | * | | |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | * | | |
| Physical Mobility Domain: Physical or mobility issue | * | | |
| Chronic Health Condition: including but not limited to chronic pain | * | | |
| Other Disability: | * | | |
| No, Not disabled | * | 623 | |
| Declined to State | * | 55 | |
| Not recorded/Field left Blank | * | | |
| Clients Served by Sex Assigned at Birth | | | |
| Males | * | 134 | |
| Females | * | 577 | |
| Declined to State | * | 22 | |
| Not recorded/Field left Blank | * | | |
| Clients Served by Gender Current Gender Identity | | | |
| Male | * | 129 | |
| Female | * | 577 | |
| Transgender | * | | |
| Genderqueer | * | 5 | |
| Questioning or unsure of gender identity | * | | |
| Another Gender Identity | * | 1 | |
| Not Applicable: Minor exempt from answering this question | * | 1 | |
| Declined to State | * | 22 | |
| Not recorded/Field left Blank | * | | |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | * | 21+ | |
| No, Not Veteran | * | 697 | |
| Declined to State | * | 19 | |
| Not Applicable: Minor exempt from answering this question | * | | |

| | | | |
|---|---|---|---|
| Not recorded/Field left Blank | * | | |
| Clients Served by City of Residence | | | |
| Brooks | * | | |
| Clarksburg | * | | |
| Davis | * | 62 | |
| Dunnigan | * | 2 | |
| Esparto | * | 18 | |
| Guinda | * | | |
| Knights Landing | * | 2 | |
| Madison | * | | |
| Sacramento [board and care] | | 33 | |
| West Sacramento | * | 34 | |
| Winters | * | 14 | |
| Woodland | * | 212 | |
| Yolo | * | 34 | |
| Yolo County Unincorporated areas | * | 4 | |
| Homeless | * | | |
| Out of County | * | 224 | |
| Declined to State | * | 2 | |
| Not recorded/Field left Blank | * | | |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | * | 16 | |
| Family Member of Mental Health Client/Consumer | * | 18 | |
| Not Applicable | * | | |
| Prefer Not to Answer | * | 23 | |
| Outreach | | | |
| Number of outreach Events Held/Attended | * | | |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | * | | |
| Outreach Setting | | | |
| Church | * | | |
| Clinic | * | | |
| Cultural Organization | * | | |
| Faith-Based Organization | * | | |
| Family Resource Center | * | | |
| Law Enforcement Departments | * | | |
| Library | * | | |
| Mental/Behavioral Health Care | * | | |
| Other | * | | |
| Primary Health Care | * | | |
| Public Transit Facility | * | | |
| Recreation Center | * | | |
| Residence | * | | |
| School | * | | |
| Senior Center | * | | |
| Shelter | * | | |
| Substance Use Treatment Location | * | | |
| Support Group | * | | |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | * | | |
| Total SMI Participants Referred | * | | |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | * | | |
| Substance Use Treatment | * | | |
| Both Behavioral/Mental Health and Substance Use Treatment | * | | |
| Treatment/Program Client was Referred To | | | |
| Physical Health | * | | |

| | | | |
|---|---|---|---|
| Other community | * | | |
| Legal Services | * | | |
| Empower Yolo | * | | |
| Client Benefits Advocate | * | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | * | | |
| Participants who did not engage in treatment to which they were referred. | * | | |
| Participants for which referral engagement data is not available. | * | | |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | * | | |
| 1-2 Months | * | | |
| 2-3 Months | * | | |
| 3-4 Months | * | | |
| 4-5 Months | * | | |
| 5-6 Months | * | | |
| 6-7 Months | * | | |
| 7-8 Months | * | | |
| 8-9 Months | * | | |
| 9-10 Months | * | | |
| 10-11 Months | * | | |
| 11-12 Months | * | | |
| More than 12 Months | * | | |
| Unable to determine | * | | |
| Not Applicable | * | | |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | * | | |
| 1-2 Months | * | | |
| 2-3 Months | * | | |
| 3-4 Months | * | | |
| 4-5 Months | * | | |
| 5-6 Months | * | | |
| 6-7 Months | * | | |
| 7-8 Months | * | | |
| 8-9 Months | * | | |
| 9-10 Months | * | | |
| 10-11 Months | * | | |
| 11-12 Months | * | | |
| More than 12 Months | * | | |
| Participation in Treatment not Recorded | * | | |
| Treatment not Completed: Referral Closed | * | | |
| What were the program's key successes in the previous quarter? | | | |
| Key successes: In FY 23/24 Cultural Competence/DEIB completed 6 hours HHSA All Staff and 13.5 hours Leadership in Diversity, Equity, Inclusion and Belonging which we began early 2023. Additionally, community outreach increased significantly: 1) Expungement Clinic in partnership with the Public Defender and resource tabling; 2) A Youth Conference and 3) Parent and Family conference in partnership with Riverbank Elementary/Community School. | | | |
| What were some of the challenges or barriers this program encountered in the previous quarter? | | | |
| Staff turnover continued to be problematic necessitating a make-up DEIB training for new staff and staff absences. Our Affinity group attendance continues to be low, with staff reporting time challenges due to workload. | | | |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? | | | |
| Yolo County Public Defender's Office; District Attorney's Office; Resilient Yolo; YC Office of Education; Riverbank Elementary/Community School; UC Davis; Communicare+OLE; Restorative Justice Partnership; Prop 47 Grant; Office of Emergency Services. | | | |
| What are the key activities you expect this program to achieve in the following quarter? | | | |

| |
|---|
| Increase social media presence; create CC web page; roll out GARE training to all staff, more Cultural Considerations trainings scheduled. Also expected more planned community activities are presented by our CCC work groups. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| n/a |
| Notes |
| *Indicates Data Not Available in the 2021-2022 FY due to the early stages of expanding Cultural Competence (CC) and DEIB trainings beyond Behavioral Health staff, the transition to virtual platforms, and the lack of consistent data collection practices at the time. While demographic and evaluation data were not initially captured, participation increased significantly, indicating growing engagement. By late 2022, attendance tracking began, and demographic data collection followed in 2023. Despite challenges from the pandemic, staffing shortages, and delayed contracting processes, the program made key strides—broadening training access, enhancing cross-departmental collaboration, and embedding DEIB as a core agency initiative. |

| Program: Early Childhood Mental Health Access & Linkage<br>Provider: First 5 Yolo | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 6006 | 7433 | 5824 |
| New Clients: Not seen previously in this Fiscal Year) | 1543 | 1738 | 1710 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 530 | 1738 | 435 |
| Individual Family Members Served | 2552 | 2486 | 1710 |
| Clients Served: Prevention | 1283 | 1371 | 1384 |
| Clients Served: Early Intervention | 260 | 256 | 326 |
| Clients Served By Age | | | |
| Children 0-15 | 1403 | 1260 | 1594 |
| Transition Age Youth 16-25 | | 0 | 0 |
| Adult 26-59 | | 0 | 0 |
| Older Adult 60+ | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded /Field left blank | 140 | 111 | 116 |
| Clients Race | | | |
| American Indian or Alaska Native | 8 | 3 | 3 |
| Asian | 55 | 61 | 126 |
| Black or African American | 21 | 24 | 31 |
| Native Hawaiian or other Pacific Islander | 1 | 3 | 2 |
| White (includes Non-Hispanic/Latino) | 132 | 150 | 130 |
| Other (Includes Hispanic/Latino) | 460 | 426 | 446 |
| More than one race | 178 | 97 | 281 |
| Declined to State | 47 | 38 | 42 |
| Race not recorded /Field left blank | 641 | 569 | 649 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 0 | 1 |
| Central American | 7 | 7 | 9 |
| Mexican/Mexican American/Chicano | 171 | 162 | 148 |
| Puerto Rico | 1 | 1 | 0 |
| South American | 2 | 7 | 4 |
| Other | 62 | 5 | 0 |
| Declined to State | | 258 | 0 |
| Not recorded/Field left Blank | 218 | 0 | 274 |
| Non-Hispanic or Non-Latino | | | |
| African | 14 | 3 | 3 |
| Asian Indian/South Asian | 20 | 9 | 57 |
| Cambodian | | 0 | 2 |
| Chinese | 8 | 6 | 1 |
| Eastern European | 6 | 2 | 4 |
| European | 23 | 18 | 9 |
| Filipino | 2 | 6 | 3 |
| Japanese | | 0 | 1 |
| Korean | 1 | 8 | 2 |
| Middle Eastern | 1 | 0 | 0 |
| Vietnamese | 2 | 5 | 4 |
| Other | 25 | 7 | 6 |
| More than one ethnicity | 94 | 123 | 291 |
| Declined to state ethnicity | 82 | 158 | 199 |
| Not recorded/Field left Blank | 751 | 586 | 693 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 797 | 625 | 792 |
| Spanish | 397 | 343 | 473 |

| | | | |
|---|---|---|---|
| Russian | 2 | 3 | 7 |
| Other (Not a county threshold language) | 28 | 36 | 87 |
| Declined to State | 22 | 16 | 41 |
| Not recorded/Field left Blank | 297 | 348 | 310 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 792 | 619 | 779 |
| Spanish | 400 | 343 | 470 |
| Russian | 5 | 5 | 7 |
| Other (Not a county threshold language) | 36 | 43 | 105 |
| Declined to State | 22 | 16 | 41 |
| Not recorded/Field left Blank | 288 | 345 | 308 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | 0 | 0 |
| Heterosexual or Straight | | 0 | 0 |
| Bisexual | | 0 | 0 |
| Questioning or unsure of sexual orientation | | 0 | 0 |
| Queer | | 0 | 0 |
| Another Sexual Orientation | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 1371 | 1710 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 126 | 126 | 162 |
| Communication Domain: Difficulty Seeing | 2 | 4 | 5 |
| Communication Domain: Difficulty hearing or having speech understood | 43 | 38 | 45 |
| Communication Domain: Other | | 0 | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | 28 | 20 | 30 |
| Physical Mobility Domain: Physical or mobility issue | 3 | 0 | 1 |
| Chronic Health Condition: including but not limited to chronic pain | 26 | 30 | 39 |
| Other Disability: | 26 | 23 | 42 |
| No, Not disabled | 922 | 852 | 879 |
| Declined to State | 26 | 22 | 230 |
| Not recorded/Field left Blank | 469 | 378 | 439 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 629 | 530 | 657 |
| Females | 575 | 501 | 627 |
| Declined to State | 141 | 105 | 185 |
| Not recorded/Field left Blank | 198 | 235 | 241 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | | 0 | 0 |
| Female | | 0 | 0 |
| Transgender | | 0 | 0 |
| Genderqueer | | 0 | 0 |
| Questioning or unsure of gender identity | | 0 | 0 |
| Another Gender Identity | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 1371 | 1710 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 0 | 0 |
| No, Not Veteran | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 1371 | 1710 |

| | | | |
|---|---|---|---|
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by City of Residence | | | |
| Brooks | 3 | 0 | 1 |
| Clarksburg | 4 | 3 | 5 |
| Davis | 123 | 168 | 111 |
| Dunnigan | 6 | 10 | 11 |
| Esparto | 36 | 33 | 35 |
| Guinda | 1 | 0 | 0 |
| Knights Landing | 10 | 22 | 9 |
| Madison | 21 | 32 | 30 |
| Sacramento [board and care] | 9 | 0 | 0 |
| West Sacramento | 259 | 116 | 355 |
| Winters | 79 | 65 | 93 |
| Woodland | 494 | 486 | 542 |
| Yolo | 2 | 3 | 6 |
| Yolo County Unincorporated areas | 13 | 5 | 8 |
| Homeless | | 0 | 0 |
| Out of County | 101 | 72 | 106 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | 382 | 356 | 398 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | | 0 | 0 |
| Family Member of Mental Health Client/Consumer | | 0 | 0 |
| Not Applicable | | 1371 | 1710 |
| Prefer Not to Answer | | 0 | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 784 | 168 | 144 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 4526 | 4858 | 2662 |
| Outreach Setting | | | |
| Church | 5 | 0 | 0 |
| Clinic | 65 | 0 | 1 |
| Cultural Organization | | 0 | 0 |
| Faith-Based Organization | 3 | 0 | 0 |
| Family Resource Center | 29 | 5 | 0 |
| Law Enforcement Departments | | 0 | 0 |
| Library | 5 | 0 | 0 |
| Mental/Behavioral Health Care | 19 | 0 | 0 |
| Other | 463 | 155 | 139 |
| Primary Health Care | 29 | 5 | 0 |
| Public Transit Facility | | 0 | 0 |
| Recreation Center | 2 | 0 | 0 |
| Residence | | 0 | 0 |
| School | 157 | 3 | 4 |
| Senior Center | | 0 | 0 |
| Shelter | 3 | 0 | 0 |
| Substance Use Treatment Location | | 0 | 0 |
| Support Group | 4 | 0 | 0 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 186 | 210 | 278 |
| Total SMI Participants Referred | | 210 | |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | 186 | 210 | 278 |
| Substance Use Treatment | | 0 | |
| Both Behavioral/Mental Health and Substance Use Treatment | | 0 | |
| Treatment/Program Client was Referred To | | | |
| Alta Regional Center | 128 | 153 | 168 |

| | | | |
|---|---|---|---|
| Mental Health | 24 | 24 | 41 |
| In Home Therapy for Caregivers | | 13 | 44 |
| Psychological Evaluation | 34 | 20 | 25 |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | 13 | 44 |
| Participants who did not engage in treatment to which they were referred. | | 0 | 0 |
| Participants for which referral engagement data is not available. | 186 | 197 | 234 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | 0 | |
| 1-2 Months | | 0 | |
| 2-3 Months | | 0 | |
| 3-4 Months | | 0 | |
| 4-5 Months | | 0 | |
| 5-6 Months | | 0 | |
| 6-7 Months | | 0 | |
| 7-8 Months | | 0 | |
| 8-9 Months | | 0 | |
| 9-10 Months | | 0 | |
| 10-11 Months | | 0 | |
| 11-12 Months | | 0 | |
| More than 12 Months | | 0 | |
| Unable to determine | 186 | 210 | 278 |
| Not Applicable | | 0 | |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | 0 | |
| 1-2 Months | | 0 | |
| 2-3 Months | | 0 | |
| 3-4 Months | | 0 | |
| 4-5 Months | | 0 | |
| 5-6 Months | | 0 | |
| 6-7 Months | | 0 | |
| 7-8 Months | | 0 | |
| 8-9 Months | | 0 | |
| 9-10 Months | | 0 | |
| 10-11 Months | | 0 | |
| 11-12 Months | | 0 | |
| More than 12 Months | | 0 | |
| Participation in Treatment not Recorded | 186 | 210 | 278 |
| Treatment not Completed: Referral Closed | | 0 | |

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

Help Me Grow Yolo began screenings at Migrant Centers. Additionally, staff were able to focus on following up with families and offering new screenings to monitor progress for children previously indicating the need for additional support or practice. Staff had the opportunity to do additional outreach in the community including presentations for migrant program, Yolo County Office of Education, and home childcare providers. Collaboration with the Yolo Home Visiting program has worked to streamline referrals and ease access to mental health and nurse home visiting programs. This collaboration identified Help Me Grow Yolo as being an ideal referral entry point for families. We say 79% of families referred to home visiting connected to a home visiting program. Help Me Grow Yolo started new free developmental playgroups including an Art/Sensory group in West Sacramento, a community that has limited opportunities for families with young children; an 8 week Dad's playgroup with Yolo County HHSA Children Mental Health team.

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

Wait lists continue to be long for early intervention services and are discouraging to families, sometimes preventing families to accessing services.

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

Alta California Regional Center (ACRC)
Breastfeeding Coalition
Capital Pediatrics West Sacramento
Child Welfare Services (CWS)
Children's Home Society (CHS)
Children's Therapy Center (CTC)
Children's Therapy Center: Yolo Baby
City of Woodland: Rec2Go
City of Woodland: Fire Department
Communicare
Communicare In Home Therapy for Caregivers (IHT4C)
Communicare Primary Care includes Davis Community Clinic
Communicare's Creating Links to Resources and Opportunities (CREO)
Communicare's Welcome Baby
Davis Joint Unified School District (DJUSD)
Davis Joint Unified State Preschool
Davis Parent Nursery School (DPNS)
Dignity Health Bronze Star (Common Spirit)
Dignity Health Gibson (Common Spirit)
Dignity Healthcare
Empower Yolo
First 5 Yolo
Health Education Council
Healthy Families Yolo County (HFYC) previously Step by Step/Paso a
Help Me Grow Sacramento County
International House Davis
James Marshall Parent Nursery School
June Cares
Kaiser Permanente Medical Group
Korematsu State Preschool
La Rue Park (Campus Childcare Inc.)
Dr. Linda Copeland
Maternal Child Adolescent Health HHSA
MILE Preschool 2 of 4 sites
MIND Institute Air-B Mind the Gap (MTG)
Mosaic Children's Museum
Northern Valley Indian Health Agency
Partnership Health Plan of California
Precious Pumpkins
Precious Pumpkins Childcare
Programa de Educacion Migrante (Migrant Education Program)
Resilient Yolo
RISE
River Delta Unified School District (RDUSD)
Road 2 Resilience/R2R
Russell Park CDC (Campus Childcare Inc.)
Sacramento County Office of Education (SCOE)
Sci Tech Academy
Shores of Hope
Smile California
Sohaila Hamdard
St. John's Preschool
State Council on Developmental Disabilities (SCDD)
SunRISE CDC
Sutter Davis Family Practice
Travis Unified School District

| |
|---|
| UC Davis Center for Child and Family Studies (CCFS)<br>UC Davis Early Academic Outreach Program<br>UC Davis Medical Group<br>UCD Chicano/a Studies Dept<br>Warmline Family Resource Center<br>Washington Unified: Preschool Evaluations/Special Ed<br>Welcome Baby<br>WestEd<br>WIC Solano<br>Winters Healthcare<br>Winters Joint Unified Special Education<br>Woodland Haven<br>Woodland Joint Special Education<br>Woodland Joint Unified School District (WJUSD)<br>Woodland Joint Unified WJUSD State Preschool<br>Woodland Public Library<br>YC Oral Health Advisory Committee<br>YMCA/CDC Winters<br>YMCA/CDC Woodland<br>Yolo CASA<br>Yolo County Child Care Planning Council (LPC)<br>Yolo County Children's Alliance<br>Yolo County Health and Human Services<br>Yolo County HHSA Nurse Home Visiting<br>Yolo County Libraries<br>Yolo County Office of Education: Head Start<br>Yolo Crisis Nursery (YCN)<br>Yolo Early Start Team (YES team) |
| What are the key activities you expect this program to achieve in the following quarter? |
| Help Me Grow Yolo will strive to better improve access and support families whose language is not English or Spanish with an improved consent form. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| Help Me Grow Yolo will continue providing services and activities supporting families, healthcare providers, child care and development providers, and community based organizations by connecting families to resources and increasing their knowledge and understanding of child development. |

| Program: Early Childhood Mental Health Access & Linkage:<br>In Home Therapy for Caregivers<br>Provider: First 5 Yolo | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 161 | 290 | 410 |
| New Clients: Not seen previously in this Fiscal Year) | 14 | 24 | 36 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | | 25 | 40 |
| Individual Family Members Served | | 0 | 0 |
| Clients Served: Prevention | | 0 | 0 |
| Clients Served: Early Intervention | 14 | 24 | 36 |
| Clients Served By Age | | | |
| Children 0-15 | | 0 | 0 |
| Transition Age Youth 16-25 | 1 | 2 | 3 |
| Adult 26-59 | 13 | 22 | 33 |
| Older Adult 60+ | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded /Field left blank | | 0 | 0 |
| Clients Race | | | |
| American Indian or Alaska Native | | 0 | 0 |
| Asian | 1 | 5 | 2 |
| Black or African American | | 1 | 0 |
| Native Hawaiian or other Pacific Islander | | 0 | 0 |
| White (includes Non-Hispanic/Latino) | 1 | 1 | 5 |
| Other (Includes Hispanic/Latino) | 11 | 17 | 29 |
| More than one race | 1 | 0 | 0 |
| Declined to State | | 0 | 0 |
| Race not recorded /Field left blank | | 0 | 0 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 0 | 0 |
| Central American | | 2 | 1 |
| Mexican/Mexican American/Chicano | 8 | 16 | 21 |
| Puerto Rico | | 0 | 0 |
| South American | | 0 | 0 |
| Other | | 0 | 7 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Non-Hispanic or Non-Latino | | | |
| African | | 1 | 0 |
| Asian Indian/South Asian | | 1 | 0 |
| Cambodian | | 0 | 0 |
| Chinese | | 0 | 0 |
| Eastern European | | 0 | 0 |
| European | 1 | 1 | 1 |
| Filipino | | 0 | 0 |
| Japanese | | 1 | 0 |
| Korean | | 2 | 1 |
| Middle Eastern | 1 | 0 | 1 |
| Vietnamese | | 0 | 0 |
| Other | | 0 | 0 |
| More than one ethnicity | 2 | 0 | 0 |
| Declined to state ethnicity | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 4 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 5 | 15 | 18 |
| Spanish | 9 | 8 | 17 |

| | | | |
|---|---|---|---|
| Russian | | 0 | 0 |
| Other (Not a county threshold language) | | 1 | 1 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 5 | 15 | 18 |
| Spanish | 9 | 8 | 17 |
| Russian | | 0 | 0 |
| Other (Not a county threshold language) | | 1 | 1 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | 0 | 0 |
| Heterosexual or Straight | 13 | 21 | 33 |
| Bisexual | | 2 | 1 |
| Questioning or unsure of sexual orientation | | 0 | 1 |
| Queer | | 0 | 1 |
| Another Sexual Orientation | 1 | 1 | 0 |
| Declined to State | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 3 | 2 | 2 |
| Communication Domain: Difficulty Seeing | 1 | 0 | 0 |
| Communication Domain: Difficulty hearing or having speech understood | | 0 | 0 |
| Communication Domain: Other | | 0 | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | 1 | 0 | 2 |
| Physical Mobility Domain: Physical or mobility issue | | 0 | 0 |
| Chronic Health Condition: including but not limited to chronic pain | | 1 | 0 |
| Other Disability: | | 0 | 0 |
| No, Not disabled | 8 | 22 | 34 |
| Declined to State | | 1 | 0 |
| Not recorded/Field left Blank | 1 | 0 | 0 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | | 0 | 0 |
| Females | 14 | 24 | 36 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | | 0 | 0 |
| Female | 14 | 24 | 35 |
| Transgender | | 0 | 0 |
| Genderqueer | | 0 | 0 |
| Questioning or unsure of gender identity | | 0 | 0 |
| Another Gender Identity | | 0 | 1 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 1 | 0 |
| No, Not Veteran | 14 | 23 | 36 |
| Declined to State | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |

| | | | |
|---|---|---|---|
| Clients Served by City of Residence | | | |
| Brooks | | 0 | 0 |
| Clarksburg | 1 | 0 | 1 |
| Davis | 2 | 6 | 5 |
| Dunnigan | | 0 | 0 |
| Esparto | | 1 | 2 |
| Guinda | | 0 | 0 |
| Knights Landing | | 0 | 0 |
| Madison | | 0 | 0 |
| Sacramento [board and care] | | 0 | 0 |
| West Sacramento | 1 | 4 | 5 |
| Winters | | 0 | 1 |
| Woodland | 8 | 12 | 21 |
| Yolo | 1 | 1 | 1 |
| Yolo County Unincorporated areas | 1 | 0 | 0 |
| Homeless | | 0 | 0 |
| Out of County | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 14 | 23 | 31 |
| Family Member of Mental Health Client/Consumer | | 1 | 0 |
| Not Applicable | | 0 | 5 |
| Prefer Not to Answer | | 0 | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 15 | 8 | 9 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 106 | 114 | 104 |
| Outreach Setting | | | |
| Church | | 0 | |
| Clinic | | 0 | |
| Cultural Organization | | 0 | |
| Faith-Based Organization | | 0 | |
| Family Resource Center | 13 | 10 | |
| Law Enforcement Departments | 35 | 35 | 5 |
| Library | | 0 | |
| Mental/Behavioral Health Care | 20 | 5 | 7 |
| Other | | 29 | 77 |
| Primary Health Care | 38 | 10 | |
| Public Transit Facility | | 0 | |
| Recreation Center | | 0 | |
| Residence | | 0 | |
| School | | 0 | |
| Senior Center | | 0 | |
| Shelter | | 0 | |
| Substance Use Treatment Location | | 25 | 15 |
| Support Group | | 0 | 104 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 3 | 0 | 0 |
| Total SMI Participants Referred | | 0 | 0 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | 3 | 0 | 0 |
| Substance Use Treatment | | 0 | 0 |
| Both Behavioral/Mental Health and Substance Use Treatment | | 0 | 0 |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | 2 | 0 | 0 |

| | | | |
|---|---|---|---|
| Participants who did not engage in treatment to which they were referred. | 1 | 0 | 0 |
| Participants for which referral engagement data is not available. | | 0 | 0 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | 3 | 0 | 0 |
| 1-2 Months | | 0 | 0 |
| 2-3 Months | | 0 | 0 |
| 3-4 Months | | 0 | 0 |
| 4-5 Months | | 0 | 0 |
| 5-6 Months | | 0 | 0 |
| 6-7 Months | | 0 | 0 |
| 7-8 Months | | 0 | 0 |
| 8-9 Months | | 0 | 0 |
| 9-10 Months | | 0 | 0 |
| 10-11 Months | | 0 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | 1 | 1 | 0 |
| Unable to determine | 7 | 12 | 0 |
| Not Applicable | | 11 | 0 |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | 3 | 3 | 5 |
| 1-2 Months | | 6 | 18 |
| 2-3 Months | 8 | 8 | 5 |
| 3-4 Months | | 3 | 5 |
| 4-5 Months | | 1 | 1 |
| 5-6 Months | | 1 | 0 |
| 6-7 Months | | 0 | 0 |
| 7-8 Months | | 0 | 0 |
| 8-9 Months | | 1 | 0 |
| 9-10 Months | | 0 | 0 |
| 10-11 Months | | 2 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | | 0 | 0 |
| Participation in Treatment Not Recorded | | 0 | 0 |
| Treatment not Completed: Referral Closed | | 0 | 0 |

| Successes, Challenges, and Program Updates |
|---|
| What were the program's key successes in the previous quarter? |
| Of those clients who engaged in treatment, outcomes were positive and demonstrated by decreased PHQ-9 and GAD-7 scores, successful completion of treatment goals and in some cases successful linkage to longer term on going therapy to continue their progress. The program's ability to visit clients in home and in community, and offer weekly therapy sessions was valued by clients who were not getting these needs met by other Yolo County providers. |
| What were some of the challenges or barriers this program encountered in the previous quarter? |
| Staffing levels continue to challenge the program and this quarter staffing levels were impacted by one key Spanish speaking clinician being out on leave. This had an impact on wait times for clients which will show an increase in the next Quarters numbers. Additionally, referrals decreased, several of the referred clients did not engage in treatment and per staff report and PHQ-9 and GAD-7 scores, the acuity of the clients they were servicing increased, resulting in staff maximizing the number of sessions offered and holding clients while waiting for connections to be made to new long term care providers. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| Referrals for the program increased from Welcome Baby:R2R long term home visiting and Nurse postpartum visits, while the primary referral source continues to be our program partner Help Me Grow Yolo. Towards the end of this quarter program staff have been working to establish a referral pathway for Caralon qualified clients to a new therapy program being offered by CommuniCare. This will allow the team to focus on servicing families that experience barriers to using Caralon or other insurance coverage. |
| What are the key activities you expect this program to achieve in the following quarter? |

| |
|---|
| The staffing model will shift in the next fiscal year, expanding the team of clinicians available for services. The team's Spanish speaking clinician will be returning to provide services in Q1 of next fiscal year and the program will be onboarding and training a MSW II graduate student who is also a doula and wants to focus on serving this program's population. The intern will allow the program to expand numbers serviced by the second quarter of the new fiscal year. As mentioned previously, the program hopes to partner with a new CCHC OLE therapy program to transition clients who qualify and to utilize insurance for their care. This will allow the team to focus on populations who do not have access to insurance. With the CREO program being defunded, the program also anticipates an increase in need for monolingual Spanish speaking and uninsured mothers and caregivers. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| No significant changes are planned for the program format and structure. |

| Program: Early Signs Training and Assistance<br>Provider: Yolo County HHSA | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 34 | 235 | 347 |
| New Clients: Not seen previously in this Fiscal Year) | | 235 | 347 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | | | |
| Individual Family Members Served | | 235 | |
| Clients Served: Prevention | | 204 | |
| Clients Served: Early Intervention | | | 347 |
| Clients Served By Age | | | |
| Children 0-15 | | 2 | |
| Transition Age Youth 16-25 | | 29 | 54 |
| Adult 26-59 | | 189 | 236 |
| Older Adult 60+ | | 11 | 7 |
| Declined to State | | 2 | |
| Not recorded /Field left blank | | | |
| Clients Race | | | |
| American Indian or Alaska Native | | 9 | 1 |
| Asian | | 15 | 37 |
| Black or African American | | 21 | 18 |
| Native Hawaiian or other Pacific Islander | | 4 | |
| White (includes Non-Hispanic/Latino) | | 67 | 77 |
| Other (Includes Hispanic/Latino) | | 94 | 127 |
| More than one race | | | |
| Declined to State | | 4 | 6 |
| Race not recorded /Field left blank | | | |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 1 | |
| Central American | | 7 | 6 |
| Mexican/Mexican American/Chicano | | 102 | 129 |
| Puerto Rico | | 2 | |
| South American | | | 2 |
| Other | | 1 | 12 |
| Declined to State | | 3 | 1 |
| Not recorded/Field left Blank | | | |
| Non-Hispanic or Non-Latino | | | |
| African | | | |
| Asian Indian/South Asian | | | |
| Cambodian | | | |
| Chinese | | | |
| Eastern European | | 2 | |
| European | | 6 | |
| Filipino | | | |
| Japanese | | | |
| Korean | | | |
| Middle Eastern | | 2 | |
| Vietnamese | | | |
| Other | | 7 | |
| More than one ethnicity | | 1 | |
| Declined to state ethnicity | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Language Requested for Written Communication | | | |
| English | | 227 | 294 |
| Spanish | | 3 | 1 |

| | | | |
|---|---|---|---|
| Russian | | | 1 |
| Other (Not a county threshold language) | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | | 225 | 292 |
| Spanish | | 4 | 4 |
| Russian | | | 1 |
| Other (Not a county threshold language) | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | 7 | 9 |
| Heterosexual or Straight | | 185 | 227 |
| Bisexual | | 15 | 23 |
| Questioning or unsure of sexual orientation | | 1 | 1 |
| Queer | | 8 | 6 |
| Another Sexual Orientation | | 1 | 3 |
| Declined to State | | 7 | 16 |
| Not Applicable: Minor exempt from answering this question | | 3 | 3 |
| Not recorded/Field left Blank | | | |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | | 15 | 34 |
| Communication Domain: Difficulty Seeing | | | |
| Communication Domain: Difficulty hearing or having speech understood | | | |
| Communication Domain: Other | | | |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | | | |
| Physical Mobility Domain: Physical or mobility issue | | | |
| Chronic Health Condition: including but not limited to chronic pain | | | |
| Other Disability: | | | |
| No, Not disabled | | 208 | 254 |
| Declined to State | | 1 | 8 |
| Not recorded/Field left Blank | | | |
| Clients Served by Sex Assigned at Birth | | | |
| Males | | 42 | 48 |
| Females | | 194 | 246 |
| Declined to State | | | 3 |
| Not recorded/Field left Blank | | | |
| Clients Served by Gender Current Gender Identity | | | |
| Male | | 41 | 45 |
| Female | | 192 | 246 |
| Transgender | | 2 | 1 |
| Genderqueer | | 2 | 3 |
| Questioning or unsure of gender identity | | | 1 |
| Another Gender Identity | | | |
| Not Applicable: Minor exempt from answering this question | | | |
| Declined to State | | | 1 |
| Not recorded/Field left Blank | | | |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 3 | 6 |
| No, Not Veteran | | 229 | 287 |
| Declined to State | | | 2 |
| Not Applicable: Minor exempt from answering this question | | | |
| Not recorded/Field left Blank | | 1 | |

| | | | |
|---|---|---|---|
| Clients Served by City of Residence | | | |
| Brooks | | | |
| Clarksburg | | | |
| Davis | | 25 | 51 |
| Dunnigan | | | 1 |
| Esparto | | 4 | |
| Guinda | | | |
| Knights Landing | | 1 | 2 |
| Madison | | 2 | 3 |
| Sacramento [board and care] | | 26 | 26 |
| West Sacramento | | 22 | 19 |
| Winters | | 7 | 5 |
| Woodland | | 61 | 92 |
| Yolo | | 11 | 13 |
| Yolo County Unincorporated areas | | | 3 |
| Homeless | | | |
| Out of County | | 70 | 56 |
| Declined to State | | 1 | |
| Not recorded/Field left Blank | | 2 | |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | | | |
| Family Member of Mental Health Client/Consumer | | | |
| Not Applicable | | | |
| Prefer Not to Answer | | | |
| Outreach | | | |
| Number of outreach Events Held/Attended | | | 8 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | | | 605 |
| Outreach Setting | | | |
| Church | | | |
| Clinic | | | 2 |
| Cultural Organization | | | |
| Faith-Based Organization | | | |
| Family Resource Center | | | 5 |
| Law Enforcement Departments | | | |
| Library | | | |
| Mental/Behavioral Health Care | | | |
| Other | | | 1 |
| Primary Health Care | | | |
| Public Transit Facility | | | |
| Recreation Center | | | |
| Residence | | | |
| School | | | |
| Senior Center | | | |
| Shelter | | | |
| Substance Use Treatment Location | | | |
| Support Group | | | |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | | | |
| Total SMI Participants Referred | | | |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | | | |
| Substance Use Treatment | | | |
| Both Behavioral/Mental Health and Substance Use Treatment | | | |
| Treatment/Program Client was Referred To | | | |
| Physical Health | | | |
| Other community | | | |

| | | | |
|---|---|---|---|
| Legal Services | | | |
| Empower Yolo | | | |
| Client Benefits Advocate | | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | | |
| Participants who did not engage in treatment to which they were referred. | | | |
| Participants for which referral engagement data is not available. | | | |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Unable to determine | | | |
| Not Applicable | | | |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Participation in Treatment not Recorded | | | |
| Treatment not Completed: Referral Closed | | | |

| What were the program's key successes in the previous quarter? |
|---|
| April: In April, we participated in two outreach events. The first was Dia de los Niños, and the second was organized by Northern Valley Indian Health. Another achievement in April was facilitating a training session for UC Davis staff. This was particularly significant as we aim to conduct more training sessions for both staff and students at UC Davis. We also trained the staff and volunteers of Yolo Cares. Our training sessions included two Suicide Prevention in the Workplace trainings, two QPR (Question, Persuade, Refer) trainings, and four Mental Health First Aid trainings.<br>May: In May, we facilitated an in-person presentation for Yolo County Children's Alliance, showcasing the trainings we offer. We also conducted an in-person QPR training for staff at the Woodland Joint School District and presented at the HHSA new employee orientation. Additionally, we tabled at two events: one for Sakata Seed and another for the West Sacramento Senior Center. We offered two Suicide Prevention in the Workplace trainings, two QPR trainings, one Youth Mental Health First Aid training, and two Adult Mental Health First Aid trainings.<br>June: In June we offered two Adult Mental Health First Aid trainings, one youth Mental Health First Aid Training, three Suicide prevention in the workplace trainings, and two QPR trainings. |
| What were some of the challenges or barriers this program encountered in the previous quarter? |
| April: A challenge that we face in April was adjusting to the weather when we table events.<br>May: A challenge that we faced was getting to an in person training and having technical difficulties due to facility set up. |

| |
|---|
| June: A challenge that we faced for the month of June was that there are less outreach events due to the extreme heat conditions. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| April: In the month of April we outreached our trainings to Yolo County HHSA, UC Davis, Northern Valley Indian Health.<br>May: In the month of May we outreached our trainings to HHSA, Woodland Joint Unified School District, UC Davis, and Yolo Community Care Continuum.<br>June: In the month of June we outreached our trainings to HHSA staff, Alta Regional, Turning Point, Dignity Health, University of Davis Staff and Students, and Stanford Sierra Youth and family. |
| What are the key activities you expect this program to achieve in the following quarter? |
| April: The goal is to reach new community partners and members.<br>May: The goal is to table at more events.<br>June: The goal is to roll out a new training module from the American Foundation for Suicide Prevention called Talk Saves Lives which is a Suicide Prevention training in the next month. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| We are looking into adding a new training called Talk Saves Lives. |

| Program: K-12 School Partnership Programs: Davis Catchment<br>Provider: CommuniCare+OLE Health Centers | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 501 | 2099 | 1740 |
| New Clients: Not seen previously in this Fiscal Year) | 45 | 184 | 374 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 43 | 32 | 97 |
| Individual Family Members Served | | 0 | 0 |
| Clients Served: Prevention | | 40 | 82 |
| Clients Served: Early Intervention | 88 | 216 | 294 |
| Clients Served By Age | | | |
| Children 0-15 | 49 | 137 | 205 |
| Transition Age Youth 16-25 | 39 | 79 | 166 |
| Adult 26-59 | | 0 | 0 |
| Older Adult 60+ | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded /Field left blank | | 0 | 0 |
| Clients Race | | | |
| American Indian or Alaska Native | | 4 | 4 |
| Asian | 4 | 8 | 10 |
| Black or African American | 3 | 5 | 15 |
| Native Hawaiian or other Pacific Islander | | 4 | 10 |
| White (includes Non-Hispanic/Latino) | 16 | 64 | 119 |
| Other (Includes Hispanic/Latino) | | 0 | 0 |
| More than one race | 5 | 14 | 26 |
| Declined to State | 46 | 0 | 0 |
| Race not recorded /Field left blank | 14 | 117 | 186 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 0 | 0 |
| Central American | | 0 | 0 |
| Mexican/Mexican American/Chicano | | 0 | 0 |
| Puerto Rico | | 0 | 0 |
| South American | | 0 | 0 |
| Other | 12 | 54 | 83 |
| Declined to State | | 106 | 169 |
| Not recorded/Field left Blank | | 0 | 0 |
| Non-Hispanic or Non-Latino | | | |
| African | | 0 | 0 |
| Asian Indian/South Asian | | 0 | 0 |
| Cambodian | | 0 | 0 |
| Chinese | | 0 | 0 |
| Eastern European | | 0 | 0 |
| European | | 0 | 0 |
| Filipino | | 0 | 0 |
| Japanese | | 0 | 0 |
| Korean | | 0 | 0 |
| Middle Eastern | | 0 | 0 |
| Vietnamese | | 0 | 0 |
| Other | 17 | 56 | 118 |
| More than one ethnicity | | 0 | 0 |
| Declined to state ethnicity | 44 | 0 | 0 |
| Not recorded/Field left Blank | 15 | 0 | 0 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 88 | 205 | 348 |
| Spanish | | 11 | 18 |

| | | | |
|---|---|---|---|
| Russian | | 0 | 0 |
| Other (Not a county threshold language) | | 0 | 3 |
| Declined to State | | 0 | 2 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 38 | 205 | 348 |
| Spanish | 11 | 11 | 18 |
| Russian | | 0 | 0 |
| Other (Not a county threshold language) | 4 | 0 | 3 |
| Declined to State | | 0 | 2 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | 4 | 7 |
| Heterosexual or Straight | 9 | 35 | 98 |
| Bisexual | 5 | 10 | 8 |
| Questioning or unsure of sexual orientation | 2 | 9 | 12 |
| Queer | | 0 | 0 |
| Another Sexual Orientation | 12 | 15 | 24 |
| Declined to State | 14 | 14 | 20 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Not recorded/Field left Blank | 49 | 129 | 201 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | | 2 | |
| Communication Domain: Difficulty Seeing | | 0 | 1 |
| Communication Domain: Difficulty hearing or having speech understood | | 0 | 0 |
| Communication Domain: Other | | 0 | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | | 0 | 0 |
| Physical Mobility Domain: Physical or mobility issue | | 0 | 0 |
| Chronic Health Condition: including but not limited to chronic pain | | 0 | 0 |
| Other Disability: | | 0 | 0 |
| No, Not disabled | 5 | 26 | 0 |
| Declined to State | | 0 | 64 |
| Not recorded/Field left Blank | | 188 | 0 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 24 | 79 | 173 |
| Females | 50 | 113 | 186 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | 14 | 24 | 12 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 23 | 74 | 160 |
| Female | 47 | 97 | 174 |
| Transgender | 2 | 8 | 10 |
| Genderqueer | | 0 | 0 |
| Questioning or unsure of gender identity | | 24 | 1 |
| Another Gender Identity | 2 | 10 | 14 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Declined to State | 1 | 3 | 7 |
| Not recorded/Field left Blank | 13 | 0 | 4 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 0 | 0 |
| No, Not Veteran | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 216 | 371 |

| | | | |
|---|---|---|---|
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by City of Residence | | | |
| Brooks | | 0 | 0 |
| Clarksburg | | 0 | 0 |
| Davis | 74 | 188 | 297 |
| Dunnigan | | 0 | 0 |
| Esparto | | 0 | 0 |
| Guinda | | 0 | 0 |
| Knights Landing | | 0 | 0 |
| Madison | | 0 | 0 |
| Sacramento [board and care] | | 0 | 0 |
| West Sacramento | | 1 | 10 |
| Winters | | 2 | 9 |
| Woodland | 12 | 19 | 37 |
| Yolo | | 0 | 0 |
| Yolo County Unincorporated areas | | 1 | 0 |
| Homeless | | 0 | 5 |
| Out of County | 2 | 5 | 14 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 1 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 88 | 216 | 371 |
| Family Member of Mental Health Client/Consumer | | 0 | 0 |
| Not Applicable | | 0 | 0 |
| Prefer Not to Answer | | 0 | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 4 | 3 | 2 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 225 | 100 | 46+ |
| Outreach Setting | | | |
| Church | | 0 | 0 |
| Clinic | | 0 | 0 |
| Cultural Organization | | 0 | 0 |
| Faith-Based Organization | | 0 | 0 |
| Family Resource Center | | 0 | 0 |
| Law Enforcement Departments | | 0 | 0 |
| Library | | 0 | 0 |
| Mental/Behavioral Health Care | | 0 | 0 |
| Other | | 0 | 0 |
| Primary Health Care | | 0 | 0 |
| Public Transit Facility | | 0 | 0 |
| Recreation Center | | 0 | 0 |
| Residence | | 0 | 0 |
| School | 225 | 3 | 2 |
| Senior Center | | 0 | 0 |
| Shelter | | 0 | 0 |
| Substance Use Treatment Location | | 0 | 0 |
| Support Group | | 0 | 0 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 48 | 49 | 55 |
| Total SMI Participants Referred | | 0 | 2 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | 15 | 7 | 37 |
| Substance Use Treatment | | 0 | 1 |
| Both Behavioral/Mental Health and Substance Use Treatment | | 0 | 0 |
| Treatment/Program Client was Referred To | | | |
| Empower Yolo | | 14 | 4 |

| | | | |
|---|---|---|---|
| Other Community | 10 | 34 | 24 |
| Mental Health (County) | | 2 | 1 |
| Medical Services | | 2 | 8 |
| Legal Services | | 1 | 0 |
| Group counseling | 13 | | |
| Psychiatry | 1 | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | 216 | 8 |
| Participants who did not engage in treatment to which they were referred. | | 0 | 0 |
| Participants for which referral engagement data is not available. | | 0 | 47 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | 216 | 3 |
| 1-2 Months | | 0 | 1 |
| 2-3 Months | | 0 | 0 |
| 3-4 Months | | 0 | 0 |
| 4-5 Months | | 0 | 0 |
| 5-6 Months | | 0 | 0 |
| 6-7 Months | | 0 | 0 |
| 7-8 Months | | 0 | 0 |
| 8-9 Months | | 0 | 0 |
| 9-10 Months | | 0 | 0 |
| 10-11 Months | | 0 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | | 0 | 0 |
| Unable to determine | | 0 | 45 |
| Not Applicable | | 0 | 0 |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | 0 | 6 |
| 1-2 Months | | 0 | 0 |
| 2-3 Months | | 0 | 0 |
| 3-4 Months | | 0 | 0 |
| 4-5 Months | | 0 | 0 |
| 5-6 Months | | 0 | 0 |
| 6-7 Months | | 0 | 0 |
| 7-8 Months | | 0 | 0 |
| 8-9 Months | | 0 | 0 |
| 9-10 Months | | 0 | 0 |
| 10-11 Months | | 0 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | | 0 | 0 |
| Participation in Treatment not Recorded | | 0 | 7 |
| Treatment not Completed: Referral Closed | | 0 | 5 |

| Successes, Challenges, and Program Updates |
|---|
| What were the program's key successes in the previous quarter? |
| For 23/24 FY - The program was successful in providing 2 presentations for DJUSD's Parent Empowerment Program (PEP) talks. Clinicians presented on using PCIT PRIDE skills as well as self-care. Clinicians received excellent feedback from the district for their participation in this program. The case managers were also successful in establishing office hours at certain school sites to help improve access and provide support to students and staff at those schools. |
| What were some of the challenges or barriers this program encountered in the previous quarter? |
| The team experienced some delays with hiring/onboarding new clinicians. Due to the increase in referrals, it was necessary to start and maintain a waitlist for services. By the end of Summer, the waitlist was cleared and all clients referred were offered services. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |

| |
|---|
| We partnered with Yolo County and DJUSD to help establish support for the Wellness Center at Harper Junior High. Moving forward, a case manager will be embedded full time at the Wellness Center to help support with student needs. We also worked with the Yolo County Access Line to help connect students with Medi-Cal to services quicker due to the waitlist. |
| What are the key activities you expect this program to achieve in the following quarter? |
| In the following quarter, the school services team will likely experience a decrease in caseload with the transition into summer. The team will be hosting office hours and calm spaces during summer school to help support students in using healthy coping skills to increase emotional regulation and improve their ability to be an active participant in class. The team will be onboarding 2 new clinicians and expects to become fully staffed for the next fiscal and school year. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| Yes, the school services team will begin the transition into summer in which day to day tasks will differ and the setting for services will change. Clinicians will likely be meeting with clients that choose to continue in the home or community instead of the school. No significant changes to services or programming are expected for the next fiscal and/or school year. |

| Program: K-12 School Partnership Programs: Rural Catchment Area<br>Provider: Rural Innovations in Social Economics, Incorporated | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 407 | 903 | 283 |
| New Clients: Not seen previously in this Fiscal Year) | 172 | 330 | 132 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | | 2 | 0 |
| Individual Family Members Served | | 0 | 0 |
| Clients Served: Prevention | | 0 | 0 |
| Clients Served: Early Intervention | | 0 | 0 |
| Clients Served By Age | | | |
| Children 0-15 | 158 | 294 | 105 |
| Transition Age Youth 16-25 | 14 | 38 | 26 |
| Adult 26-59 | | 0 | 0 |
| Older Adult 60+ | | 0 | 0 |
| Declined to State | | 0 | 1 |
| Not recorded /Field left blank | | 0 | 0 |
| Clients Race | | | |
| American Indian or Alaska Native | 3 | 4 | 1 |
| Asian | 1 | 1 | 3 |
| Black or African American | 6 | 8 | 4 |
| Native Hawaiian or other Pacific Islander | 0 | 0 | 0 |
| White (includes Non-Hispanic/Latino) | 62 | 149 | 36 |
| Other (Includes Hispanic/Latino) | 85 | 158 | 77 |
| More than one race | 3 | 0 | 4 |
| Declined to State | 1 | 2 | 7 |
| Race not recorded /Field left blank | 11 | 10 | 0 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 0 | 0 |
| Central American | | 0 | 0 |
| Mexican/Mexican American/Chicano | 99 | 186 | 80 |
| Puerto Rico | | 1 | 0 |
| South American | | 2 | 0 |
| Other | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 7 | 0 |
| Non-Hispanic or Non-Latino | | | |
| African | 8 | 9 | 4 |
| Asian Indian/South Asian | | 0 | 0 |
| Cambodian | | 0 | 0 |
| Chinese | | 0 | 0 |
| Eastern European | | 0 | 0 |
| European | 37 | 6 | 4 |
| Filipino | 1 | 2 | 0 |
| Japanese | | 0 | 0 |
| Korean | | 0 | 0 |
| Middle Eastern | | 1 | 0 |
| Vietnamese | | 0 | 0 |
| Other | 8 | 14 | 17 |
| More than one ethnicity | 5 | 2 | 6 |
| Declined to state ethnicity | 1 | 4 | 7 |
| Not recorded/Field left Blank | 13 | 98 | 14 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 163 | 316 | 124 |
| Spanish | 9 | 15 | 8 |
| Russian | | 0 | 0 |

| | | | |
|---|---|---|---|
| Other (Not a county threshold language) | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 1 | 0 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 163 | 316 | 125 |
| Spanish | 9 | 15 | 7 |
| Russian | | 0 | 0 |
| Other (Not a county threshold language) | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 1 | 0 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | 1 | 3 | 1 |
| Heterosexual or Straight | 40 | 104 | 65 |
| Bisexual | 2 | 3 | 4 |
| Questioning or unsure of sexual orientation | 2 | 1 | 2 |
| Queer | 1 | 3 | 0 |
| Another Sexual Orientation | | 1 | 0 |
| Declined to State | 16 | 18 | 19 |
| Not Applicable: Minor exempt from answering this question | 109 | 196 | 39 |
| Not recorded/Field left Blank | 1 | 3 | 2 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 9 | 40 | 7 |
| Communication Domain: Difficulty Seeing | | 2 | 1 |
| Communication Domain: Difficulty hearing or having speech understood | 1 | 2 | 0 |
| Communication Domain: Other | | 0 | 1 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | 7 | 28 | 1 |
| Physical Mobility Domain: Physical or mobility issue | | 1 | 0 |
| Chronic Health Condition: including but not limited to chronic pain | | 0 | 0 |
| Other Disability: | 1 | 2 | 4 |
| No, Not disabled | 121 | 203 | 88 |
| Declined to State | 42 | 59 | 28 |
| Not recorded/Field left Blank | 0 | 30 | 9 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 91 | 163 | 59 |
| Females | 79 | 167 | 72 |
| Declined to State | | 2 | 0 |
| Not recorded/Field left Blank | 2 | 0 | 1 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 42 | 55 | 37 |
| Female | 48 | 75 | 61 |
| Transgender | | 2 | 1 |
| Genderqueer | | 0 | 0 |
| Questioning or unsure of gender identity | 1 | 1 | 0 |
| Another Gender Identity | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | 68 | 180 | 23 |
| Declined to State | 13 | 18 | 9 |
| Not recorded/Field left Blank | | 1 | 1 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 0 | 0 |
| No, Not Veteran | 67 | 130 | 76 |
| Declined to State | 1 | 2 | 1 |
| Not Applicable: Minor exempt from answering this question | 101 | 195 | 53 |
| Not recorded/Field left Blank | 3 | 5 | 2 |
| Clients Served by City of Residence | | | |

| | | | |
|---|---|---|---|
| Brooks | | 0 | 0 |
| Clarksburg | | 1 | 0 |
| Davis | | 0 | 1 |
| Dunnigan | | 0 | 1 |
| Esparto | 57 | 101 | 47 |
| Guinda | 3 | 2 | 0 |
| Knights Landing | 1 | 7 | 0 |
| Madison | 3 | 5 | 2 |
| Sacramento [board and care] | | 0 | 0 |
| West Sacramento | | 0 | 0 |
| Winters | 105 | 198 | 71 |
| Woodland | 1 | 10 | 2 |
| Yolo | | 0 | 0 |
| Yolo County Unincorporated areas | 2 | 8 | 8 |
| Homeless | | | |
| Out of County | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 54 | 126 | 36 |
| Family Member of Mental Health Client/Consumer | 8 | 15 | 6 |
| Not Applicable | 76 | 115 | 52 |
| Prefer Not to Answer | 34 | 76 | 38 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 35 | 24 | 25 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 650 | 405 | 271 |
| Outreach Setting | | | |
| Church | | 0 | 0 |
| Clinic | | 0 | 0 |
| Cultural Organization | | 0 | 0 |
| Faith-Based Organization | | 0 | 0 |
| Family Resource Center | 1 | 2 | 1 |
| Law Enforcement Departments | | 0 | 0 |
| Library | | 0 | 0 |
| Mental/Behavioral Health Care | | 0 | 24 |
| Other | 34 | 22 | 0 |
| Primary Health Care | | 0 | 0 |
| Public Transit Facility | | 0 | 0 |
| Recreation Center | | 0 | 0 |
| Residence | | 0 | 0 |
| School | | 0 | 0 |
| Senior Center | | 0 | 0 |
| Shelter | | 0 | 0 |
| Substance Use Treatment Location | | 0 | 0 |
| Support Group | | 0 | 0 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 172 | 332 | 132 |
| Total SMI Participants Referred | | 0 | 0 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | 90 | 210 | 48 |
| Substance Use Treatment | | 0 | 0 |
| Both Behavioral/Mental Health and Substance Use Treatment | | 0 | 0 |
| Treatment/Program Client was Referred To | | | |
| Winters Educational/Essential Youth Groups | | 79 | 60 |
| Esparto Educational/Essential Youth Groups | | 43 | 24 |
| Essential Groups/Skills for Students | 82 | | |

| Treatment Follow Through | | | |
|---|---|---|---|
| Participants who followed through on referral and engaged in treatment | 160 | 291 | 125 |
| Participants who did not engage in treatment to which they were referred. | 12 | 41 | 7 |
| Participants for which referral engagement data is not available. | | 0 | 0 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | 1 | 0 | 8 |
| 1-2 Months | | 0 | 1 |
| 2-3 Months | | 0 | 2 |
| 3-4 Months | | 0 | 0 |
| 4-5 Months | 1 | 2 | 0 |
| 5-6 Months | | 1 | 0 |
| 6-7 Months | 3 | 5 | 0 |
| 7-8 Months | | 6 | 0 |
| 8-9 Months | 1 | 14 | 0 |
| 9-10 Months | | 3 | 0 |
| 10-11 Months | | 0 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | 0 | 1 | 0 |
| Unable to determine | 18 | 35 | 46 |
| Not Applicable | 148 | 265 | 75 |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | 160 | 291 | 125 |
| 1-2 Months | | 0 | 0 |
| 2-3 Months | | 0 | 0 |
| 3-4 Months | | 0 | 0 |
| 4-5 Months | | 0 | 0 |
| 5-6 Months | | 0 | 0 |
| 6-7 Months | | 0 | 0 |
| 7-8 Months | | 0 | 0 |
| 8-9 Months | | 0 | 0 |
| 9-10 Months | | 0 | 0 |
| 10-11 Months | | 0 | 0 |
| 11-12 Months | | 0 | 0 |
| More than 12 Months | | 0 | 0 |
| Participation in Treatment not Recorded | | 41 | 0 |
| Treatment not Completed: Referral Closed | 12 | 0 | 7 |

Successes, Challenges, and Program Updates

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

RISE Inc. Mental Health Program has achieved significant success during the quarter, particularly with our various Tier II services. Our Mental Health Wellness Specialist team has been instrumental in providing these services to both school districts. The positive impact of these services is evident, as many students who entered Tier II level programs with low-level symptoms have shown improvement. Our Wellness Specialist team has been providing mentoring, non-clinical check-ins, and grade-level groups to students in both districts, further enhancing the effectiveness of our program. Our Tier II service have increased from previous quarters in Winters. RISE Inc. served 30 students through our Mental Health Programs in the fourth quarter. 2 students were referred for Tier III behavioral health counseling. Additionally, 28 students actively participated in Tier II services, encompassing a wide range of support, including social skills development, personalized mentoring, and engaging youth in various skill-building activities. Notably, our School-Based Mental Health Program's Mental Wellness component successfully empowered students to establish and maintain healthy wellness habits for their overall well-being.

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

In the past few quarters, our Mental Health Program has encountered a substantial number of vacancies in this fiscal year, presenting a significant challenge for our organization. As a result, students have experienced extended wait times before being able to access services. The clinician vacancies specific to our rural community arise from various factors. These include the longer travel times required to reach our location and the slightly lower pay rate offered by our non-profit

| |
|---|
| organization compared to other institutions. As briefly explained above, our extended wait times for students to receive behavioral health services have been longer than in previous quarters. However, our Mental Health Program is dedicated to creating accessible services for the Esparto, Capay Valley, and Winters Families. Despite clinician vacancies during the fiscal year, we have been providing continuous support to families, even outside our organization, until our mental health vacancies were filled. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| RISE Inc. did not have any new partnerships or implemented any new programs during the fourth quarter. |
| What are the key activities you expect this program to achieve in the following quarter? |
| As we transition into the 2024-2025 school year, we begin conversations with School counselors and Principals as we aim for students and parents to have accessible access to mental health services. Our clinicians are invited to staff meetings as personnel changes occur. We want to ensure school staff, who play a crucial role in our program, has knowledge of our program and understands how our referral process works. We expect our Mental Health Program at Esparto and Winters School Districts to continue serving students as our program has strived in the community by providing access services to students who struggle to connect with behavioral health organizations. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| |

| Program: K-12 Partnership Programs: Woodland Catchment Area (Woodland Joint Unified & YCOE)<br>Provider: CommuniCare+OLE Health Centers | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 576 | 1538 | Reference new provider data |
| New Clients: Not seen previously in this Fiscal Year) | 50 | 116 | |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 40 | 0 | |
| Individual Family Members Served | | 0 | |
| Clients Served: Prevention | | 0 | |
| Clients Served: Early Intervention | 90 | 152 | |
| Clients Served by Age | | | |
| Children 0-15 | 73 | 109 | |
| Transition Age Youth 16-25 | 17 | 43 | |
| Adult 26-59 | | 0 | |
| Older Adult 60+ | | 0 | |
| Declined to State | | 0 | |
| Not recorded /Field left blank | | 0 | |
| Clients Race | | | |
| American Indian or Alaska Native | 1 | 3 | |
| Asian | 2 | 1 | |
| Black or African American | 1 | 4 | |
| Native Hawaiian or other Pacific Islander | | 0 | |
| White (includes Non-Hispanic/Latino) | 44 | 55 | |
| Other (Includes Hispanic/Latino) | 0 | 0 | |
| More than one race | 6 | 4 | |
| Declined to State | 35 | 0 | |
| Race not recorded /Field left blank | 1 | 85 | |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 0 | |
| Central American | | 0 | |
| Mexican/Mexican American/Chicano | | 0 | |
| Puerto Rico | | 0 | |
| South American | | 0 | |
| Other | 44 | 65 | |
| Declined to State | 16 | 59 | |
| Not recorded/Field left Blank | 1 | 0 | |
| Non-Hispanic or Non-Latino | | | |
| African | | 0 | |
| Asian Indian/South Asian | | 0 | |
| Cambodian | | 0 | |
| Chinese | | 0 | |
| Eastern European | | 0 | |
| European | | 0 | |
| Filipino | | 0 | |
| Japanese | | 0 | |
| Korean | | 0 | |
| Middle Eastern | | 0 | |
| Vietnamese | | 0 | |
| Other | 24 | 28 | |
| More than one ethnicity | 2 | 0 | |
| Declined to state ethnicity | 3 | 0 | |
| Not recorded/Field left Blank | | 0 | |
| Clients Served by Language Requested for Written Communication | | | |
| English | 90 | 121 | |

| | | | |
|---|---|---|---|
| Spanish | | 31 | |
| Russian | | 0 | |
| Other (Not a county threshold language) | | 0 | |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | | 0 | |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 71 | 121 | |
| Spanish | 19 | 31 | |
| Russian | | 0 | |
| Other (Not a county threshold language) | | 0 | |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | | 0 | |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | 3 | 3 | |
| Heterosexual or Straight | 39 | 50 | |
| Bisexual | 5 | 7 | |
| Questioning or unsure of sexual orientation | 10 | 7 | |
| Queer | | 0 | |
| Another Sexual Orientation | 2 | 3 | |
| Declined to State | 6 | 8 | |
| Not Applicable: Minor exempt from answering this question | 25 | 0 | |
| Not recorded/Field left Blank | | 74 | |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 2 | | |
| Communication Domain: Difficulty Seeing | | 0 | |
| Communication Domain: Difficulty hearing or having speech understood | | 0 | |
| Communication Domain: Other | | 0 | |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | | 0 | |
| Physical Mobility Domain: Physical or mobility issue | | 0 | |
| Chronic Health Condition: including but not limited to chronic pain | | 0 | |
| Other Disability: | | 0 | |
| No, Not disabled | 30 | 21 | |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | 58 | 131 | |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 44 | 59 | |
| Females | 45 | 80 | |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | 1 | 13 | |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 51 | 59 | |
| Female | 30 | 69 | |
| Transgender | | 3 | |
| Genderqueer | | 0 | |
| Questioning or unsure of gender identity | | 13 | |
| Another Gender Identity | 2 | 1 | |
| Not Applicable: Minor exempt from answering this question | | 0 | |
| Declined to State | 6 | 7 | |
| Not recorded/Field left Blank | 1 | 0 | |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 0 | |
| No, Not Veteran | | 0 | |
| Declined to State | | 0 | |

| | | | |
|---|---|---|---|
| Not Applicable: Minor exempt from answering this question | | 152 | |
| Not recorded/Field left Blank | | 0 | |
| Clients Served by City of Residence | | | |
| Brooks | | 0 | |
| Clarksburg | | 0 | |
| Davis | 4 | 4 | |
| Dunnigan | | 0 | |
| Esparto | 1 | 1 | |
| Guinda | | 0 | |
| Knights Landing | | 2 | |
| Madison | | 0 | |
| Sacramento [board and care] | | 0 | |
| West Sacramento | | 8 | |
| Winters | | 2 | |
| Woodland | 83 | 130 | |
| Yolo | 2 | 2 | |
| Yolo County Unincorporated areas | | 0 | |
| Homeless | | 0 | |
| Out of County | | 3 | |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | | 0 | |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 90 | 152 | |
| Family Member of Mental Health Client/Consumer | | 0 | |
| Not Applicable | | 0 | |
| Prefer Not to Answer | | 0 | |
| Outreach | | | |
| Number of outreach Events Held/Attended | | 0 | |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | | 0 | |
| Outreach Setting | | | |
| Church | | 0 | |
| Clinic | | 0 | |
| Cultural Organization | | 0 | |
| Faith-Based Organization | | 0 | |
| Family Resource Center | | 0 | |
| Law Enforcement Departments | | 0 | |
| Library | | 0 | |
| Mental/Behavioral Health Care | | 0 | |
| Other | | 0 | |
| Primary Health Care | | 0 | |
| Public Transit Facility | | 0 | |
| Recreation Center | | 0 | |
| Residence | | 0 | |
| School | | 0 | |
| Senior Center | | 0 | |
| Shelter | | 0 | |
| Substance Use Treatment Location | | 0 | |
| Support Group | | 0 | |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 9 | 24 | |
| Total SMI Participants Referred | | 0 | |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | 9 | 11 | |
| Substance Use Treatment | | 1 | |
| Both Behavioral/Mental Health and Substance Use Treatment | | 5 | |
| Other Community | 3 | | |

| Treatment/Program Client was Referred To | | | |
|---|---|---|---|
| Other community | | 11 | |
| Empower Yolo | | 2 | |
| Dental | | 1 | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | 235 | |
| Participants who did not engage in treatment to which they were referred. | | 0 | |
| Participants for which referral engagement data is not available. | | 0 | |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | 235 | |
| 1-2 Months | | 0 | |
| 2-3 Months | | 0 | |
| 3-4 Months | | 0 | |
| 4-5 Months | | 0 | |
| 5-6 Months | | 0 | |
| 6-7 Months | | 0 | |
| 7-8 Months | | 0 | |
| 8-9 Months | | 0 | |
| 9-10 Months | | 0 | |
| 10-11 Months | | 0 | |
| 11-12 Months | | 0 | |
| More than 12 Months | | 0 | |
| Unable to determine | | 0 | |
| Not Applicable | | 0 | |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | 0 | |
| 1-2 Months | | 0 | |
| 2-3 Months | | 0 | |
| 3-4 Months | | 0 | |
| 4-5 Months | | 0 | |
| 5-6 Months | | 0 | |
| 6-7 Months | | 0 | |
| 7-8 Months | | 0 | |
| 8-9 Months | | 0 | |
| 9-10 Months | | 0 | |
| 10-11 Months | | 0 | |
| 11-12 Months | | 0 | |
| More than 12 Months | | 0 | |
| Participation in Treatment not Recorded | | 0 | |
| Treatment not Completed: Referral Closed | | 0 | |

| What were the program's key successes in the previous quarter? |
|---|
| |
| What were some of the challenges or barriers this program encountered in the previous quarter? |
| |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| |
| What are the key activities you expect this program to achieve in the following quarter? |
| |
| Are the program's services and activities to change in the following quarter? If so, how? |
| |

| Program: K-12 Partnership Programs: Woodland Joint Unified School District<br>Provider: Victor Community Support Services | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | Reference previous provider data | Reference previous provider data | 469 |
| New Clients: Not seen previously in this Fiscal Year) | | | 48 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | | | 22 |
| Individual Family Members Served | | | 0 |
| Clients Served: Prevention | | | 0 |
| Clients Served: Early Intervention | | | 57 |
| Clients Served by Age | | | |
| Children 0-15 | | | 43 |
| Transition Age Youth 16-25 | | | 5 |
| Adult 26-59 | | | |
| Older Adult 60+ | | | |
| Declined to State | | | |
| Not recorded /Field left blank | | | |
| Clients Race | | | |
| American Indian or Alaska Native | | | |
| Asian | | | |
| Black or African American | | | |
| Native Hawaiian or other Pacific Islander | | | |
| White (includes Non-Hispanic/Latino) | | | |
| Other (Includes Hispanic/Latino) | | | 1 |
| More than one race | | | |
| Declined to State | | | |
| Race not recorded /Field left blank | | | 47 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | | |
| Central American | | | |
| Mexican/Mexican American/Chicano | | | |
| Puerto Rico | | | |
| South American | | | |
| Other | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | 31 |
| Non-Hispanic or Non-Latino | | | |
| African | | | |
| Asian Indian/South Asian | | | |
| Cambodian | | | |
| Chinese | | | |
| Eastern European | | | |
| European | | | |
| Filipino | | | |
| Japanese | | | |
| Korean | | | |
| Middle Eastern | | | |
| Vietnamese | | | |
| Other | | | |
| More than one ethnicity | | | |
| Declined to state ethnicity | | | |
| Not recorded/Field left Blank | | | 39 |
| Clients Served by Language Requested for Written Communication | | | |

| | | | |
|---|---|---|---|
| English | | | 41 |
| Spanish | | | 7 |
| Russian | | | |
| Other<br>(Not a county threshold language) | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | | | 41 |
| Spanish | | | 7 |
| Russian | | | |
| Other (Not a county threshold language) | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | | |
| Heterosexual or Straight | | | |
| Bisexual | | | |
| Questioning or unsure of sexual orientation | | | |
| Queer | | | |
| Another Sexual Orientation | | | |
| Declined to State | | | |
| Not Applicable: Minor exempt from answering this question | | | 47 |
| Not recorded/Field left Blank | | | 1 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | | | |
| Communication Domain: Difficulty Seeing | | | |
| Communication Domain: Difficulty hearing or having speech understood | | | |
| Communication Domain: Other | | | |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | | | |
| Physical Mobility Domain: Physical or mobility issue | | | |
| Chronic Health Condition: including but not limited to chronic pain | | | |
| Other Disability: | | | |
| No, Not disabled | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | 47 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | | | 15 |
| Females | | | 20 |
| Declined to State | | | |
| Not recorded/Field left Blank | | | 13 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | | | 15 |
| Female | | | 20 |
| Transgender | | | |
| Genderqueer | | | |
| Questioning or unsure of gender identity | | | |
| Another Gender Identity | | | |
| Not Applicable: Minor exempt from answering this question | | | 13 |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | | |
| No, Not Veteran | | | 1 |

| | | | |
|---|---|---|---|
| Declined to State | | | |
| Not Applicable: Minor exempt from answering this question | | | 47 |
| Not recorded/Field left Blank | | | |
| Clients Served by City of Residence | | | |
| Brooks | | | |
| Clarksburg | | | |
| Davis | | | |
| Dunnigan | | | |
| Esparto | | | |
| Guinda | | | |
| Knights Landing | | | |
| Madison | | | |
| Sacramento [board and care] | | | |
| West Sacramento | | | |
| Winters | | | |
| Woodland | | | 19 |
| Yolo | | | |
| Yolo County Unincorporated areas | | | |
| Homeless | | | |
| Out of County | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | 29 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | | | 4 |
| Family Member of Mental Health Client/Consumer | | | |
| Not Applicable | | | |
| Prefer Not to Answer | | | 44 |
| Outreach | | | |
| Number of outreach Events Held/Attended | | | 3 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | | | 7 |
| Outreach Setting | | | |
| Church | | | |
| Clinic | | | |
| Cultural Organization | | | |
| Faith-Based Organization | | | |
| Family Resource Center | | | |
| Law Enforcement Departments | | | |
| Library | | | |
| Mental/Behavioral Health Care | | | |
| Other | | | |
| Primary Health Care | | | |
| Public Transit Facility | | | |
| Recreation Center | | | |
| Residence | | | 1 |
| School | | | 2 |
| Senior Center | | | |
| Shelter | | | |
| Substance Use Treatment Location | | | |
| Support Group | | | |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | | | |
| Total SMI Participants Referred | | | |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | | | |
| Substance Use Treatment | | | |
| Both Behavioral/Mental Health and Substance Use Treatment | | | |

| | | | |
|---|---|---|---|
| Other Community | | | |
| Treatment/Program Client was Referred To | | | |
| Other community | | | |
| Empower Yolo | | | |
| Dental | | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | | |
| Participants who did not engage in treatment to which they were referred. | | | |
| Participants for which referral engagement data is not available. | | | |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Unable to determine | | | |
| Not Applicable | | | |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Participation in Treatment not Recorded | | | |
| Treatment not Completed: Referral Closed | | | |

| |
|---|
| What were the program's key successes in the previous quarter? |
| Our clinicians have had more success this quarter partnering with school sites to serve clients over the summer, with more referrals in this quarter compared with last year. We were also, starting in June, able to offer drop in/office hours support to one school site that was hosting summer school, for students attending there. Tier 3 services will continue throughout the summer. |
| What were some of the challenges or barriers this program encountered in the previous quarter? |
| Referrals numbers continue to be very low throughout this quarter despite efforts to engage the district and increase referral flow. The district requirement that a client must receive a Tier 2 service with another provider first, before receiving a Tier 3 service, is still in place. District staff also utilize on-site mental health clinicians and prioritize filling those caseloads which seems to be a barrier to referring to our services. Information about our services seems to be held by a few district staff, but has not been distributed widely to all district school staff, which may reduce utilization. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |

| |
|---|
| We continue to develop our relationship with Woodland JUSD; we receive all referrals through their Behavioral Analyst. We continue to partner with the Yolo County Youth and Family Services Network and the Yolo/Yuba/Sutter/Colusa County SEL Community of Practice. We work closely with Yolo County Office of Education, Yolo County K12 Partnership providers and school districts to maintain up to date information and seek support for implementing the contract. |
| What are the key activities you expect this program to achieve in the following quarter? |
| We plan to continue strategizing with district staff and discuss/address barriers to referrals on their end, as well as to discuss outreach opportunities to advertise Tier 3 services across the district. Tier 2 services have begun being more readily requested. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| As the summer continues, we hope that outreach efforts this quarter will result in an increase in referrals before summer so as to fill clinician caseloads for the summer months. MHSA utilization may increase if district staff partner with us to schedule office hours on campus so our staff can be available for drop-in support. We are hoping to increase the number of Medi-Cal services and decrease the MHSA services over the next fiscal year, in preparation for the ending of the MHSA grant funds in 2026. |

| Program: K-12 Partnership Programs: YCOE<br>Provider: CommuniCare+OLE Health Centers | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | Included in Woodland Catchment Area Data Set | | 189 |
| New Clients: Not seen previously in this Fiscal Year) | | | 20 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | | | 27 |
| Individual Family Members Served | | | 0 |
| Clients Served: Prevention | | | 31 |
| Clients Served: Early Intervention | | | 46 |
| Clients Served by Age | | | |
| Children 0-15 | | | 16 |
| Transition Age Youth 16-25 | | | 48 |
| Adult 26-59 | | | 0 |
| Older Adult 60+ | | | 0 |
| Declined to State | | | 0 |
| Not recorded /Field left blank | | | 0 |
| Clients Race | | | |
| American Indian or Alaska Native | | | 5 |
| Asian | | | 0 |
| Black or African American | | | 2 |
| Native Hawaiian or other Pacific Islander | | | 0 |
| White (includes Non-Hispanic/Latino) | | | 25 |
| Other (Includes Hispanic/Latino) | | | 0 |
| More than one race | | | 5 |
| Declined to State | | | 9 |
| Race not recorded /Field left blank | | | 18 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | | 0 |
| Central American | | | 0 |
| Mexican/Mexican American/Chicano | | | 0 |
| Puerto Rico | | | 0 |
| South American | | | 0 |
| Other | | | 38 |
| Declined to State | | | 4 |
| Not recorded/Field left Blank | | | 14 |
| Non-Hispanic or Non-Latino | | | |
| African | | | 0 |
| Asian Indian/South Asian | | | 0 |
| Cambodian | | | 0 |
| Chinese | | | 0 |
| Eastern European | | | 0 |
| European | | | 0 |
| Filipino | | | 0 |
| Japanese | | | 0 |
| Korean | | | 0 |
| Middle Eastern | | | 0 |
| Vietnamese | | | 0 |
| Other | | | 8 |
| More than one ethnicity | | | 0 |
| Declined to state ethnicity | | | 0 |
| Not recorded/Field left Blank | | | 0 |
| Clients Served by Language Requested for Written Communication | | | |
| English | | | 58 |

| | | | |
|---|---|---|---|
| Spanish | | | 4 |
| Russian | | | 0 |
| Other<br>(Not a county threshold language) | | | 0 |
| Declined to State | | | 0 |
| Not recorded/Field left Blank | | | 2 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | | | 58 |
| Spanish | | | 4 |
| Russian | | | 0 |
| Other (Not a county threshold language) | | | 0 |
| Declined to State | | | 0 |
| Not recorded/Field left Blank | | | 2 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | | 2 |
| Heterosexual or Straight | | | 33 |
| Bisexual | | | 4 |
| Questioning or unsure of sexual orientation | | | 2 |
| Queer | | | 0 |
| Another Sexual Orientation | | | 1 |
| Declined to State | | | 2 |
| Not Applicable: Minor exempt from answering this question | | | 0 |
| Not recorded/Field left Blank | | | 20 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | | | 0 |
| Communication Domain: Difficulty Seeing | | | 0 |
| Communication Domain: Difficulty hearing or having speech understood | | | 0 |
| Communication Domain: Other | | | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | | | 0 |
| Physical Mobility Domain: Physical or mobility issue | | | 0 |
| Chronic Health Condition: including but not limited to chronic pain | | | 0 |
| Other Disability: | | | 0 |
| No, Not disabled | | | 15 |
| Declined to State | | | 0 |
| Not recorded/Field left Blank | | | 49 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | | | 34 |
| Females | | | 28 |
| Declined to State | | | 0 |
| Not recorded/Field left Blank | | | 2 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | | | 31 |
| Female | | | 25 |
| Transgender | | | 3 |
| Genderqueer | | | 0 |
| Questioning or unsure of gender identity | | | 0 |
| Another Gender Identity | | | 2 |
| Not Applicable: Minor exempt from answering this question | | | 0 |
| Declined to State | | | 2 |
| Not recorded/Field left Blank | | | 1 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | | 0 |
| No, Not Veteran | | | 0 |
| Declined to State | | | 0 |

| | | | |
|---|---|---|---|
| Not Applicable: Minor exempt from answering this question | | | 64 |
| Not recorded/Field left Blank | | | 0 |
| Clients Served by City of Residence | | | |
| Brooks | | | 0 |
| Clarksburg | | | 0 |
| Davis | | | 4 |
| Dunnigan | | | 3 |
| Esparto | | | 2 |
| Guinda | | | 0 |
| Knights Landing | | | 4 |
| Madison | | | 0 |
| Sacramento [board and care] | | | 0 |
| West Sacramento | | | 8 |
| Winters | | | 9 |
| Woodland | | | 34 |
| Yolo | | | 0 |
| Yolo County Unincorporated areas | | | 0 |
| Homeless | | | 0 |
| Out of County | | | 0 |
| Declined to State | | | 0 |
| Not recorded/Field left Blank | | | 6 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | | | 64 |
| Family Member of Mental Health Client/Consumer | | | 0 |
| Not Applicable | | | 0 |
| Prefer Not to Answer | | | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | | | 0 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | | | 0 |
| Outreach Setting | | | |
| Church | | | 0 |
| Clinic | | | 0 |
| Cultural Organization | | | 0 |
| Faith-Based Organization | | | 0 |
| Family Resource Center | | | 0 |
| Law Enforcement Departments | | | 0 |
| Library | | | 0 |
| Mental/Behavioral Health Care | | | 0 |
| Other | | | 0 |
| Primary Health Care | | | 0 |
| Public Transit Facility | | | 0 |
| Recreation Center | | | 0 |
| Residence | | | 0 |
| School | | | 0 |
| Senior Center | | | 0 |
| Shelter | | | 0 |
| Substance Use Treatment Location | | | 0 |
| Support Group | | | 0 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | | | 0 |
| Total SMI Participants Referred | | | 0 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | | | 4 |
| Substance Use Treatment | | | 0 |
| Both Behavioral/Mental Health and Substance Use Treatment | | | 0 |
| Treatment/Program Client was Referred To | | | |

| | | | |
|---|---|---|---|
| Other community | | | 3 |
| Empower Yolo | | | 0 |
| Mental Health (County) | | | 0 |
| Medical Services | | | 0 |
| Legal Services | | | 0 |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | | 2 |
| Participants who did not engage in treatment to which they were referred. | | | 0 |
| Participants for which referral engagement data is not available. | | | 2 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | | 0 |
| 1-2 Months | | | 0 |
| 2-3 Months | | | 0 |
| 3-4 Months | | | 0 |
| 4-5 Months | | | 0 |
| 5-6 Months | | | 0 |
| 6-7 Months | | | 0 |
| 7-8 Months | | | 0 |
| 8-9 Months | | | 0 |
| 9-10 Months | | | 0 |
| 10-11 Months | | | 0 |
| 11-12 Months | | | 0 |
| More than 12 Months | | | 0 |
| Unable to determine | | | 4 |
| Not Applicable | | | 0 |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | | 2 |
| 1-2 Months | | | 0 |
| 2-3 Months | | | 0 |
| 3-4 Months | | | 0 |
| 4-5 Months | | | 0 |
| 5-6 Months | | | 0 |
| 6-7 Months | | | 0 |
| 7-8 Months | | | 0 |
| 8-9 Months | | | 0 |
| 9-10 Months | | | 0 |
| 10-11 Months | | | 0 |
| 11-12 Months | | | 0 |
| More than 12 Months | | | 0 |
| Participation in Treatment not Recorded | | | 2 |
| Treatment not Completed: Referral Closed | | | 0 |

| |
|---|
| What were the program's key successes in the previous quarter? |
| For 23/24 FY - The team was staffed with a full time clinician and Youth and Family Specialist to support students and educational staff on campus 5 days a week during their regular school day. CCOLE providers built trust and relationship with the students and their families to support students in reaching out for help with their mental health and as crisis arose during the week. |
| What were some of the challenges or barriers this program encountered in the previous quarter? |
| There were staffing transitions with clinicians during the first part of the year and low therapy attendance. Some challenges occurred around EPSDT billing and having access to student caregivers in order to obtain signed paperwork for program enrollment purposes. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| YCOE, HHSA, TANA, Brown Issues |
| What are the key activities you expect this program to achieve in the following quarter? |

| |
|---|
| Increase community building on campus between students and staff in collaboration with the high school leadership. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| The team will shift their approach to how they engage students on campus that will normalize asking for help, taking care of mental health and finding community in relationship with others. |

| Program: K-12 School Partnerships Program: West Sacramento Catchment<br>Provider: Victor Community Support Services | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 6461 | 15348 | 11725 |
| New Clients: Not seen previously in this Fiscal Year) | 1901 | 3844 | 2230 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 272 | 781 | 583 |
| Individual Family Members Served | 30 | 37 | 10 |
| Clients Served: Prevention | 1527 | 3318 | 1796 |
| Clients Served: Early Intervention | 179 | 526 | 434 |
| Clients Served by Age | | | |
| Children 0-15 | 185 | 486 | 213 |
| Transition Age Youth 16-25 | 24 | 28 | 17 |
| Adult 26-59 | | 0 | |
| Older Adult 60+ | | 0 | |
| Declined to State | | 0 | |
| Not recorded /Field left blank | | 0 | 204 |
| Clients Race | | | |
| American Indian or Alaska Native | 1 | 4 | 3 |
| Asian | 9 | 16 | 4 |
| Black or African American | 26 | 33 | 7 |
| Native Hawaiian or other Pacific Islander | 5 | 3 | 0 |
| White (includes Non-Hispanic/Latino) | 67 | 94 | 11 |
| Other (Includes Hispanic/Latino) | 42 | 152 | 18 |
| More than one race | 5 | 29 | 0 |
| Declined to State | 9 | 32 | 63 |
| Race not recorded /Field left blank | 45 | 151 | 328 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 4 | |
| Central American | 1 | 0 | |
| Mexican/Mexican American/Chicano | 30 | 63 | 14 |
| Puerto Rico | | 0 | |
| South American | | 1 | |
| Other | | 5 | 1 |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | 16 | 44 | 6 |
| Non-Hispanic or Non-Latino | | | |
| African | 14 | 30 | 7 |
| Asian Indian/South Asian | 4 | 7 | |
| Cambodian | | 0 | |
| Chinese | | 0 | |
| Eastern European | 24 | 9 | 4 |
| European | 9 | 19 | |
| Filipino | 2 | 3 | |
| Japanese | 1 | 2 | |
| Korean | | 0 | |
| Middle Eastern | 2 | 3 | |
| Vietnamese | | 0 | |
| Other | 4 | 47 | 1 |
| More than one ethnicity | 5 | 31 | |
| Declined to state ethnicity | | 32 | 71 |
| Not recorded/Field left Blank | 97 | 194 | 329 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 166 | 491 | 277 |
| Spanish | | 9 | 8 |
| Russian | 6 | 0 | |

| | | | |
|---|---|---|---|
| Other (Not a county threshold language) | 2 | 1 | |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | 35 | 13 | 149 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 166 | 422 | 272 |
| Spanish | | 9 | 13 |
| Russian | 6 | 0 | |
| Other (Not a county threshold language) | 2 | 1 | |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | 35 | 13 | 149 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | 4 | 1 | |
| Heterosexual or Straight | 33 | 55 | |
| Bisexual | 18 | 12 | |
| Questioning or unsure of sexual orientation | 1 | 3 | |
| Queer | 2 | 2 | |
| Another Sexual Orientation | 4 | 1 | |
| Declined to State | 15 | 15 | |
| Not Applicable: Minor exempt from answering this question | 132 | 397 | 427 |
| Not recorded/Field left Blank | | 28 | |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 14 | 20 | |
| Communication Domain: Difficulty Seeing | 3 | 2 | |
| Communication Domain: Difficulty hearing or having speech understood | | 2 | |
| Communication Domain: Other | | 0 | |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | 6 | 1 | |
| Physical Mobility Domain: Physical or mobility issue | 3 | 1 | |
| Chronic Health Condition: including but not limited to chronic pain | 2 | 0 | |
| Other Disability: | 2 | 1 | |
| No, Not disabled | 28 | 33 | 8 |
| Declined to State | 57 | 24 | |
| Not recorded/Field left Blank | 110 | 437 | 426 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 80 | 139 | 96 |
| Females | 73 | 162 | 130 |
| Declined to State | | 14 | |
| Not recorded/Field left Blank | 56 | 199 | 208 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 24 | 80 | 88 |
| Female | 38 | 100 | 108 |
| Transgender | 5 | 3 | |
| Genderqueer | | 1 | |
| Questioning or unsure of gender identity | | 1 | |
| Another Gender Identity | 5 | 1 | |
| Not Applicable: Minor exempt from answering this question | 134 | 195 | 238 |
| Declined to State | 3 | 14 | |
| Not recorded/Field left Blank | | 121 | |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 0 | |
| No, Not Veteran | | 0 | 2 |
| Declined to State | | 0 | |
| Not Applicable: Minor exempt from answering this question | | 505 | 432 |
| Not recorded/Field left Blank | | 9 | |
| Clients Served by City of Residence | | | |

| | | | |
|---|---|---|---|
| Brooks | | 0 | |
| Clarksburg | | 0 | |
| Davis | | 0 | |
| Dunnigan | | 0 | |
| Esparto | | 0 | |
| Guinda | | 0 | |
| Knights Landing | | 0 | |
| Madison | | 0 | |
| Sacramento [board and care] | | 1 | |
| West Sacramento | 91 | 76 | 196 |
| Winters | | 0 | |
| Woodland | | 0 | |
| Yolo | | 0 | |
| Yolo County Unincorporated areas | | 0 | |
| Homeless | | 0 | |
| Out of County | | 0 | 1 |
| Declined to State | | 0 | |
| Not recorded/Field left Blank | 118 | 437 | 237 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 5 | 20 | 47 |
| Family Member of Mental Health Client/Consumer | 6 | 0 | |
| Not Applicable | 31 | 0 | 383 |
| Prefer Not to Answer | 167 | 31 | 4 |
| Not recorded/Field left Blank - added because option was not included here | | 463 | |
| Outreach | | | |
| Number of outreach Events Held/Attended | 30 | 15 | 9 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 56 | 79 | 90 |
| Outreach Setting | | | |
| Church | | 0 | |
| Clinic | | 0 | |
| Cultural Organization | | 0 | |
| Faith-Based Organization | | 0 | |
| Family Resource Center | | 0 | |
| Law Enforcement Departments | | 0 | |
| Library | | 0 | |
| Mental/Behavioral Health Care | | 0 | |
| Other | 25 | 4 | |
| Primary Health Care | | 0 | |
| Public Transit Facility | | 0 | |
| Recreation Center | | 0 | |
| Residence | | 0 | |
| School | 5 | 11 | 9 |
| Senior Center | | 0 | |
| Shelter | | 0 | |
| Substance Use Treatment Location | | 0 | |
| Support Group | | 0 | |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | | 0 | |
| Total SMI Participants Referred | | 0 | |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | | | |
| Substance Use Treatment | | | |
| Both Behavioral/Mental Health and Substance Use Treatment | | | |
| Treatment/Program Client was Referred To | | | |
| Physical Health | | | |
| Other community | | | |

| | | | |
|---|---|---|---|
| Legal Services | | | |
| Empower Yolo | | | |
| Client Benefits Advocate | | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | | |
| Participants who did not engage in treatment to which they were referred. | | | |
| Participants for which referral engagement data is not available. | | | |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Unable to determine | | | |
| Not Applicable | | | |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Participation in Treatment not Recorded | | | |
| Treatment not Completed: Referral Closed | | | |
| What were the program's key successes in the previous quarter? | | | |
| Our clinicians have had more success this quarter partnering with school sites to serve clients over the summer, with more referrals in this quarter compared with last year. We were also, starting in June, able to offer drop in/office hours support to schools that were holding summer school, for students attending there. Tier 3 services will continue throughout the summer. | | | |
| What were some of the challenges or barriers this program encountered in the previous quarter? | | | |
| There were no major challenges in this quarter; we focused on preparing for the summer role of "drop in support." | | | |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? | | | |
| In this quarter, we continued to partner with the Yolo County Office of Education, Yolo County K12 Partnership providers and school districts to maintain up to date information and seek support for implementing the contract. WUSD school staff and administration continue to partner with us to advertise our available services and get them scheduled in a timely manner to meet student needs. | | | |
| What are the key activities you expect this program to achieve in the following quarter? | | | |

| |
|---|
| We will speak with school staff about increasing referral flow earlier in the school year, as well as continuing to provide the "drop in support" early in the school year when the referral flow is lower. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| As the summer continues, we hope that outreach efforts this quarter will result in an increase in referrals before summer so as to fill clinician caseloads for the summer months. MHSA utilization may increase if district staff partner with us to schedule office hours on campus so our staff can be available for drop-in support. We are hoping to increase the number of Medi-Cal services and decrease the MHSA services over the next fiscal year, in preparation for the ending of the MHSA grant funds in 2026. |

| Program: Creando Recursos y Enlaces Paran Oportunidades (CREO)<br>Provider: CommuniCare+OLE Health Centers | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 2612 | 2428 | 3181 |
| New Clients: Not seen previously in this Fiscal Year) | 127 | 116 | 161 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 302 | 261 | 386 |
| Individual Family Members Served | | 0 | 433 |
| Clients Served: Prevention | 28 | 8 | 28 |
| Clients Served: Early Intervention | 97 | 108 | 333 |
| Clients Served by Age | | | |
| Children 0-15 | 0 | 0 | 2 |
| Transition Age Youth 16-25 | 3 | 21 | 24 |
| Adult 26-59 | 116 | 150 | 128 |
| Older Adult 60+ | 8 | 7 | 7 |
| Declined to State | 0 | | 0 |
| Not recorded /Field left blank | 0 | 62 | 0 |
| Clients Race | | | |
| American Indian or Alaska Native | 1 | 0 | 3 |
| Asian | 0 | 0 | 0 |
| Black or African American | 0 | 0 | 0 |
| Native Hawaiian or other Pacific Islander | 0 | 0 | 1 |
| White (includes Non-Hispanic/Latino) | 0 | 0 | 21 |
| Other (Includes Hispanic/Latino) | 99 | 156 | 43 |
| More than one race | 3 | 4 | 2 |
| Declined to State | 23 | 18 | 91 |
| Race not recorded /Field left blank | 1 | 0 | 0 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | 0 | 0 | 0 |
| Central American | 11 | 9 | 5 |
| Mexican/Mexican American/Chicano | 103 | 89 | 78 |
| Puerto Rico | 0 | 0 | 0 |
| South American | 12 | 17 | 30 |
| Other | 0 | 0 | 0 |
| Declined to State | 1 | 0 | 5 |
| Not recorded/Field left Blank | 1 | 0 | 0 |
| Non-Hispanic or Non-Latino | | | |
| African | 0 | 0 | 0 |
| Asian Indian/South Asian | 0 | 0 | 0 |
| Cambodian | 0 | 0 | 0 |
| Chinese | 0 | 0 | 0 |
| Eastern European | 0 | 0 | 0 |
| European | 0 | 0 | 0 |
| Filipino | 0 | 0 | 0 |
| Japanese | 0 | 0 | 0 |
| Korean | 0 | 0 | 0 |
| Middle Eastern | 0 | 0 | 0 |
| Vietnamese | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |
| More than one ethnicity | 0 | 0 | 0 |
| Declined to state ethnicity | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 0 | 0 | 0 |
| Spanish | 98 | 116 | 161 |
| Russian | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| Other (Not a county threshold language) | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 0 | 0 | 0 |
| Spanish | 127 | 116 | 161 |
| Russian | 0 | 0 | 0 |
| Other (Not a county threshold language) | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | 0 | 1 | 8 |
| Heterosexual or Straight | 65 | 84 | 120 |
| Bisexual | 0 | 2 | 1 |
| Questioning or unsure of sexual orientation | 0 | 2 | 0 |
| Queer | 0 | 0 | 0 |
| Another Sexual Orientation | 0 | 0 | 0 |
| Declined to State | 8 | 0 | 30 |
| Not Applicable: Minor exempt from answering this question | 0 | 0 | 0 |
| Not recorded/Field left Blank | 54 | 27 | 0 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 7 | 4 | 0 |
| Communication Domain: Difficulty Seeing | 0 | 0 | 0 |
| Communication Domain: Difficulty hearing or having speech understood | 1 | 0 | 0 |
| Communication Domain: Other | 0 | 0 | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | 0 | 1 | 0 |
| Physical Mobility Domain: Physical or mobility issue | 2 | 2 | 3 |
| Chronic Health Condition: including but not limited to chronic pain | 4 | 1 | 6 |
| Other Disability: | 0 | 0 | 0 |
| No, Not disabled | 120 | 112 | 161 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 35 | 41 | 67 |
| Females | 92 | 75 | 93 |
| Declined to State | 0 | 0 | 1 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 35 | 45 | 67 |
| Female | 90 | 71 | 93 |
| Transgender | 2 | 0 | 0 |
| Genderqueer | 0 | 0 | 0 |
| Questioning or unsure of gender identity | 0 | 0 | 0 |
| Another Gender Identity | 0 | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 1 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | 0 | 0 | 0 |
| No, Not Veteran | 0 | 0 | 114 |
| Declined to State | 0 | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| Clients Served by City of Residence | | | |
| Brooks | 0 | 2 | 0 |
| Clarksburg | 0 | 0 | 0 |
| Davis | 16 | 17 | 19 |
| Dunnigan | 3 | 1 | 4 |
| Esparto | 3 | 2 | 9 |
| Guinda | 0 | 0 | 0 |
| Knights Landing | 1 | 0 | 3 |
| Madison | 0 | 0 | 3 |
| Sacramento [board and care] | 0 | 0 | 0 |
| West Sacramento | 36 | 29 | 31 |
| Winters | 4 | 1 | 5 |
| Woodland | 58 | 60 | 86 |
| Yolo | 0 | 1 | 0 |
| Yolo County Unincorporated areas | 3 | 0 | 0 |
| Homeless | 2 | 5 | 2 |
| Out of County | 4 | 0 | 1 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 127 | 80 | 161 |
| Family Member of Mental Health Client/Consumer | 0 | 3 | 0 |
| Not Applicable | 0 | 0 | 0 |
| Prefer Not to Answer | 0 | 0 | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 138 | 134 | 138 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 6956 | 6,101 | 7971 |
| Outreach Setting | | | |
| Church | 306 | 156 | 700 |
| Clinic | 49 | 134 | 147 |
| Cultural Organization | 2092 | 2247 | 2087 |
| Faith-Based Organization | 0 | 0 | 0 |
| Family Resource Center | 22 | 363 | 526 |
| Law Enforcement Departments | 31 | 15 | 155 |
| Library | 0 | 0 | 52 |
| Mental/Behavioral Health Care | 312 | 134 | 80 |
| Other | 2813 | 1455 | 2783 |
| Primary Health Care | 362 | 0 | 228 |
| Public Transit Facility | 0 | 0 | 0 |
| Recreation Center | 42 | 283 | 47 |
| Residence | 0 | 0 | 0 |
| School | 156 | 566 | 615 |
| Senior Center | 13 | 0 | 0 |
| Shelter | 0 | 0 | 5 |
| Substance Use Treatment Location | 7 | 0 | 0 |
| Support Group | 751 | 727 | 546 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 12 | 9 | 11 |
| Total SMI Participants Referred | 3 | 4 | 2 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | 4 | 6 | 6 |
| Substance Use Treatment | 9 | 7 | 6 |
| Both Behavioral/Mental Health and Substance Use Treatment | 7 | 1 | 1 |
| Treatment/Program Client was Referred To | | | |
| Spanish SUD Group | 10 | 7 | 6 |
| Psychiatry | 4 | 5 | 2 |

| Treatment Follow Through | | | |
|---|---|---|---|
| Participants who followed through on referral and engaged in treatment | 9 | 11 | 8 |
| Participants who did not engage in treatment to which they were referred. | 4 | 4 | 3 |
| Participants for which referral engagement data is not available. | 0 | 0 | 0 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | 5 | 0 | 3 |
| 1-2 Months | 11 | 5 | 1 |
| 2-3 Months | 7 | 18 | 12 |
| 3-4 Months | 6 | 5 | 8 |
| 4-5 Months | 8 | 6 | 18 |
| 5-6 Months | 12 | 17 | 31 |
| 6-7 Months | 19 | 10 | 14 |
| 7-8 Months | 10 | 11 | 9 |
| 8-9 Months | 2 | 13 | 3 |
| 9-10 Months | 6 | 4 | 4 |
| 10-11 Months | 2 | 1 | 9 |
| 11-12 Months | 12 | 11 | 18 |
| More than 12 Months | 15 | 15 | 26 |
| Unable to determine | 11 | 0 | 5 |
| Not Applicable | 0 | 0 | 0 |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | 101 | 113 | 159 |
| 1-2 Months | 22 | 3 | 2 |
| 2-3 Months | 1 | 0 | 0 |
| 3-4 Months | 0 | 0 | 0 |
| 4-5 Months | 0 | 0 | 0 |
| 5-6 Months | 0 | 0 | 0 |
| 6-7 Months | 0 | 0 | 0 |
| 7-8 Months | 0 | 0 | 0 |
| 8-9 Months | 0 | 0 | 0 |
| 9-10 Months | 0 | 0 | 0 |
| 10-11 Months | 0 | 0 | 0 |
| 11-12 Months | 0 | 0 | 0 |
| More than 12 Months | 0 | 0 | 0 |
| Participation in Treatment not Recorded | 0 | 0 | 0 |
| Treatment not Completed: Referral Closed | 3 | 1 | 0 |

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

As the weather improved we had increased numbers of events to attend such as Woodland and Davis Pride celebrations. The Migrant Centers were active beginning in April and we were able to capture additional audience while attending and supporting the medical mobile team in providing medical care. Several clients were returning from last year. Two were pregnant and one had a significantly serious chronic condition that needed attention. We were also able to engage some teens and children in care. The Mexican Consulate continues to engage us in multiple community events that are important for our target population. We also entered a contract with Empower Yolo to support a .5 FTE Promotor to be trained on domestic violence and services to engage men in communication about gender violence. One of our Clinician's became a licensed LCSW.

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

Challenges continue to be problems with food insecurity and housing. Many clients are experiencing discrimination and are taken advantage of by exploiters. We work closely with Legal services to address this and try to bring as much education to the community as possible. Numbers of asylum seekers have increased in the last 6 months and we are trying to work closely with Yolo Childrens Alliance for resources. We also have been collaborating with CWS to help Spanish speaking families understand the challenges and legalities associated with policies on child abuse in the US.

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

| |
|---|
| We continue to collaborate with the following community organizations such as Time of Change, Yolo Cares, the UC Davis Mind Institute, UC Davis, local school districts and Woodland Community College's Dream Center, the Mexican Consulate, and several Elementary schools. We are offering a Grief Group with Yolo Cares and a Relationship/Communication Group with Time of Change. Our Promotores Team also spent several days at the local Migrant Centers providing education and support to our Mobile Medicine Team to encourage health care and behavioral health services access. |
| What are the key activities you expect this program to achieve in the following quarter? |
| We have unfortunately had to dissolve our program due to an end to our funding on June 30, 2024. Four positions have been impacted. The BH Clinicians have transitioned to another program and will continue to provide counseling to Spanish speakers with MediCal. The Case Managers are transitioning to other roles and are working diligently to support current clients in obtaining MediCal. Many are anxious about doing so and others do not qualify. At this time, we have had about 40% obtain MediCal. Those clients will continue to be seen through other options. The Promotoras program will continue with funding from Empower Yolo and Sutter Health. Platicas will continue as they have been. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| |

| Program: Latino Promotores Program<br>Provider: RISE, Incorporated | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 703 | 264 | 130 |
| New Clients: Not seen previously in this Fiscal Year) | 154 | 63 | 95 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 126 | 201 | 35 |
| Individual Family Members Served | 0 | 0 | 0 |
| Clients Served: Prevention | 150 | 264 | 0 |
| Clients Served: Early Intervention | 4 | 0 | 0 |
| Clients Served by Age | | | |
| Children 0-15 | 0 | 2 | 0 |
| Transition Age Youth 16-25 | 34 | 38 | 0 |
| Adult 26-59 | 92 | 224 | 130 |
| Older Adult 60+ | 28 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded /Field left blank | 0 | 0 | 0 |
| Clients Race | | | |
| American Indian or Alaska Native | 0 | 0 | 0 |
| Asian | 0 | 0 | 0 |
| Black or African American | 0 | 0 | 0 |
| Native Hawaiian or other Pacific Islander | 0 | 0 | 0 |
| White (includes Non-Hispanic/Latino) | 0 | 0 | 0 |
| Other (Includes Hispanic/Latino) | 154 | 234 | 0 |
| More than one race | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Race not recorded /Field left blank | 0 | 0 | 0 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | 0 | 0 | 0 |
| Central American | 15 | 0 | 0 |
| Mexican/Mexican American/Chicano | 139 | 264 | 130 |
| Puerto Rico | 0 | 0 | 0 |
| South American | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Non-Hispanic or Non-Latino | | | |
| African | 0 | 0 | 0 |
| Asian Indian/South Asian | 0 | 0 | 0 |
| Cambodian | 0 | 0 | 0 |
| Chinese | 0 | 0 | 0 |
| Eastern European | 0 | 0 | 0 |
| European | 0 | 0 | 0 |
| Filipino | 0 | 0 | 0 |
| Japanese | 0 | 0 | 0 |
| Korean | 0 | 0 | 0 |
| Middle Eastern | 0 | 0 | 0 |
| Vietnamese | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |
| More than one ethnicity | 0 | 0 | 0 |
| Declined to state ethnicity | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 0 | 10 | 0 |
| Spanish | 154 | 254 | 130 |

| | | | |
|---|---|---|---|
| Russian | 0 | 0 | 0 |
| Other (Not a county threshold language) | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 0 | 10 | 0 |
| Spanish | 154 | 254 | 130 |
| Russian | 0 | 0 | 0 |
| Other (Not a county threshold language) | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | 10 | 0 | 0 |
| Heterosexual or Straight | 144 | 264 | 130 |
| Bisexual | 0 | 0 | 0 |
| Questioning or unsure of sexual orientation | 0 | 0 | 0 |
| Queer | 0 | 0 | 0 |
| Another Sexual Orientation | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 2 | 0 | 0 |
| Communication Domain: Difficulty Seeing | 0 | 0 | 0 |
| Communication Domain: Difficulty hearing or having speech understood | 0 | 0 | 0 |
| Communication Domain: Other | 0 | 0 | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | 0 | 0 | 0 |
| Physical Mobility Domain: Physical or mobility issue | 2 | 0 | 0 |
| Chronic Health Condition: including but not limited to chronic pain | 0 | 0 | 0 |
| Other Disability: | 0 | 0 | 0 |
| No, Not disabled | 104 | 264 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 154 | 169 | 75 |
| Females | 0 | 95 | 55 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 154 | 169 | 75 |
| Female | 0 | 95 | 55 |
| Transgender | 0 | 0 | 0 |
| Genderqueer | 0 | 0 | 0 |
| Questioning or unsure of gender identity | 0 | 0 | 0 |
| Another Gender Identity | 0 | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | 1 | 0 | 0 |
| No, Not Veteran | 153 | 264 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by City of Residence | | | |
| Brooks | 8 | 0 | 0 |
| Clarksburg | 0 | 0 | 0 |
| Davis | 8 | 0 | 0 |
| Dunnigan | 16 | 0 | 0 |
| Esparto | 67 | 253 | 130 |
| Guinda | 10 | 0 | 0 |
| Knights Landing | 15 | 0 | 0 |
| Madison | 10 | 0 | 0 |
| Sacramento [board and care] | 0 | 0 | 0 |
| West Sacramento | 0 | 0 | 0 |
| Winters | 20 | 0 | 0 |
| Woodland | 0 | 0 | 0 |
| Yolo | 0 | 0 | 0 |
| Yolo County Unincorporated areas | 0 | 0 | 0 |
| Homeless | 0 | 0 | 0 |
| Out of County | 0 | 0 | 0 |
| Declined to State | 0 | 0 | 0 |
| Not recorded/Field left Blank | 0 | 0 | 0 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 0 | 0 | 0 |
| Family Member of Mental Health Client/Consumer | 0 | 0 | 0 |
| Not Applicable | 0 | 0 | 0 |
| Prefer Not to Answer | 0 | 0 | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 28 | 23 | 9 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 1206 | 989 | 900 |
| Outreach Setting | | | |
| Church | 3 | 0 | 0 |
| Clinic | 7 | 0 | 0 |
| Cultural Organization | 0 | 0 | 0 |
| Faith-Based Organization | 0 | 0 | 0 |
| Family Resource Center | 12 | 0 | 0 |
| Law Enforcement Departments | 0 | 0 | 0 |
| Library | 0 | 0 | 0 |
| Mental/Behavioral Health Care | 0 | 0 | 0 |
| Other | 5 | 989 | 0 |
| Primary Health Care | 0 | 0 | 0 |
| Public Transit Facility | 0 | 0 | 0 |
| Recreation Center | 0 | 0 | 0 |
| Residence | 0 | 0 | 0 |
| School | 1 | 0 | 0 |
| Senior Center | 0 | 0 | 0 |
| Shelter | 0 | 0 | 0 |
| Substance Use Treatment Location | 0 | 0 | 0 |
| Support Group | 0 | 0 | 0 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | 3 | 0 | 0 |
| Total SMI Participants Referred | 0 | 0 | 0 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | 0 | 0 | 0 |
| Substance Use Treatment | 0 | 0 | 0 |
| Both Behavioral/Mental Health and Substance Use Treatment | 3 | 0 | 0 |
| Treatment/Program Client was Referred To | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | 3 | 0 | 0 |
| Participants who did not engage in treatment to which they were referred. | 0 | 0 | 0 |
| Participants for which referral engagement data is not available. | 0 | 0 | 0 |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | 0 | 0 | 0 |
| 1-2 Months | 0 | 0 | 0 |
| 2-3 Months | 0 | 0 | 0 |
| 3-4 Months | 0 | 0 | 0 |
| 4-5 Months | 0 | 0 | 0 |
| 5-6 Months | 0 | 0 | 0 |
| 6-7 Months | 0 | 0 | 0 |
| 7-8 Months | 0 | 0 | 0 |
| 8-9 Months | 0 | 0 | 0 |
| 9-10 Months | 0 | 0 | 0 |
| 10-11 Months | 0 | 0 | 0 |
| 11-12 Months | 0 | 0 | 0 |
| More than 12 Months | 0 | 0 | 0 |
| Unable to determine | 3 | 0 | 0 |
| Not Applicable | 0 | 0 | 0 |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | 3 | 0 | 0 |
| 1-2 Months | 0 | 0 | 0 |
| 2-3 Months | 0 | 0 | 0 |
| 3-4 Months | 0 | 0 | 0 |
| 4-5 Months | 0 | 0 | 0 |
| 5-6 Months | 0 | 0 | 0 |
| 6-7 Months | 0 | 0 | 0 |
| 7-8 Months | 0 | 0 | 0 |
| 8-9 Months | 0 | 0 | 0 |
| 9-10 Months | 0 | 0 | 0 |
| 10-11 Months | 0 | 0 | 0 |
| 11-12 Months | 0 | 0 | 0 |
| More than 12 Months | 0 | 0 | 0 |
| Participation in Treatment not Recorded | 0 | 0 | 0 |
| Treatment not Completed: Referral Closed | 0 | 0 | 0 |

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

RISE Inc. Mental Health Program has achieved significant success during the quarter, particularly with our various Tier II services. Our Mental Health Wellness Specialist team has been instrumental in providing these services to both school districts. The positive impact of these services is evident, as many students who entered Tier II level programs with low-level symptoms have shown improvement. Our Wellness Specialist team has been providing mentoring, non-clinical check-ins, and grade-level groups to students in both districts, further enhancing the effectiveness of our program. Our Tier II service have increased from previous quarters in Winters. RISE Inc. served 30 students through our Mental Health Programs in the fourth quarter. 2 students were referred for Tier III behavioral health counseling. Additionally, 28 students actively participated in Tier II services, encompassing a wide range of support, including social skills development, personalized mentoring, and engaging youth in various skill-building activities. Notably, our School-Based Mental Health Program's Mental Wellness component successfully empowered students to establish and maintain healthy wellness habits for their overall well-being.

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

In the past few quarters, our Mental Health Program has encountered a substantial number of vacancies in this fiscal year, presenting a significant challenge for our organization. As a result, students have experienced extended wait times before being able to access services. The clinician vacancies specific to our rural community arise from various factors. These

| |
|---|
| include the longer travel times required to reach our location and the slightly lower pay rate offered by our non-profit organization compared to other institutions. As briefly explained above, our extended wait times for students to receive behavioral health services have been longer than in previous quarters. However, our Mental Health Program is dedicated to creating accessible services for the Esparto, Capay Valley, and Winters Families. Despite clinician vacancies during the fiscal year, we have been providing continuous support to families, even outside our organization, until our mental health vacancies were filled. |
| Did you partner with other programs/departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| RISE Inc. did not have any new partnerships or implemented any new programs during the fourth quarter. |
| What are the key activities you expect this program to achieve in the following quarter? |
| As we transition into the 2024-2025 school year, we begin conversations with School counselors and Principals as we aim for students and parents to have accessible access to mental health services. Our clinicians are invited to staff meetings as personnel changes occur. We want to ensure school staff, who play a crucial role in our program, has knowledge of our program and understands how our referral process works. We expect our Mental Health Program at Esparto and Winters School Districts to continue serving students as our program has strived in the community by providing access services to students who struggle to connect with behavioral health organizations. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| RISE Inc does not except any services and activities to change in the upcoming quarter. |

| Program: Free Haircare for Yolo County Adults Living with Mental Illness<br>Provider: The ClipDart Giveback | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | | 150 | 263 |
| New Clients: Not seen previously in this Fiscal Year) | | 66 | 49 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | | | |
| Individual Family Members Served | | 67 | 110 |
| Clients Served: Prevention | | | |
| Clients Served: Early Intervention | | | |
| Clients Served By Age | | | |
| Children 0-15 | | 0 | |
| Transition Age Youth 16-25 | | | |
| Adult 26-59 | | 57 | 91 |
| Older Adult 60+ | | 10 | 19 |
| Declined to State | | | |
| Not recorded /Field left blank | | | |
| Clients Race | | | |
| American Indian or Alaska Native | | | |
| Asian | | 2 | 3 |
| Black or African American | | 3 | 6 |
| Native Hawaiian or other Pacific Islander | | | |
| White (includes Non-Hispanic/Latino) | | 58 | 90 |
| Other (Includes Hispanic/Latino) | | 5 | 11 |
| More than one race | | | |
| Declined to State | | | |
| Race not recorded /Field left blank | | | |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | | |
| Central American | | | |
| Mexican/Mexican American/Chicano | | 4 | 12 |
| Puerto Rico | | 1 | 3 |
| South American | | | |
| Other | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Non-Hispanic or Non-Latino | | | |
| African | | | |
| Asian Indian/South Asian | | | |
| Cambodian | | | |
| Chinese | | 2 | 3 |
| Eastern European | | | |
| European | | 57 | 92 |
| Filipino | | | |
| Japanese | | | |
| Korean | | | |
| Middle Eastern | | | |
| Vietnamese | | | |
| Other | | | |
| More than one ethnicity | | | |
| Declined to state ethnicity | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Language Requested for Written Communication | | | |
| English | | 67 | 110 |
| Spanish | | | |
| Russian | | | |

| | | | |
|---|---|---|---|
| Other<br>(Not a county threshold language) | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | | 67 | 110 |
| Spanish | | | |
| Russian | | | |
| Other (Not a county threshold language) | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | 2 | 6 |
| Heterosexual or Straight | | 62 | 99 |
| Bisexual | | 2 | |
| Questioning or unsure of sexual orientation | | | |
| Queer | | | |
| Another Sexual Orientation | | | |
| Declined to State | | | 3 |
| Not Applicable: Minor exempt from answering this question | | 1 | |
| Not recorded/Field left Blank | | | 2 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | | 2 | 3 |
| Communication Domain: Difficulty Seeing | | | |
| Communication Domain: Difficulty hearing or having speech understood | | | |
| Communication Domain: Other | | | |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | | | |
| Physical Mobility Domain: Physical or mobility issue | | | |
| Chronic Health Condition: including but not limited to chronic pain | | 2 | 3 |
| Other Disability: | | | |
| No, Not disabled | | 64 | 104 |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Sex Assigned at Birth | | | |
| Males | | 45 | 72 |
| Females | | 22 | 38 |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Gender Current Gender Identity | | | |
| Male | | 45 | 72 |
| Female | | 22 | 38 |
| Transgender | | | |
| Genderqueer | | | |
| Questioning or unsure of gender identity | | | |
| Another Gender Identity | | | |
| Not Applicable: Minor exempt from answering this question | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 2 | 3 |
| No, Not Veteran | | 65 | 107 |
| Declined to State | | | |
| Not Applicable: Minor exempt from answering this question | | | |
| Not recorded/Field left Blank | | | |

| | | | |
|---|---|---|---|
| Clients Served by City of Residence | | | |
| Brooks | | | |
| Clarksburg | | | |
| Davis | | 150 | 110 |
| Dunnigan | | | |
| Esparto | | | |
| Guinda | | | |
| Knights Landing | | | |
| Madison | | | |
| Sacramento [board and care] | | | |
| West Sacramento | | | |
| Winters | | | |
| Woodland | | | |
| Yolo | | | |
| Yolo County Unincorporated areas | | | |
| Homeless | | | |
| Out of County | | | |
| Declined to State | | | |
| Not recorded/Field left Blank | | | |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | | 150 | 110 |
| Family Member of Mental Health Client/Consumer | | | |
| Not Applicable | | | |
| Prefer Not to Answer | | | |
| Outreach | | | |
| Number of outreach Events Held/Attended | | 33 | 51 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | | 150 | 108 |
| Outreach Setting | | | |
| Church | | | |
| Clinic | | | |
| Cultural Organization | | | |
| Faith-Based Organization | | | |
| Family Resource Center | | | |
| Law Enforcement Departments | | | |
| Library | | | |
| Mental/Behavioral Health Care | | 33 | 12 |
| Other | | | |
| Primary Health Care | | | |
| Public Transit Facility | | | |
| Recreation Center | | | |
| Residence | | | |
| School | | | |
| Senior Center | | | |
| Shelter | | | |
| Substance Use Treatment Location | | | |
| Support Group | | | |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | | 0 | 0 |
| Total SMI Participants Referred | | 0 | 0 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | | | |
| Substance Use Treatment | | | |
| Both Behavioral/Mental Health and Substance Use Treatment | | | |
| Treatment/Program Client was Referred To | | | |
| Physical Health | | | |
| Other community | | | |
| Legal Services | | | |

| | | | |
|---|---|---|---|
| Empower Yolo | | | |
| Client Benefits Advocate | | | |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | | |
| Participants who did not engage in treatment to which they were referred. | | | |
| Participants for which referral engagement data is not available. | | | |
| Average Duration of Untreated Mental Illness | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Unable to determine | | | |
| Not Applicable | | | |
| Average Interval between the referral and participation in treatment/referred service | | | |
| Less than 1 month | | | |
| 1-2 Months | | | |
| 2-3 Months | | | |
| 3-4 Months | | | |
| 4-5 Months | | | |
| 5-6 Months | | | |
| 6-7 Months | | | |
| 7-8 Months | | | |
| 8-9 Months | | | |
| 9-10 Months | | | |
| 10-11 Months | | | |
| 11-12 Months | | | |
| More than 12 Months | | | |
| Participation in Treatment not Recorded | | | |
| Treatment not Completed: Referral Closed | | | |

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

In the previous quarter, our program achieved several key successes. We maintained a participant retention rate of over 90% for the third consecutive quarter, indicating our positive impact on participants' psychological well-being and sense of community. Additionally, for the third consecutive quarter, we have had zero positive COVID-19 cases linked to our services. This demonstrates our commitment to health and safety. We also consistently met our PEI goals each quarter, showcasing our team's dedication to creating a safe, culturally competent environment tailored to each partner organization. These accomplishments reflect the hard work and excellence of our team.

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

In the previous quarter, our primary challenge was not receiving funding for the entirety of the program. We received our first payment on June 20, 2024. Despite our team’s continuous follow-up, the updates from your team’s end were infrequent, and the root cause of the issue remained unclear. As a smaller business, this uncertainty had significant repercussions. Due to the delayed funding, we faced difficulties in compensating our team promptly. This impacted our organization’s culture, growth, and stability and complicated our daily operations. Timely and transparent communication about funding is crucial for us to maintain a motivated and efficient team and to ensure smooth program execution.

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

| |
|---|
| Yes, we partnered with Homestead Cooperative, Pacifico Cooperative, Pine Tree Gardens East, and Pine Tree Gardens West which are adult residential facilities for Yolo County clients diagnosed with serious mental illness. We provided free, on-site haircare at these four residential facilities. |
| What are the key activities you expect this program to achieve in the following quarter? |
| This is the final quarter of our services. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| |

| Program: Senior Peer Companions<br>Provider: YoloCares | | | |
|---|---|---|---|
| | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 |
| Clients Served | | | |
| Total Client Contacts | 149 | 216 | 539 |
| New Clients: Not seen previously in this Fiscal Year) | 11 | 41 | 15 |
| Returning Clients: Returning from previous Quarter in same Fiscal Year | 18 | 12 | 48 |
| Individual Family Members Served | | 14 | 29 |
| Clients Served: Prevention | 12 | 31 | 36 |
| Clients Served: Early Intervention | 17 | 18 | 19 |
| Clients Served By Age | | | |
| Children 0-15 | | NA | NA |
| Transition Age Youth 16-25 | | NA | NA |
| Adult 26-59 | | NA | NA |
| Older Adult 60+ | 29 | 41 | 55 |
| Declined to State | | 0 | NA |
| Not recorded /Field left blank | | 0 | NA |
| Clients Race | | | |
| American Indian or Alaska Native | | 2 | 2 |
| Asian | | 4 | 4 |
| Black or African American | | 0 | 0 |
| Native Hawaiian or other Pacific Islander | | 0 | 0 |
| White (includes Non-Hispanic/Latino) | 29 | 29 | 43 |
| Other (Includes Hispanic/Latino) | | 5 | 5 |
| More than one race | | 1 | 1 |
| Declined to State | | 0 | 0 |
| Race not recorded /Field left blank | | 2 | 0 |
| Clients Ethnicity | | | |
| Hispanic or Latino | | | |
| Caribbean | | 0 | 0 |
| Central American | | 0 | 0 |
| Mexican/Mexican American/Chicano | | 5 | 5 |
| Puerto Rico | | 0 | 0 |
| South American | | 0 | 0 |
| Other | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 2 | 0 |
| Non-Hispanic or Non-Latino | | | |
| African | | 0 | 0 |
| Asian Indian/South Asian | | 1 | 3 |
| Cambodian | | 0 | 0 |
| Chinese | | 1 | 1 |
| Eastern European | | 0 | 5 |
| European | | 4 | 7 |
| Filipino | | 0 | 0 |
| Japanese | | 1 | 1 |
| Korean | | 0 | 0 |
| Middle Eastern | | 1 | 1 |
| Vietnamese | | 0 | 0 |
| Other | | 0 | 0 |
| More than one ethnicity | | 0 | 0 |
| Declined to state ethnicity | | 0 | 0 |
| Not recorded/Field left Blank | | 2 | 32 |
| Clients Served by Language Requested for Written Communication | | | |
| English | 29 | 39 | 55 |
| Spanish | | 2 | 0 |
| Russian | | 0 | 0 |

| | | | |
|---|---|---|---|
| Other (Not a county threshold language) | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Language Requested for Spoken Communication | | | |
| English | 29 | 39 | 55 |
| Spanish | | 2 | 0 |
| Russian | | 0 | 0 |
| Other (Not a county threshold language) | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Sexual Orientation | | | |
| Gay or Lesbian | | 1 | 0 |
| Heterosexual or Straight | 24 | 38 | 54 |
| Bisexual | | 0 | 0 |
| Questioning or unsure of sexual orientation | | 0 | 0 |
| Queer | | 0 | 0 |
| Another Sexual Orientation | | 0 | 0 |
| Declined to State | 5 | 2 | 1 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served with Physical or Mental Impairment (Disability) Not a Result of Severe Mental Illness | | | |
| Yes, Disability Indicated | 11 | 34 | 40 |
| Communication Domain: Difficulty Seeing | 2 | 13 | 7 |
| Communication Domain: Difficulty hearing or having speech understood | 2 | 10 | 8 |
| Communication Domain: Other | | 0 | 0 |
| Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia) | | 12 | 16 |
| Physical Mobility Domain: Physical or mobility issue | 10 | 15 | 19 |
| Chronic Health Condition: including but not limited to chronic pain | 7 | 9 | 12 |
| Other Disability: | 3 | 0 | 0 |
| No, Not disabled | | 5 | 6 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | 15 | 2 | 0 |
| Clients Served by Sex Assigned at Birth | | | |
| Males | 5 | 11 | 16 |
| Females | 24 | 29 | 39 |
| Declined to State | | 1 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Gender Current Gender Identity | | | |
| Male | 5 | 11 | 16 |
| Female | 24 | 30 | 39 |
| Transgender | | 0 | 0 |
| Genderqueer | | 0 | 0 |
| Questioning or unsure of gender identity | | 0 | 0 |
| Another Gender Identity | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Veterans Status | | | |
| Yes, Veteran | | 3 | 10 |
| No, Not Veteran | 29 | 38 | 45 |
| Declined to State | | 0 | 0 |
| Not Applicable: Minor exempt from answering this question | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by City of Residence | | | |

| | | | |
|---|---|---|---|
| Brooks | | 0 | 0 |
| Clarksburg | | 0 | 0 |
| Davis | 19 | 16 | 23 |
| Dunnigan | | 0 | 0 |
| Esparto | | 1 | 1 |
| Guinda | | 0 | 0 |
| Knights Landing | 4 | 1 | 1 |
| Madison | | 0 | 0 |
| Sacramento [board and care] | | 0 | 0 |
| West Sacramento | | 6 | 6 |
| Winters | | 0 | 0 |
| Woodland | 6 | 17 | 24 |
| Yolo | | 0 | 0 |
| Yolo County Unincorporated areas | | 0 | 0 |
| Homeless | | 0 | 0 |
| Out of County | | 0 | 0 |
| Declined to State | | 0 | 0 |
| Not recorded/Field left Blank | | 0 | 0 |
| Clients Served by Relationship to Mental Health | | | |
| Mental Health Client/Consumer | 11 | 19 | 26 |
| Family Member of Mental Health Client/Consumer | 2 | 0 | 3 |
| Not Applicable | 13 | 22 | 26 |
| Prefer Not to Answer | 3 | 0 | 0 |
| Outreach | | | |
| Number of outreach Events Held/Attended | 19 | 18 | 18 |
| Outreach Participant Demographics | | | |
| Total Outreach Participants | 42 | 28,668 | 2,140 |
| Outreach Setting | | | |
| Church | | 0 | 0 |
| Clinic | | 2 | 0 |
| Cultural Organization | | 2 | 0 |
| Faith-Based Organization | | 0 | 0 |
| Family Resource Center | | 0 | 0 |
| Law Enforcement Departments | | 0 | 0 |
| Library | | 0 | 0 |
| Mental/Behavioral Health Care | | 0 | 0 |
| Other | 19 | 5 | 2 |
| Primary Health Care | | 0 | 3 |
| Public Transit Facility | | 0 | 0 |
| Recreation Center | | 1 | 2 |
| Residence | | 2 | 2 |
| School | | 1 | 3 |
| Senior Center | | 5 | 6 |
| Shelter | | 0 | 0 |
| Substance Use Treatment Location | | 0 | 0 |
| Support Group | | 0 | 0 |
| Number of Individuals Referred to Treatment | | | |
| Total Participants Referred | | 0 | 21 |
| Total SMI Participants Referred | | 0 | 0 |
| Kind of Treatment to which participants were referred | | | |
| Behavioral/Mental Health | | 0 | 21 |
| Substance Use Treatment | | 0 | 0 |
| Both Behavioral/Mental Health and Substance Use Treatment | | 0 | 0 |
| Treatment/Program Client was Referred To | | | |
| North American Mental Health Svcs. | 1 | | 5 |
| Northen Valley Indian Health | | | 5 |
| CommuniCare Behavioral Health | | | 2 |

| | | | |
|---|---|---|---|
| UCD Dept. of Psychiatry | | | 3 |
| Kaiser Behavioral Health | | | 3 |
| Sutter Behavioral Health | | | 2 |
| Yolo County Mental Health | | | 4 |
| Empower Yolo | | | 2 |
| NAMI | | | 4 |
| Yolo Para Transit | | | 13 |
| Odd Fellows Sr Helper | | | 4 |
| Family Caregiver Alliance | | | 5 |
| PANC Association | | | 2 |
| Assisted Living Waiver Program | | | 4 |
| Meals on Wheels | | | 10 |
| Yolo Healthy Aging Alliance | | | 11 |
| Del Oro Caregiver Resource Center | | | 16 |
| Resources for Independent Living | | | 12 |
| Northern California Legal Services | | | 7 |
| Veteran's Services | | | 2 |
| Yolo County Housing & CHOC | | | 6 |
| Society of the Blind | | | 7 |
| Yolo Conflict Resolution Center | | | 2 |
| Davis Community Transit | | | 4 |
| 211 | | | 5 |
| West Sacramento Sr. Center | | | 5 |
| Davis Senior Center | | | 6 |
| Medi-Cal | | | 5 |
| Yolo Adult Day Health Center | | | 1 |
| Yolo Children's Alliance | | | 2 |
| Esparto Senior Center | | | 2 |
| Via West Sacramento | | | 4 |
| HEAP | | | 3 |
| YoloCares Center for Caregiver Support | | | 2 |
| YoloCares Center for Loss & Hope | | | 6 |
| Eskaton Phone Reassurance Program | | | 2 |
| Multipurpose Senior Services Program | | | 4 |
| UCD Health Aging Clinic | | | 1 |
| American Lutheran Church for DME | | | 3 |
| Thriving Pink | | | 2 |
| Alzheimer's Association | | | 2 |
| HICAP | | | 1 |
| Kiwanis Handy Helper program | | | 3 |
| Blind and Talking Book Library | | | 4 |
| Outa Sight Group | | | 3 |
| IHSS | | | 5 |
| RISE Senior Program | | | 1 |
| California Connect free phone program | | | 3 |
| North coast Energy Svcs. | | | 2 |
| Al-Anon | | | 1 |
| Teens Helping Seniors Program | | | 10 |
| CA Friendship Line | | | 2 |
| Adult Day Program | | | 1 |
| Other | | | 5 |
| Treatment Follow Through | | | |
| Participants who followed through on referral and engaged in treatment | | NA | 8 |
| Participants who did not engage in treatment to which they were referred. | | NA | 11 |
| Participants for which referral engagement data is not available. | | NA | 2 |

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

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

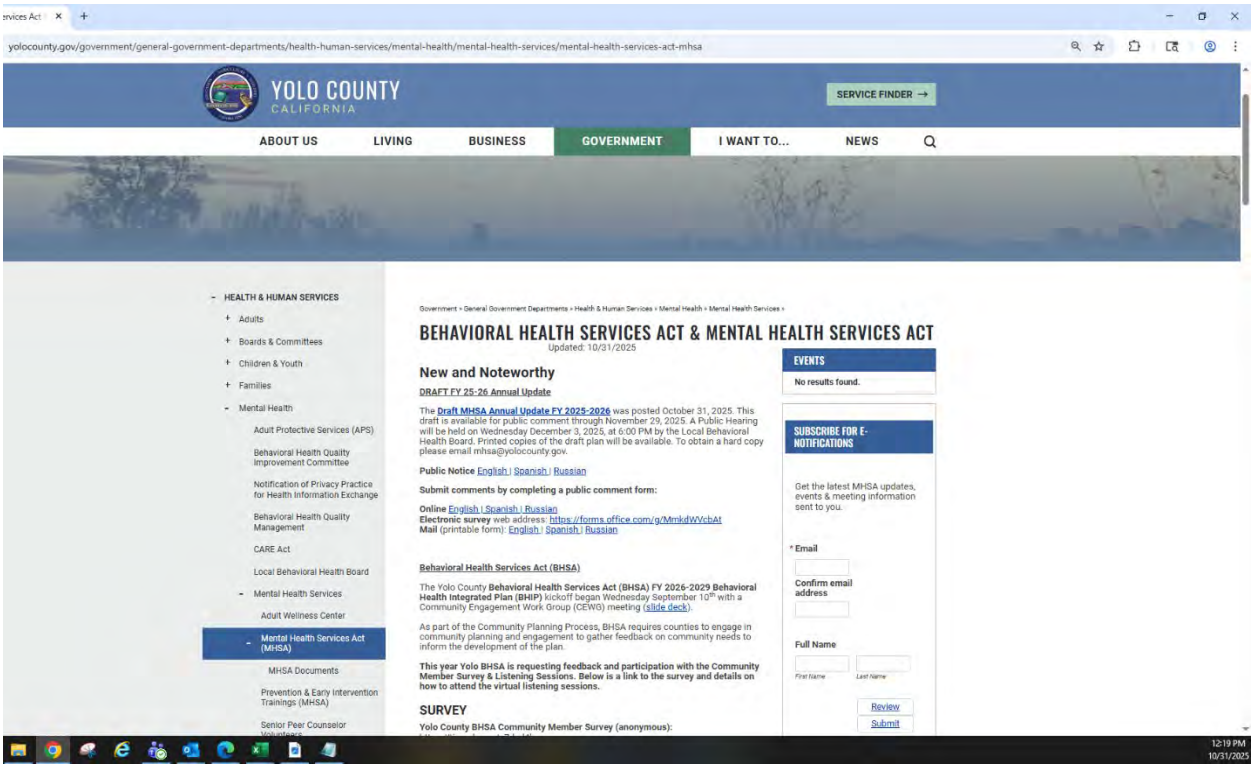
- Successfully onboarded (5) female SPC clients, including (1) who is currently residing in a motel due to housing instability.
- Successfully onboarded (4) new SPC volunteers.
- Successfully paired (7) SPC volunteers with SPC Clients.
- Updated SPC outreach materials to include brochures, flyers and postcards.
- Coordinated with Resources for Independent Living to support SPC clients with disabilities in West Sacramento to make their homes more accessible.
- Coordinated with 'Teens Helping Seniors' Program through Woodland Community & Senior Center to assist SPC clients in Woodland with chores around their home and yards during June-August 2024.
- Coordinated with Joy Cohen, Director of Meals On Wheels (MOW) Yolo County, to distribute 840 SPC flyers (in English & Spanish) to their Senior MOW home delivered meal recipients in July 2024. Additionally, arranged to share information about SPC in person with their Café Yolo participants at the Davis and Woodland Senior Centers in August 2024.
- Coordinated with Senta Lee, Recreation Assistant at West Sacramento Community & Senior Center, to sponsor and attend their Ice Cream Social Event on August 28, 2024, and present information about the SPC Program and publish information about the SPC program in their Senior Newsletter.
- Coordinated with Juliane Crowley, Director at UC Davis Retiree Center, to connect with UC Davis Retirees via their newsletter and events to recruit new SPC volunteers and SPC clients.
- Coordinated with Gil Walker, President of California Retired Teachers Association, Division 83, to connect with retired teachers via their newsletter and events to recruit new SPC volunteers and SPC clients.
- Met with Yolo Healthy Aging Alliance (YHAA) new Outreach Coordinator, Faye Turner, to discuss our partnership and outreach opportunities for SPC.
- Certified SPC Volunteers in Healthy Handwashing Protocol to reduce the spread of infectious diseases.
- Received SPC client referrals from UC Davis Psychiatry Dept. and Yolo Healthy Aging Alliance (YHAA) with whom we collaborate.

| |
|---|
| • Attended (4) outreach events: Northern Valley Indian Health Community Health Fair in Woodland, Senior Resource Fair at West Sacramento Community & Senior Center, Senior Resource Fair at Woodland Community & Senior Center, and Yolo Juneteenth Celebration at UC Davis.<br>• Coordinated with Jorge Cervantes, Outreach Specialist, with Yolo County Yolo Health & Human Services Agency, to present Mental Health First Aid (MHFA) Training on April 22, 2024, for SPC volunteers.<br>• Participated in ongoing collaboration with YoloCares *Life Transitions Project* Community Outreach Team to increase diversity in the SPC program. |
| • What were some of the challenges or barriers this program encountered in the previous quarter? |
| • It continues to be a challenge to find SPC volunteers willing to travel to remote areas of Yolo County such as West Sacramento, Esparto, and Knight's Landing.<br>• The SPC client demand continues to be larger than the trained and available SPC volunteer pool. SPC Volunteer recruitment will continue to be an ongoing effort into the next fiscal year, especially in West Sacramento and rural parts of Yolo County.<br>• As our SPC clients move to our Palliative Care and Hospice programs for medical support their SPC volunteers continue to visit them; however, the way our program is currently structured, these SPC volunteer hours are not counted. |
| • Did you partner with other departments/providers to implement or deliver this program in the previous quarter? If yes, who? |
| • YoloCares' Patient Access, Medical Records, and Volunteer Department have remained consistent through the SPC client and volunteer onboarding process.<br>• Collaboration with YoloCares' Galileo Place Adult Day Program & Saturday Club continues to increase support for SPC clients and their families.<br>• Ongoing collaboration with YoloCares *Life Transitions Project* Community Outreach Team ensures the SPC program is increasing its diversity.<br>• Collaboration with Resources for Independent Living, 'Teens Helping Seniors' Program, Yolo County Meals on Wheels, West Sacramento Community & Senior Center, UC Davis Retiree Center, California Retried Teachers Association, Yolo Healthy Aging Alliance, and Yolo Health & Human Services Agency helps strengthen the SPC program.<br>• Coordinated with UC Davis Psychiatry and Yolo Healthy Aging Alliance for recruitment of SPC clients coping with health and mental health challenges. |
| • What are the key activities you expect this program to achieve in the following quarter? |
| • Increase the number of SPC volunteers to meet the demands of SPC clients, including those located in West Sacramento and Esparto, by attending outreach events at West Sacramento Community & Senior Center, Meals on Wheels Café Yolo, UC Davis Retirees, and California Retired Teachers Association.<br>• Increase the number of SPC clients by including SPC flyers in 840 Meals On Wheels delivered meals to recipients throughout Yolo County many of whom are home-bound and isolated.<br>• Focus on support and education for SPC volunteers through monthly meetings and trainings.<br>• Collaborate with the *Life Transitions Project* for culturally diverse outreach events including gatherings hosted by Native communities.<br>• Maintain current clients by providing social and mental health support through SPC volunteer visits and providing community resources as needed.<br>• Continue to collaborate with HOPE Cooperative and Yolo County Mental Health to serve seniors who may benefit from SPC Program. |
| Are the program's services and activities to change in the following quarter? If so, how? |
| Services and activities are not expected to change. |

# APPENDIX D. Documentation and Information Resources

# Yolo County MHSA Website

## Posting October 31, 2025



# 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 2025-2026*

**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 October 31, 2025 and ends at 5:00 p.m. on Saturday November 29, 2025.** Interested persons may provide comments during this timeline either online https://forms.office.com/g/MmkdWVcbAt 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 2025-2026.

II. **A PUBLIC HEARING will be held by the Yolo County Local Behavioral Health Board on Wednesday, December 3, 2025, at 6:00 PM.** Information will be published in advance of the meeting and listed on the Local Behavioral Health Board event listing found here.

III. **To review the MHSA Draft Plan for FY 2025-2026**, 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 2025-2026, 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 November 14, 2025.

# 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 2025-2026

**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 31 de octubre de 2025 y termina a las 5:00 PM al sábado 29 de noviembre, 2025.** Las personas interesadas pueden proporcionar comentarios durante este plazo, ya sea en línea https://forms.office.com/g/MmkdWVcbAt 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 2025-2026.

II. **La Junta Local de Salud Conductual de Yolo llevará a cabo una AUDIENCIA PÚBLICA el miércoles 3 de diciembre de 2025 a las 6:00 p. m.** La información de la llamada se publicará antes de la reunión y se incluirá en la lista de eventos de la Junta, que está disponible aquí.

III. **Para revisar el borrador de la Actualización de la MHSA para el año fiscal 2025-2026** 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 2025-2026. 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 14 de noviembre de 2025.

# 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

*Ежегодная актуализация MHSA на 2025-2026 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 31 октябрь 2025 г. и заканчивается в 5:00 PM в суббота 29 ноябрь 2025 г.** Заинтересованные лица могут направлять комментарии в указанный срок по Интернету https://forms.office.com/g/MmkdWVcbAt 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 MHSA на 2025-2026 финансовый год.

II. **ОБЩЕСТВЕННЫЕ СЛУШАНИЯ будут проводиться местным советом по психическому здоровью округа Йоло в Среда 3 декабрь 2025 г. в 6:00 PM** в который можно найти здесь.

III. **Чтобы ознакомиться с проектом MHSA на 2025-2026 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 2025-2026 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 14 ноябрь 2025 г.

**Woodland Daily Democrat**
c/o Legals 57 Commerce Place, Suite A
Vacaville, CA 95687
530-406-6223
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YOLO COUNTY HEALTH & HUMAN SERVICES AGENCY (HHSA)
137 N COTTONWOOD ST.
WOODLAND, CA 95695

# PROOF OF PUBLICATION
## (2015.5 C.C.P.)

STATE OF CALIFORNIA
COUNTY OF YOLO

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:

**11/12/2025, 11/15/2025**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Woodland, California, this
17th day of November 2025

*(Signature)* Melanie Irmer

Legal No. **0006932058**

Notice is hereby given: the 30-Day Public Review and Comment Period pertaining to the Draft Mental Health Services Act (MHSA) Annual Update Plan FY 2025-2026 began Friday October 31, 2025; the draft plan and comment link & forms are posted on the MHSA page of the Yolo County Website at www.yolocounty.gov/mhsa. The Draft Plan is available for public comment and review until 5:00 PM on Saturday November 29, 2025; all interested stakeholders are encouraged to submit comments. A public hearing will be held by the Yolo County Local Behavioral Health Board on Wednesday, December 3, 2025, at 6:00 PM. Information will be published in advance of the meeting and listed on the Local Behavioral Health Board event listing page. After final revisions, the MHSA Plan will be presented to the Yolo County Board of Supervisors in December 2025. Questions? Email MHSA@yolocounty.gov.

# COUNTY OF YOLO

## Local Behavioral Health Board

137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8940 • www.yolocounty.org



# Local Behavioral Health Board Meeting

**Date:** Wednesday, December 3, 2025, 6:00 PM–8:00 PM
**Location:** 25 N Cottonwood Street, Woodland-Gonzales Community Room

**Hybrid Option through ZOOM:**
https://yolocounty.zoom.us/j/89892306900
**(Public meetings are recorded and posted for public access)**

*All items on this agenda may be considered for action.*

**LMHB CALL TO ORDER----------6:00 PM – 6:30 PM**

1. PUBLIC COMMENT: Members of the public are welcome to speak, either in person or over Zoom. Speakers are not required to identify themselves. In compliance with the Brown Act, no action or discussion will be undertaken on any item raised during the public comment period. Board members may ask for clarification, refer concerns to staff, and/or request that an item be placed on a future agenda. There will be multiple opportunities for public comment throughout this meeting.
2. Approval of Agenda
3. Approval of minutes from 10-15-2025
4. Chair Report
   a. Welcome HHSA Director Monica Morales
   b. Welcome New Board Member-Kenya Gallo
   c. Farewell-Maria Simas
5. Member Announcements
6. Correspondence

**TIME SET AGENDA ----------6:30 PM – 6:50PM**

7. Public Guardian Presentation SB 43 Update-Laurie Haas
   - Public Comment on Presentation

**PUBLIC HEARING ----------6:50 PM – 7:30 PM**

8. Yolo County Draft MHSA Annual Update FY 2526
   - Board Response
   - Public Response

**REGULAR AGENDA ----------7:30 PM – 7:55 PM**

9. PUBLIC COMMENT
10. Behavioral Health Director's Report: Tony Kildare
    A. Leadership Transition
    B. MHSA Annual Update
    C. Behavioral Health Services Act (BHSA)-Community Planning Process
    D. Crisis Now Update
    E. Adult Full Service Partnership (FSP) Update
    F. Current Request for Proposals (RFPs)
    G. Community Assistance Recovery and Empowerment (CARE) Act Implementation Update
    H. Children's System of Care Update
    I. SB 43 Update
    J. Complaints and Grievances
    K. Prop 47 Grant Update
11. Board of Supervisors Report: Oscar Villegas & Lucas Frerichs or their representatives
12. Ad Hoc Committee Reports
    - 2026 Site Visit Planning Ad Hoc Committee: Chair-Nithya Ganthi
    - 2025 Annual Report Ad Hoc Committee: Chair-Kimberly Myra Mitchell
13. PUBLIC COMMENT

**PLANNING AND ADJOURNMENT ---------- 7:55PM – 8:00 PM**

14. Future Meeting Planning and Adjournment

## Next Meeting Date and Location

January 7th, 2025-Community Room, Gonzales Building, Woodland CA

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, November 28th, 2025. Christina Grandison Local Behavioral Health Board Administrative Support Liaison Yolo County Health and Human Services

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.