

MHSA OUTCOMES



Jenkinson Lake, Pollock Pines, CA

**EL DORADO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
OUTCOMES
FY 2023-24 YEAR END RESULTS**

REPORTED WITH THE FY 2025-2026 MHSA Annual Update

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Community Services and Supports (CSS) Projects

Introduction

Community Services and Supports (CSS) Projects provide direct services to adults and children who have a severe mental illness (adults) or serious emotional disturbance (children) who meet the criteria for receiving Specialty Mental Health Services as set forth in WIC Section 5600.3.

This Outcome Measures Report accompanies the Fiscal Year 2024/25 MHSA Annual Update and provides outcome information for the projects included in the Fiscal Year 2023-24 – 2025-26 MHSA Three-Year Program and Expenditure Plan.

MHSA programs represent only a portion of the Specialty Mental Health Services provided by the BHD. Non-MHSA funded services are not reported in this document.

Full Service Partnership (FSP) Program

Children's Full Service Partnership Project

Providers: CASA El Dorado, West Slope
New Morning Youth and Family Services, West Slope
Sierra Child and Family Services, West Slope and South Lake Tahoe
Stanford Youth Solutions, West Slope and South Lake Tahoe
Summitview Child & Family Services, West Slope

Project Goals

- Reduce out-of-home placement for children
- Safe and stable living environment
- Strengthen family unification or reunification
- Improve coping skills
- Reduce at-risk behaviors
- Reduce behaviors that interfere with quality of life

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$1,882,718	\$3,997,440	\$6,809,961
Total Expenditures	\$ 3,512,861	\$ 4,228,308	\$5,604,356
Unduplicated Individuals Served		542	737
Cost per Participant	\$	\$7,801	\$7,604
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)		443	530
16-25 (transitional age youth)		99	207
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0		0

Gender	FY 2021-22	FY 2022-23	FY 2023-24
Female	269	286	370
Male	222	256	367
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	97	111	145
Placerville Area	170	207	247
North County	24	33	54
Mid County	68	70	80
South County	15	21	28
Tahoe Basin	106	84	160
Unknown or declined to state	0	0	0
Out of County	11	16	23
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	14	8	6
Asian	9	5	6
Black or African American	11	17	13
Caucasian or White	282	184	205
Native Hawaiian or Other Pacific Islander	4	4	2
Other Race	83	83	82
Unknown or declined to state	88	282	423

Ethnicity	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino	46	42	38
Other Hispanic / Latino	37	27	48
Not Hispanic	162	160	184
Unknown or declined to state	246	313	467
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
English	343	348	492
Spanish	20	19	37
Other Language	1 *ASL	0	0
Unknown or declined to state	127	175	208

In 2020, EDC Behavioral Health began using the Pathways to Wellbeing checklist (see below) to determine what program a minor would be most appropriately served through. Most minors assessed met criteria for Pathways to Wellbeing services, which are best provided through MHSA's FSP programs - thus increasing the number of children served by MHSA.

Eligibility for Pathways to Wellbeing and Katie A. Subclass Services

Name:	Avatar #:
Date Determination Made:	Assessing Clinician:
Provider: <input type="checkbox"/> Sierra <input type="checkbox"/> Summitview <input type="checkbox"/> New Morning <input type="checkbox"/> Stanford <input type="checkbox"/> Charis	

1. Child/youth meets medical necessity criteria for Specialty Mental Health services (SMHS)

☐Yes ☐No

2. Child/youth is eligible for full-scope Medi-Cal

☐Yes ☐No

3. Child/youth is under the age of 21

☐Yes ☐No

4. Child/youth meets at least one of the criteria below:

☐Yes ☐No

- ☐ Are currently in or being considered for Wraparound, TFC, TBS, STRTP, or has specialized care rate due to behavioral health needs
- ☐ Has experienced two or more hospitalizations in the last 12 months or has had two or more ER visits in the last 6 months due to primary mental health conditions
- ☐ Has experienced three or more placements within 24 months due to behavioral health needs
- ☐ Age 0-5 and more than 1 psychotropic medication or more than 1 mental health diagnosis
- ☐ Age 6-11 and more than 2 psychotropic medications or more than 2 mental health diagnoses
- ☐ Age 12-17 and more than 3 psychotropic medications or more than 3 mental health diagnoses
- ☐ Has been discharged within 90 days from, currently reside in, or are being considered for placement in a psychiatric hospital or 24-hour mental treatment facility
- ☐ Has been detained pursuant to W&I code 601 and 602, primarily due to mental health needs
- ☐ Has been reported homeless within the prior six months
- ☐ Are involved with two or more child-serving systems, including, but not limited to: child welfare system, special education, juvenile probation, drug & alcohol, other HHSA or legal system

5. Child/youth has an open Child Welfare Services Case (including voluntary)

☐Yes ☐No

ELIGIBILITY DETERMINATION

A. Child/youth meets criteria for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) through Pathways to Well-Being services, if:

- Answers to items 1-4 are YES

☐ **Eligible for ICC and IHBS services through Pathways to Well-Being services**

OR

B. Child/youth meets criteria for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) through membership of the Katie A Subclass, if:

- Answers to items 1-4 are YES **AND**
- Answer to item 5 is YES

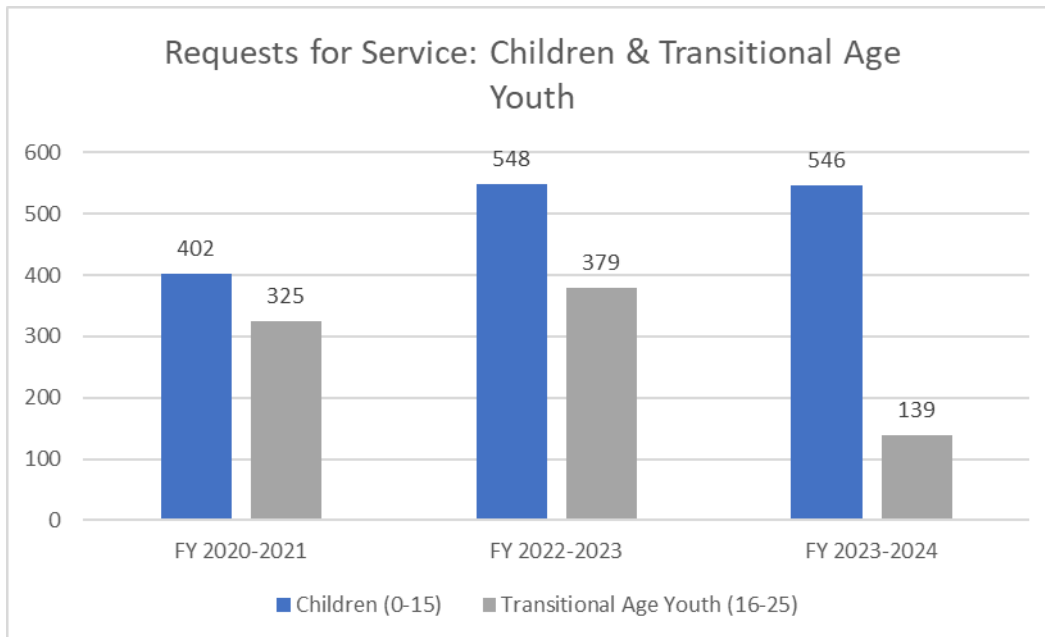
☐ **Eligible for ICC and IHBS services through membership of the Katie A. Subclass**

OR

C. Answers to 1, 2, 3, **OR** 4 are NO

☐ **Not Eligible for ICC and IHBS services**

Submit completed form to El Dorado County Behavioral Health Fax: (530) 303-1526 or email to Access Program Coordinator



Outcome Measures: Children's FSP

Measurement 1: Days of Psychiatric Hospitalization

Children's FSP and Enhanced Foster Care	FY 2021-22	FY 2022-23	FY 2023-24
Children Enrolled in this Program:			
<i>Unduplicated Children Served</i>	491	641	522
<i>Unduplicated Children Hospitalized</i>	6	13	14
<i>Number of Hospitalizations</i>	7	18	16
<i>Average Length of Stay</i>	19.1 days	5.9 days	6.3 days
All El Dorado County Children Medi-Cal Beneficiaries (under age 18 whether receiving Specialty Mental Services or not):			
<i>Unduplicated Children Hospitalized</i>	48	37	48
<i>Number of Hospitalizations</i>	63	52	63
<i>Average Length of Stay</i>	8.8 days	8.7 days	6.5 days

Measurement 2: School Attendance

School attendance data is collected using the State's Key Event Tracking (KET), which records changes that occur in a client's status as it relates to housing, employment, education, and entry/exit from a psychiatric hospital, emergency department or jail/juvenile hall. KET data is collected and stored in the State's Data Collection Reporting (DCR) Systems. DCR data was unavailable at the time of publishing.

Measurement 3: Results of CANS-50 and PSC-35

The Behavioral Health Division uses the CANS-50 assessment and PSC-35 screening tool as required by the Department of Health Care Services. However, the Division currently does not have a method of aggregating results for either tool.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$20,000	\$20,000	\$23,000
Total Expenditures	\$20,000	\$20,000	\$23,000
Unduplicated Individuals Served	205	188	176

Annual Report FY 2023-24**Implementation**

Serving as sworn officers of the Court, our Court Appointed Special Advocates (CASAs) are assigned to children experiencing abuse, neglect and/or violence. We establish a caring and consistent relationship with the child, which is essential to building resiliency against adverse childhood experiences (ACES).

Our agreement with El Dorado County MHSA stipulates that we recruit, train, supervise and assign court-appointed volunteers to advocate on behalf of children and at-risk youth, with the goal of positively impacting the lives of foster care children. These services were successfully delivered through this reporting period. As of today, we have a waiting list of seventeen children. Program enhancements to help achieve effective services to nearly all children in need of an advocate include:

1. Adding a part-time outreach/recruiter position;
2. Increasing outreach and advocate recruitment efforts significantly; including a stronger presence in South Lake Tahoe, twenty four outreach events over the past six months throughout the entire County, and a flyer campaign for advocate outreach throughout the Western Slope;
3. Comprehensive services to better support children by supporting their families;
4. Assigning a staff member to advocate and serve all eligible youth in the juvenile justice system;
5. Consistent staffing to help provide seamless services and support to our advocates and the children we serve;
6. Strengthening partnerships with community partners.

Improved Mental Health for Foster Care

It is our honor to help build resiliency against trauma and improve mental health by providing a CASA to foster youth. Nationwide, approximately 80% of foster youth suffer from mental health issues, in comparison to an estimated 20% of children not in foster youth. Factors contributing to this disparity are

childhood trauma and adverse childhood experiences, frequently changing living situations, broken community and family relationships, and inconsistent access to mental health services. American Academy of Pediatrics, Healthy Foster Care American Initiative, identifies mental and behavioral health as the "greatest unmet health need for children and teens in foster care." The American Academy of Pediatrics also tells us that mental and behavioral health may significantly improve with the presence of at least one nurturing, responsive adult, who is stable in the child's or teen's life over time. CASA El Dorado provides that stable adult. We assigned children with a one-to-one relationship for the duration of the case. The relationship established between a CASA youth and their advocate often carry over as a long-term mentorship and continued stable, trusted adult long past when a child's case closes. When a foster youth has a CASA, he or she is connected with and have more services ordered by the court; half as likely to reenter the foster care system; slow or stop the pass-down of inter-generational trauma; not re-experience abuse and neglect.

Progress

During this reporting period, CASA served 176 children with Advocates. Funding from MHSA, are used to directly fund a portion of the hours of one of our Senior Program Managers, who provides management, direction, and oversight to our CASAs. This position executes monthly continuing education classes for our advocates, assures volunteers comply with all rule of Court, suggests appropriate resources for the children we serve, case conferences with parties involved with cases and assures that volunteers comply with record keeping and other duties.

In addition to this service, CASA El Dorado also provides advocates to Juvenile Justice Youth, and Family Coaches to parents at-risk of having their children removed. These two evolving programs help create more stability for more children, which in-turn, helps stabilize homes and builds a foundation for a healthier future for the children in these cases. Both of these programs are currently funded by alternate funding.

Cultural & Linguistic Considerations

We pride ourselves in assigning the "right" advocate for each case. Our volunteers and team reflect the overall demographics of El Dorado County. We train all volunteers on cultural competency, as it is a necessary tool to effectively serving a child and family. Cultural and linguistic compatibility are components considered at case assignment. We have one bi-lingual in Spanish and English team member, as well as access to a professional language line to help with interpretation when necessary.

Collaboration

CASA El Dorado is a willing collaborator with any and all local partnering agencies to help provide the most efficient and effective services in support of our CASA youth. We most frequently collaborate with El Dorado County Health and Human Services, Child Welfare; El Dorado County Probation; El Dorado County Superior Court; Unity Care; El Dorado County Office of Education; Sierra Child and Family Services; Summitview; and Live Violence Free.

Additionally, several of our continuing education events include presentations by partnering agencies. We subscribe to the idea that in collaboration and team work, we can most effectively serve our children.

Program Expenditures

Expenditure	Amount	MHSA Grant
Staff Salaries, Taxes, Benefits	\$673,796	\$20,000
Recruiting, Training, Advocacy Support	\$30,424	
Travel	\$3,750	
Rent, Utilities, etc.	\$35,951	
Legal, Professional	\$13,540	
Insurance	\$13,813	
Postage, other	\$7908	
Volunteer Hours (in kind)	\$186,488	
Total	\$965,670	\$20,000

Transitional Age Youth (TAY) Full Service Partnership

Providers: El Dorado County HHSA, Behavioral Health Division, South Lake Tahoe;
Sierra Child and Family Services, West Slope

Project Goals

- Decreased days of homelessness, institutionalization, hospitalization, and incarceration
- Safe and adequate housing
- Increased access to and engagement with mental health services
- Increased use of peer support resources
- Increased connection to their community
- Increased independent living skills

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget – Total	\$334,350	\$403,200	\$499,859
Total Expenditures	\$71,623	\$321,136	\$147,876
Unduplicated Individuals Served	53	65	37
Cost per Participant	\$1,351	\$4,941	\$3,996

Data for FY 2021-22 and 22-23 includes those served directly by the County through its TAY FSP and Mental Health Block Grant First Episode of Psychosis (FEP) programs, as well as those served by its contracted FEP provider, Sierra Child and Family Services.

Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	53	65	36
26-59 (adult)	0	0	1
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0
Gender	FY 2022-23	FY 2023-24	

Female	21	25
Male	10	12

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	9	7	15
Placerville Area	27	40	14
North County	3	3	2
Mid County	7	7	0
South County	2	2	0
Tahoe Basin	3	3	2
Unknown or declined to state / out of county	2	3	4
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	1	0	0
Asian	1	3	0
Black or African American	1	5	1
Caucasian or White	15	26	18
Native Hawaiian or Other Pacific Islander	0	1	0
Other Race	2	10	4
Unknown or declined to state	11	20	14
Ethnicity	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino	2	4	1
Other Hispanic / Latino	2	8	2

Not Hispanic	27	25	16
Unknown or declined to state	22	28	18
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
English	44	54	29
Spanish	1	1	0
Other Language		0	0
Unknown or declined to state	7	10	8

Outcome Measures: TAY FSP Project

Measurement 1: *Key Event Tracking (KET) – KET data tracks changes that occur in a client’s status as it relates to housing, employment, education, as well as entry/exit from a psychiatric hospital, emergency department or jail/juvenile hall*

Outcomes for Measurement 1 comes from data that is collected by the Data Collection Reporting (DCR) Systems, a database maintained by the State. DCR data was unavailable at the time of publishing.

Measurement 2: *Number of Clients Graduating from Specialty Mental Health Services*

See Measurement 5.

Measurement 3: *Education Attendance and Performance*

Outcomes for Measurement 3 comes from data that is collected by the Data Collection Reporting (DCR) Systems, a database maintained by the State. DCR data was unavailable at the time of publishing.

Measurement 4: *Number of Days of Homelessness/Housing Stability*

Outcomes for Measurement 4 comes from data that is collected by the Data Collection Reporting (DCR) Systems, a database maintained by the State. DCR data was unavailable at the time of publishing.

Measurement 5: Continued Engagement in Mental Health Services

Participants	FY 2021-22	FY 2022-23	FY 2023-24
Unique Clients	31	65	33
Total FSP Episodes	32	66	37
FSP Episodes Opened:			
Total FSP Episodes Opened	32	38	20
<i>New/Returning Client</i>		35	15
<i>Changed Program (same level of services)</i>		1	1
<i>Decreased Level of Services</i>		0	3
<i>Increased Level of Services</i>		2	0
FSP Episodes Closed:			
Total FSP Episodes Closed	19	40	25
<i>Graduated / Exited Services</i>		33	25
<i>Changed Program (same level of services)</i>		3	
<i>Decreased Level of Services</i>		4	3
<i>Increased Level of Services</i>		0	0

Measurement 6: Results of CANS-50/ANSA/PSC-35

The Behavioral Health Division uses the CANS-50 assessment and PSC-35 screening tool as required by the Department of Health Care Services. However, the Division currently does not have a method of aggregating results for either tool. The ANSA assessment tool is no longer utilized by the Division.

Adult Full Service Partnership

Providers: El Dorado County Health and Human Services Agency, Behavioral Health Division
Summitview Child and Family Services (for operation of an Adult Residential Facility)

Project Goals

- Reduction in institutionalization
- People are maintained in the community
- Services are individualized
- Work with clients in their homes, neighborhoods and other places where their problems and stresses arise and where they need support and skills
- Team approach to treatment

Numbers Served and Cost

Costs for this project include both the Adult Residential Facility (ARF) and the Intensive Case Management (ICM) team. The ICM team brings individuals who have been placed in an out-of-county residential facility back to El Dorado County for continued treatment, providing the necessary support so that the client may successfully return to community living. These FSP clients require significant staff support and as such the client-to-clinician ratio is low.

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$6, 397,230	\$6,001,920	\$7,499,536
Total Expenditures	\$3,088,065	\$4,480,181	\$3,815,476
Unduplicated Individuals Served	184	186	166
Cost per Participant	\$16,783	\$24,087	\$22,984
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	18	12	7
26-59 (adult)	147	140	131
Ages 60+ (older adults)	19	34	28
Unknown or declined to state	0	0	0

Gender	FY 2021-22	FY 2022-23	FY 2023-24
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Female	90	75	71
Male	94	111	95
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	16	16	17
Placerville Area	79	96	76
North County	5	6	5
Mid County	17	12	11
South County	6	3	5
Tahoe Basin	41	35	38
Out of County	19	17	14
Unknown or declined to state	1	1	0
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	1	5	2
Asian	5	3	3
Black or African American	6	7	6
Caucasian or White	145	135	127
Native Hawaiian or Other Pacific Islander	1	0	0
Other Race	10	11	9
Unknown or declined to state	16	20	19

Ethnicity	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino	5	4	3
Other Hispanic / Latino	6	10	6
Not Hispanic	143	137	119
Unknown or declined to state	30	35	38
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
English	170	172	155
Spanish	2	2	1
Other Language	3	2	3*
Unknown or declined to state	9	10	7

*1 American Sign Language, 1 Mandarin 1 Other Non-English

Outcome Measures: Adult FSP

Measurement 1: *Key Event Tracking (KET) - KET data tracks changes that occur in a client's status as it relates to housing, employment, education, as well as entry/exit from a psychiatric hospital, emergency department or jail/juvenile hall*

Outcomes for Measurement 1 comes from data that is collected by the Data Collection Reporting (DCR) Systems, a database maintained by the State. DCR data was unavailable at the time of publishing.

Measurement 2: *Number of Clients Graduating from Specialty Mental Health Services*

Participants	FY 2021-22	FY 2022-23	FY 2023-24
Unique Clients	184	186	166
Total Episodes	225	199	187
FSP Episodes Opened:			
Total FSP Episodes Opened	105	122	88

<i>New or Returning Client</i>	102	88	53
<i>Changed Program (same level of service)</i>		4	15
<i>Decreased Level of Services</i>		0	0
<i>Increased Level of Services</i>		30	20
FSP Episodes Closed:			
Total FSP Episodes Closed	79	106	111
<i>Graduated / Exited Services</i>		70	58
<i>Changed Program (same level of service)</i>		5	12
<i>Decreased Level of Services</i>		31	41
<i>Increased Level of Services</i>		0	0

Measurement 3: Continued Engagement in Services

Eighty-three (83) adults who were enrolled as an FSP client at any time in FY 2023-24 remained open to SMHS at the end of FY 2023-24.

Measurement 4: Results of ANSA

The ANSA assessment tool is no longer utilized by the Behavioral Health Division.

Older Adult Full Service Partnership

There are no FY 2023-24 outcomes to report for this program. Older Adult FSP clients were provided the full range of FSP services through the Adult FSP program.

FSP Forensic Services Project

Individuals age 18 years of age and older who have involvement in the criminal justice system and meet the criteria for SMHS may be provided with treatment through the FSP Forensic Services program. This also included, but is not limited to, individuals who meet medical necessity for SMHS, are receiving services from correctional health, and are within 30 days of release into the community. Additionally, individuals who meet medical necessity for SMHS and have a co-occurring substance use disorder, who are participating in El Dorado County Problem-solving collaborative courts or other formal diversion programs may receive services.

The FSP Forensic Services program provides additional services and supports from a collaborative team approach including, but not limited to , outreach, support linkage, assessment, treatment, crisis intervention, medication support, and interagency collaboration in the courtroom and to supervising Probation Officers to help ensure a successful re-entry and transition into the community for justice-involved individuals. The program activities may align with the County's Stepping-Up Initiative.

The term "involvement with" the criminal justice system" may include, but is not limited to:

- Recent arrest and booking;
- Recent release from jail;
- Risk of arrest for nuisance of disturbing behaviors;
- Risk of incarceration;
- Risk of recidivism;
- Collaborative court system or probation supervision, including Community Corrections Center participants; and/or
- Involvement in the criminal justice system.

Providers: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Reduction in institutionalization
- People are maintained in the community
- Services are individualized
- Work with clients in their homes, neighborhoods and other places where their problems and stresses arise and where they need support and skills
- Team approach to treatment

Numbers Served and Cost

Costs for this project include both the Adult Residential Facility (ARF) and the Intensive Case Management (ICM) team. The ICM team brings individuals who have been placed in an out-of-county residential facility back to El Dorado County for continued treatment, providing the necessary support so that the client may successfully return to community living. These FSP clients require significant staff support and as such the client-to-clinician ratio is low.

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$891,600	\$1,094,400	\$1,430,290
Total Expenditures	\$121,849	\$723,184	\$727,409
Unduplicated Individuals Served	19	36	85
Cost per Participant	\$6,413	\$20,088	\$8,558
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	0	5	9
26-59 (adult)	19	30	71
Ages 60+ (older adults)	0	1	5
Unknown or declined to state	0	0	0

Gender	FY 2021-22	FY 2022-23	FY 2023-24
Female	7	13	23
Male	12	23	62
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	3	7	13
Placerville Area	9	14	44
North County	1	3	6
Mid County	0	0	3
South County	0	1	2
Tahoe Basin	4	9	14

Out of County	2	2	3
Unknown or declined to state	0	0	0
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	0	1	2
Asian	1	2	3
Black or African American	1	2	2
Caucasian or White	13	23	46
Native Hawaiian or Other Pacific Islander	0	0	0
Other Race	1	3	9
Unknown or declined to state	3	5	23

Ethnicity	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino	1	1	3
Other Hispanic / Latino	1	3	5
Not Hispanic	12	26	46
Unknown or declined to state	5	6	31
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
English	17	33	64
Spanish	0	0	0
Other Language	0	0	1*
Unknown or declined to state	2	3	20

* 1 Mandarin

Outcome Measures: Forensic FSP

Measurement 1: *Key Event Tracking (KET) - KET data tracks changes that occur in a client's status as it relates to housing, employment, education, as well as entry/exit from a psychiatric hospital, emergency department or jail/juvenile hall*

Outcomes for Measurement 1 comes from data that is collected by the Data Collection Reporting (DCR) Systems, a database maintained by the State. DCR data was unavailable at the time of publishing.

Measurement 2: *Number of Clients Graduating from Specialty Mental Health Services*

Participants	FY 2021-22	FY 2022-23	FY 2023-24
Unique Clients	19	36	85
Total Episodes	20	37	86
FSP Episodes Opened:			
Total FSP Episodes Opened	15	13	59

<i>New or Returning Client</i>			48
<i>Changed Program (same level of service)</i>			3
<i>Decreased Level of Services</i>			0
<i>Increased Level of Services</i>			8
FSP Episodes Closed:			
Total FSP Episodes Closed	4	0	26
<i>Graduated / Exited Services</i>			20
<i>Changed Program (same level of service)</i>			3
<i>Decreased Level of Services</i>			3
<i>Increased Level of Services</i>			0

Measurement 3: Continued Engagement in Services

Fifty-five (55) adults who were enrolled as a Forensic FSP client at any time in FY 2023-24 remained open to SMHS at the end of FY 2023-24.

Measurement 4: Results of ANSA

The ANSA assessment tool is no longer utilized by the Behavioral Health Division.

Wellness and Recovery Services Program

Wellness Centers (which include Outpatient Specialty Mental Health Services) Project

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Recovery and resiliency for participants
- Participants gain greater independence through staff interaction, peer interaction and educational opportunities
- Participants linked with community-resources
- Increased engagement in mental health services

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$3,321,500	\$3,701,500	\$4,091,245
Total Expenditures	\$1,912,178	\$2,369,020	\$2,822,311
Wellness Centers (West Slope & East Slope):			
Wellness Center Visits		6,153	2,089
Cost per Visit		\$385	\$1,698
Unduplicated Clients		187	787
Outpatient Wellness Program Clients Served		535	621
Cost per Client		\$12,669	\$3,586

Age Group (outpatient Wellness Programs only)	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)		0	0
16-25 (transitional age youth)		45	61
26-59 (adult)		404	467
Ages 60+ (older adults)		86	93
Unknown or declined to state		0	0
Gender	FY 2021-22	FY 2022-23	FY 2023-24
Female		262	307
Male		273	314
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County		67	81
Placerville Area		149	164
North County		27	34
Mid County		40	32
South County		18	10
Tahoe Basin		205	272
Unknown or declined to state		2	0
Out of County		27	28

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native		12	10
Asian		9	10
Black or African American		7	6
Caucasian or White		382	425
Native Hawaiian or Other Pacific Islander		0	2
Other Race		52	62
Unknown or declined to state		73	106
Ethnicity	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino		32	35
Other Hispanic / Latino		32	40
Not Hispanic		348	394
Unknown or declined to state		123	152
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
English		489	559
Spanish		3	6
Other Language		4	4
Unknown or declined to state		39	52

Outcome Measures: Wellness Centers & Outpatient Specialty Mental Health Services

Measurement 1: Number of Participants

Numbers Served (East Slope Wellness Center)	FY 2021-22	FY 2022-23	FY 2023-24
Wellness Center Visits		1,291	1,710
Unduplicated Clients		64	88

Numbers Served (West Slope Wellness Center)	FY 2021-22	FY 2022-23	FY 2023-24
Wellness Center Visits		4,862	
Unduplicated Clients		123	

See Measurement 2 for the number of participants in Outpatient Specialty Mental Health Services.

Measurement 2: Number of Clients Graduating from Specialty Mental Health Services

Participants	FY 2021-22	FY 2022-23	FY 2023-24
Unique Clients		535	622
Total Episodes		564	652
Episodes Opened:			
<i>Total Episodes Opened</i>		331	364
<i>New/Returning Client</i>		296	287
<i>Changed Program (same level of service)</i>		0	30
<i>Decreased Level of Services</i>		35	47
<i>Increased Level of Services</i>		0	0
Episodes Closed:			
<i>Total Episodes Closed</i>		276	306
<i>Graduated / Exited Services</i>		234	252

<i>Changed Program (same level of services)</i>		6	33
<i>Decreased Level of Services</i>		6	0
<i>Increased Level of Services</i>		30	21

TAY Engagement, Wellness and Recovery Services Project

Providers: El Dorado County Behavioral Health
Sierra Child and Family Services

Project Goals

- Decreased days of homelessness, institutionalization, hospitalization, and incarceration
- Safe and adequate housing
- Increased access to and engagement with mental health service
- Increased use of peer support resources
- Increased connection to their community
- Increased independent living skills
- Increased socialization skills

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget – Total	\$500,500	\$328,500	\$399,864
Total Expenditures	\$372,227	\$136,164	\$182,462
Unduplicated Individuals Served	46	32	27
Cost per Participant	\$8,092	\$4,254	\$6,757
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	46	32	27
26-59 (adult)	0	0	1
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0
Gender	FY 2021-22	FY 2022-23	FY 2023-24
Female	29	21	20
Male	17	11	7

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	12	9	10
Placerville Area	18	14	11
North County	3	3	2
Mid County	3	2	0
South County	2	0	0
Tahoe Basin	5	3	2
Out of County		1	2
Unknown or declined to state	3	0	0
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	0	0	0
Asian	0	0	0
Black or African American	3	0	0
Caucasian or White	33	20	13
Native Hawaiian or Other Pacific Islander	0	0	0
Other Race	3	5	3
Unknown or declined to state	7	7	12
Ethnicity	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino	3	2	1
Other Hispanic / Latino	4	4	1
Not Hispanic	29	18	10
Unknown or declined to state	10	8	15

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
English	45	27	20
Spanish	0	0	0
Other Language	0	0	0
Unknown or declined to state	1	5	7

Outcome Measures: TAY Engagement, Wellness & Recovery Project

Measurement 1: Number of Participants

See Measurement 2.

Measurement 2: Number of Clients Graduating from the TAY Engagement and Wellness Program

Participants	FY 2021-22	FY 2022-23	FY 2023-24
Unique Clients	46	32	27
Total Episodes	60	34	28
Episodes Opened:			
<i>Total Episodes Opened</i>	26	17	15
<i>New/Returning Client</i>	17	9	11
<i>Changed Program (same level of service)</i>	9	6	12
<i>Decreased Level of Services</i>	0	2	3
<i>Increased Level of Services</i>	0	0	2
Episodes Closed:			
<i>Total Episodes Closed</i>	29	21	16
<i>Graduated / Exited Services</i>	26	20	15

<i>Changed Program (same level of services)</i>		0	0
<i>Decreased Level of Services</i>	0	0	0
<i>Increased Level of Services</i>	3	1	0

Community Transition and Support Team

Clients eligible for this project have been served through the Adult Wellness program and their demographics are included with that program.

Outreach and Engagement Services

Access Service Project

Provider

El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- To engage individuals with a serious mental illness in mental health services
- Continue to engage clients in services by addressing barriers to service

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$1,100,000	\$1,100,000	\$1,275,000
Total Expenditures	\$708,875	\$537,569	\$382,154
Requests for Services	1,477	1,956	1,707
Cost per Request	\$480	\$275	\$224
Call Intakes (inquiries other than a Request for Service)	717	635	530

The following data reflects only Requests for Service (no Call Intakes):

Request for Services Source	Total
General (self-refer, doctor, hospital)	1,707
Child Welfare Services Referrals	97
Telecare Corp. (PHF) Referrals	36
Foster Care Presumptive Transfer Referrals	26
Managed Care Plan* ¹	11
Total	1,707

¹ Referrals from Managed Care Plans did not begin until fiscal year 2023-2024

Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	441	548	548
16-25 (transitional age youth)	284	379	285
26-59 (adult)	631	862	729
Ages 60+ (older adults)	121	167	145
Unknown or declined to state	0	0	0
Gender	FY 2021-22	FY 2022-23	FY 2023-24
Female	767	1037	492
Male	708	919	474
Transgender	2	0	0
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	263	285	173
Placerville Area	462	654	284
North County	43	103	79
Mid County	181	188	84
South County	41	47	16
Tahoe Basin	393	563	295
Out of County	74	96	38
Unknown or declined to state	9	20	0

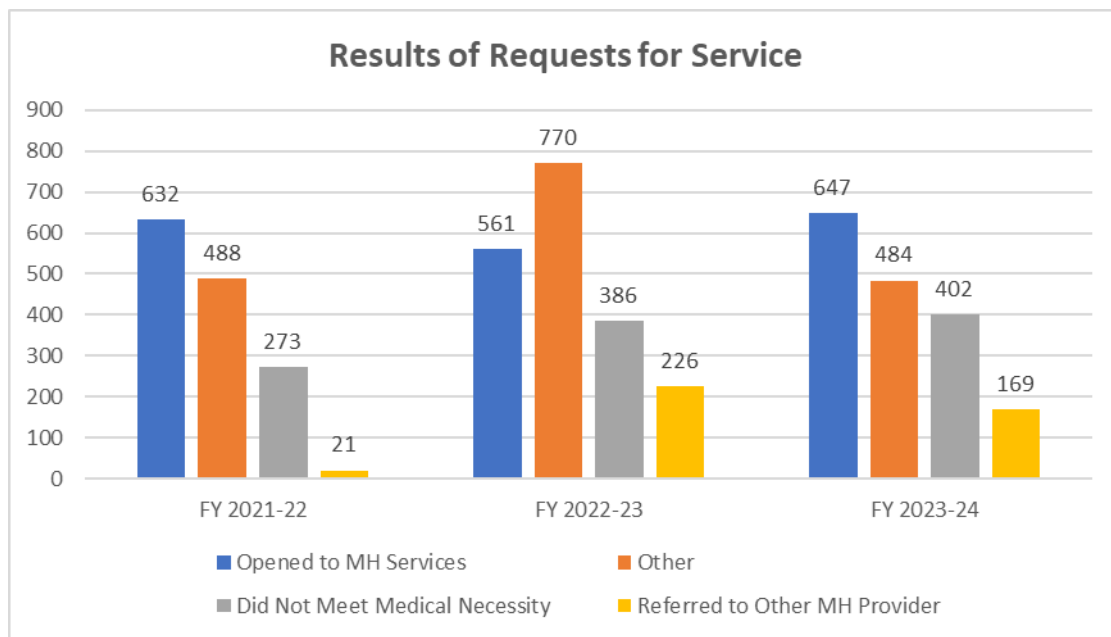
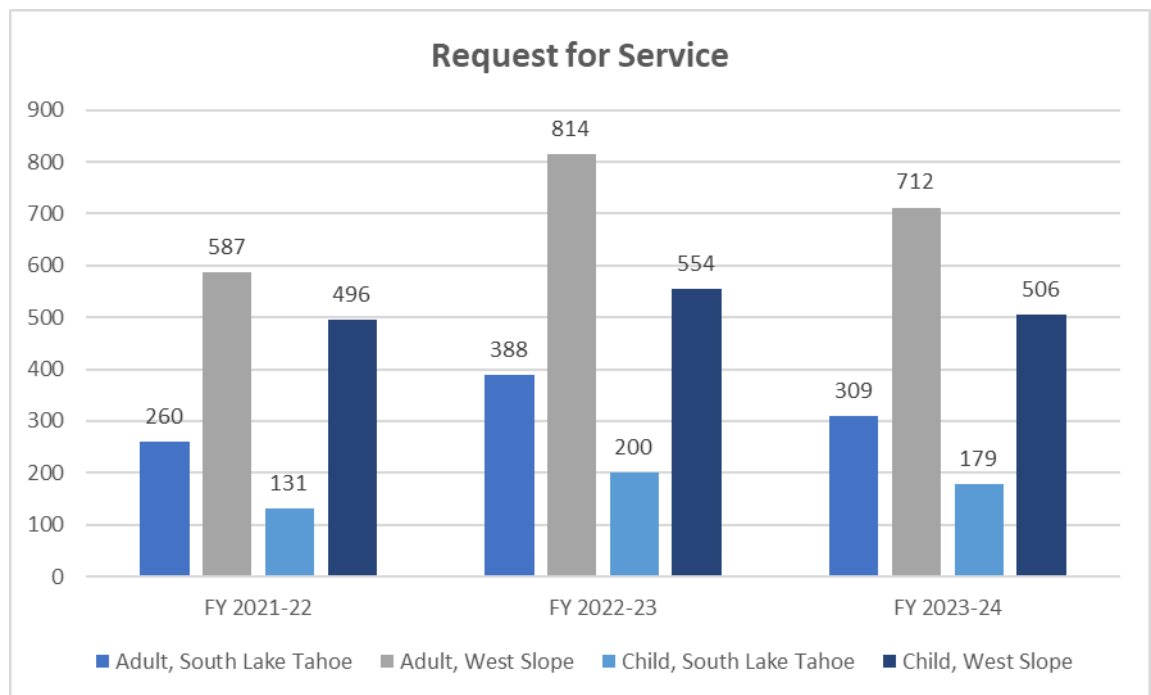
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	25	30	9
Asian	33	21	5
Black or African American	28	40	10
Caucasian or White	771	992	404
Native Hawaiian or Other Pacific Islander	10	2	2
Other Race	157	217	82
Unknown or declined to state	453	702	362
Ethnicity	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino	86	99	33
Other Hispanic / Latino	93	129	62
Not Hispanic	691	890	402
Unknown or declined to state	607	838	38
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
English	1,177	1,479	712
Spanish	31	50	36
Other Language	8	5	6
Unknown or declined to state	261	422	212

Outcome Measures: Access Service Project

Measurement 1: Number of Requests for Service and the Resulting Determination of Each Request

FY 2022-23 Number of Requests for Service						
Age Group and Location	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023
<i>Adult, South Lake Tahoe</i>	18	21	31	30	23	28
<i>Adult, West Slope</i>	70	51	58	53	44	64
<i>Child, South Lake Tahoe</i>	17	6	14	21	9	9
<i>Child, West Slope</i>	46	45	35	58	38	38
<i>Overall</i>	151	123	138	162	114	139

FY 2023-24 Number of Requests for Service							
Age Group and Location	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	June 2024	Total FY 2023-24
<i>Adult, South Lake Tahoe</i>	30	35	23	20	27	23	309
<i>Adult, West Slope</i>	91	66	60	48	65	42	712
<i>Child, South Lake Tahoe</i>	22	20	15	19	17	10	179
<i>Child, West Slope</i>	48	50	31	39	60	18	506
<i>Overall</i>	191	171	129	126	169	93	1,706



Measurement 2: Length of Time from Request for Service to Determination of Eligibility for Specialty Mental Health Services

Length of time to assessment identifies how quickly individuals requesting services are assessed for eligibility for Specialty Mental Health Services. The state standard for timeliness requires that that Medi-Cal beneficiaries be offered an appointment within 10 business days of their Request for Service.

Assisted Outpatient Treatment (AOT)

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$50,000	\$64,000	\$64,000
Total Expenditures	\$5,625	\$3,116	\$765 ²
AOT Referrals Open at any time During the FY	5	14	9
Cost per Participant	\$1,125	\$223	\$85

For AOT, the number of clients served means the number of individuals who were referred to AOT and individuals referred in a previous year but whose AOT referral has not been discharged (for example, if the referral is still open because the individual could not be located).

When an individual becomes engaged in Specialty Mental Health Services, their services are provided through the appropriate outpatient team, generally the Intensive Case Management team (FSP level of services) initially.

The AOT program was initially designed with the intent to provide direct services to clients engaged in Specialty Mental Health Services as a result of an AOT referral. However, this model did not allow for AOT clients to receive the benefits of a treatment team approach. Therefore, AOT referred clients are served by the ICM team, which maintains a low client to clinician ratio and takes a team approach to help clients in achieving their treatment goals.

Beginning with the FY 2020-21 MHSA Plan, the AOT Program will be aligned with the Outreach and Engagement Projects rather than the FSP programs.

Additionally, to address the low referral rates, Mental Health is developing a Training and Education Plan for stakeholders, including consumers and families, as well as for Mental Health service providers.

² RER correction identified after submission. Amount included in FY 23/24 Outcomes Report will be corrected on FY 24/25 RER through allowable adjustments.

Outcome Measures: AOT

Measurement 1: Number and Source of Referrals Received

Welfare and Institutions Code section 5346(b)(2) identifies who may make a referral for AOT. Referrals came from the following sources:

Referral Source	FY 2021-22	FY 2022-23	FY 2023-24
	Referrals	Referrals	
Adult Housemate/Roommate	0	0	
Immediate Family Member	6	3	
Treatment/Care Facility	0	0	
Hospital	0	0	
El Dorado County Psychiatric Health Facility (PHF)	0	2	
Treatment Provider	0	2	
Law Enforcement/Justice	0	0	
Court (effective 2021)	1	0	

Measurement 2: Number of Referrals Resulting in Engagement in Services

Status	FY 2020-21	FY 2021-22	FY 2023-24
Voluntarily Engaged with SMHS	0	3	
Voluntarily Engaged with Mild to Moderate or other Mental Health Services	0	1	
Engaged via Petition / Petitions Filed	0	0	
Engaged via Conservatorship	1	1	
Not Eligible for AOT	5	4	
Incarcerated Prior to Engagement	1	1	
Engagement Attempts Continue	0	0	

Measurement 3: Number of Days Between Receipt of an AOT Referral and Clients' Engagement in Outpatient Specialty Mental Health Services (if individual is eligible for services)

On average, there were 14 days between receipt of an AOT referral and a Client's engagement in Outpatient Specialty Mental Health Services, if the client was determined to be eligible for services.

Measurement 4: Number of AOT Petitions Filed

Seven (7) AOT petitions were filed during FY 2023-24.

Measurement 5: Number of AOT Referrals Who Remained Engaged in Services for at Least Six Months

Two (2) AOT referrals remained engaged in services for at least six months during FY 2023-24.

Genetic Testing

Provider: Assurex Health

Project Goals

- Assist with the determination of appropriate medication(s) for clients

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$50,000	\$50,000	\$50,000
Total Expenditures	\$0	\$0	\$0
Requests for Services	0	0	0

Outcome Measures: Genetic Testing

Measurement 1: *Number of Clients Receive Genetic Testing*

To date there have been no genetic tests ordered.

Housing Projects

Project Goals

- Acquire, rehabilitate, construct and support permanent supportive housing for individuals with serious mental illness and who are homeless or soon-to-be homeless
- Support clients in maintaining tenancy

West Slope – Trailside Terrace, Shingle Springs

MHSA funds were utilized to provide five housing units in Shingle Springs, targeting households that are eligible for services under the Full Service Partnership project. All units are currently occupied, and the Behavioral Health Division maintains the wait list.

Funds for this program were transferred to California Housing Finance Agency (CalHFA) for administration of this program.

East Slope – The Aspens at South Lake, South Lake Tahoe

MHSA funds were utilized to provide six housing units in South Lake Tahoe, targeting households that are eligible for services under the Full Service Partnership project. All units are currently occupied, and The Aspens property manager maintains any wait list.

Funds for this program were transferred to CalHFA for administration of this program.

Prevention and Early Intervention (PEI) Projects

Introduction

Prevention and Early Intervention (PEI) Projects are intended to prevent serious mental illness/emotional disturbance by promoting mental health, reducing mental health risk factors, and by intervening to address mental health problems before they occur, to the extent possible, or in the early stages of the illness.

This Outcome Measures Report accompanying the Fiscal Year 2025/26 MHSA Annual Update provides outcome information for the PEI projects included in the Fiscal Year 2023/24 MHSA Annual Update.

Pursuant to Title 9 California Code of Regulations Section 3560.010(a)(1): “The first Annual PEI Report is due to the Mental Health Services and Oversight Accountability Commission on or before December 30, 2017 as part of an Annual Update or Three-Year Program and Expenditure Plan. Each Annual PEI Report thereafter is due as part of an Annual Update or Three-Year Program and Expenditure Plan within 30 calendar days of Board of Supervisors approval but no later than June 30 of the same fiscal year whichever occurs first. The Annual PEI Report is not due in years in which a Three-Year PEI Report is due.”

Section 3560.010(a)(2): “The Annual PEI Report shall report on the required data for the fiscal year prior to the due date.” Therefore, this Outcomes Report is due no later than June 30, 2025 and is to report the required data from fiscal year 2023/24 (i.e., July 1, 2023 through June 30, 2024). Further, for each PEI Project, this PEI Report includes all the elements outlined in Section 3560.010(b).

This report reflects the responses as reported by the Project provider. In some cases, the reported data may not equal the number of unduplicated client counts.

Consistent with previous PEI Reports, there is a noticeable trend within many programs where the responses to the demographics questions are “Unknown or decline to state”. It is not possible to specifically identify the reason for the increased rate of this response, however, it is believed that the number of potential responses to the many demographic questions may be too much information for individuals to review, so they elect to leave the questions blank.

Prevention Programs

Latino Outreach Project – West Slope and South Lake Tahoe

Provider: New Morning Youth and Family Services

Project Goals

- Increased mental health service utilization by the Latino community.
- Decreased isolation that results from unmet mental health needs.
- Decreased peer and family problems that result from unmet health needs.
- Reduce stigma and discrimination.
- Integration of prevention programs already offered in the community is achieved.
- Reduction in suicide, incarcerations, and school failure or dropouts.

Numbers Served and Cost

Expenditures	FY 2021-2022	FY 2022-23	FY 2023-24
MHSA Budget	\$96,000	\$96,000	\$400,000
Total Expenditures	\$96,000	\$84,259	\$315,313 ³
Unduplicated Individuals Served	247	341	1868
Cost per Participant	\$388	\$247	\$168
Age Group	FY 2021-2022	FY 2022-23	FY 2023-24
0-15 (children/youth)	86	100	201
16-25 (transitional age youth)	41	47	106
26-59 (adult)	113	175	1458
Ages 60+ (older adults)	7	19	19
Unknown or declined to state	0	0	0
Race	FY 2021-2022	FY 2022-23	FY 2023-24
American Indian or Alaska Native	0	2	0
Asian	0	0	4
Black or African American	0	4	3
Native Hawaiian or Other Pacific Islander	0	0	1
White	246	74	32
Other	1	2	1828
Multiracial	0	1	0
Unknown or declined to state	0	258	0

³ RER correction identified after submission. Amount included in FY 23/24 Outcomes Report will be corrected on FY 24/25 RER through allowable adjustments.

Ethnicity by Category	FY 2021-2022	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	0	0
Central American	10	15	28
Mexican/Mexican-American/Chicano	226	302	369
Puerto Rican	1	0	0
South American	0	3	1182
Other	8	12	184
Unknown or declined to state	0	4	98
Non-Hispanic of Latino			
African	0	3	2
Asian Indian/South Asian	0	0	2
Cambodian	0	0	0
Chinese	0	0	1
Eastern European	0	0	6
Filipino	0	0	1
Japanese	0	0	0
Korean	1	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	1	0	1861
Multi-ethnic	0	2	0
Unknown or declined to state	0	0	7
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	97	89	280
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	4
Other Chinese	0	0	0
Russian	0	0	8
Spanish	150	249	1566
Tagalog	0	0	0
Vietnamese	0	0	0
Other language	0	3	0
Unknown or declined to state	0	0	10

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	1	1	2
Heterosexual or Straight	246	291	1649
Bisexual	0	2	0
Questioning or unsure of sexual orientation	0	3	0
Queer	0	3	0
Another sexual orientation	0	1	1
Unknown or Declined to State	0	40	216
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male	73	109	485
Female	174	232	1382
Unknown or Declined to answer	0	0	1
Current gender identity:			
Male	73	100	485
Female	174	223	1383
Transgender	0	1	0
Genderqueer	0	1	0
Questioning / unsure of gender identity	0	1	0
Another gender identity	0	0	0
Unknown or Declined to answer	0	5	1
Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	1	4	10
Difficulty hearing or having speech understood	0	4	1
Mental disability including but not limited to learning disability, developmental disability, dementia	17	41	27
Physical/mobility	10	6	4
Chronic health condition/chronic pain	22	35	47
Other (specify)	1	0	2
Declined to state	0	0	223

Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	0	1	0
No	247	340	1868
Unknown or declined to state	0	0	0
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	68	80	66
Placerville Area	120	221	206
North County	3	4	3
Mid County	55	44	29
South County	1	2	3
Tahoe Basin	0	1	1561
Unknown or declined to state	0	0	0
Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	81	105	73
Very low income	118	122	198
Low income	48	113	1586
Moderate income	0	1	12
High income	0	0	0
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	10	19	2
Medi-Cal	159	230	1081
Medicare	5	14	3
Uninsured	73	78	725

Annual Report FY 2023-24

Please provide the following information for this reporting period:

- 1) Briefly report on how implementation of the Latino Outreach project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

Promotoras continue to provide a wide range of services that include advocacy, community outreach, interpretation, crisis support, home visitation, and linkage to other programs/resources (mental health services, Marshall Hospital, El Dorado Community Health Center, domestic violence services, support for immigration status, referral and support for health services, referral to victim services, low-income housing, community Hubs, First 5 El Dorado, etc.).

During this reporting period, we were able to partner with Tahoe Family Resource Center and provide much needed support to our Latino population in the Tahoe Basin. Some major accomplishments were helping some of our families with rent in order to keep their homes. We were also able to get our *Promotoras* certified as official medical translators in order to better help our clients in medical appointments etc.

2) Briefly report on how the Latino Outreach project has improved the overall mental health of the children, families, and communities by addressing the primary negative outcomes that are the focus of the Latino Outreach project (suicide, prolonged suffering, school failure or dropout, incarceration, unemployment, homelessness, and removal of children from their homes).

The *Promotoros* continue to advocate for the youth that are struggling in school and accompany parents to school meetings (SST and IEP) for interpretation and clarification. They assist in making referrals at schools for counseling services. We have been able to meet with the High School District to demonstrate how difficult it is when families are informed of school issues in English rather than Spanish. In addition, Ruth Zermeno provides services for the Wellness Centers located at each El Dorado Union High School District site. She also provides services at Folsom Lake College. In addition, either Angie Olmos or Ruth Zermeno, participate in the Student Attendance Review Board (SARB) to assist Spanish speaking parents/guardians through the process and interpretation. Our *Promotora* have been trained on what to look for when dealing with depressed or suicidal clients, how to report to our Clinical Director to get them the help they need. This is a culturally sensitive subject due to religious beliefs.

Our *Promotoras* continue to support our clients and their families with food and supplies for their children and where they can receive additional resources in the community such as food distributions in the county. We have many families with absent fathers for various reasons, this can be due to incarceration, death, divorce, or they have not made the move to America with their family.

3) Provide a brief narrative description of progress in providing services through the Latino Outreach project to unserved and underserved populations.

A description of progress in providing outstanding services is best done with stories from our Promotoras:

"I Had a client who needed surgery it turns out that client had final appointment with doctor before surgery and interpreter was not able to interpret. The interpreter told the client that the interpreter was not able to find words to convey what doctor was saying but apparently didn't say anything to doctor about this. The client was due to meet with the pre op team and client asked if I could interpret for client. Pre-op team arranged for client to meet with doctor this same day and I assisted with interpretation. Client was able to understand the situation much better and also the instructions for pre-op. This writer accompanied a client to the day of surgery for support."

Latino Outreach continues to increase services to unserved/underserved populations in El Dorado County including the Lake Tahoe Basin where we have partnered with Tahoe Family Resource Center. We have been able to help more than double the number of families than in previous years due to the extreme need in the Tahoe area.

Again, during the Christmas holiday season, New Morning provided many families with gift cards, clothes, food, and toys. The local Quilter Club provided hand-made quilts and pillowcases to all of these families. Latino Outreach continues to assist families with access to fresh food and staples through various agencies and the El Dorado Food Bank.

4) Provide a brief narrative description of how the Latino Outreach services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

The *Promotoras* provide all their clients with respect; mindful that the Latino population has a mixture of diverse cultures, linguistics (Spanish dialects), nationalities, and spiritual beliefs. This year we were able to work with and help several families seeking asylum. NMYFS provides information through social media to reduce racial/ethnic disparities.

The *Promotoras* attended community events per Zoom or in-person, hosted by non-profit organizations and county departments to increase cultural awareness and reduce racial/ethnic disparities. They have attended all staff trainings including Cultural Competency Trainings, Medical Translation Certification training, Angelica Olmos, one of our *Promotoras* will be attending the 22nd Annual *Vision y Compromiso* Conference in October.

On May 28, 2024 Kristen Patterson, Tracy Bunch and Angie Olmos attended a meeting that we requested with the El Dorado Union High School District for the purpose of addressing inequities that were experienced on the high school campuses by Spanish speaking families, including and up to expulsions. Please see agenda below under number 8.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, linkages and access to medically necessary care, stigma reduction and discrimination reduction.

The *Promotoras* collaborate with county and non-profit organizations in outreach events to support the Latino population. Some of the collaborative events and outreaches are listed below:

National Night Out (8/1/23) Angie Olmos and Danelle Watts attended last years event at the El Dorado Community Health Center in Placerville where they shared information about Latino Outreach along with our other programs. There were approximately 250 families in attendance.

EDCOE Community Based Organization Breakfast (2/6/24) Carrie Thomas and Kristen Patterson presented our Latino Outreach and Counseling programs to 90 people who are involved with education and other community organization on the Western Slope.

Kiwanis (7/10/24) Kristen Patterson presented to 30 community members about New Morning's many programs including Latino Outreach.

Spirit of Benny 5k Run (3/8/24) We provided a booth and brochures. Angie gave information to Spanish speaking families about our services that we provide. There were about 75 families and about 5 families were Latinx.

Kids Expo (4/27/24) Carrie Thomas, Danelle Watts and Kaitlin Stanfield attended this year's event. We spoke about our programs including our Latino Outreach program and shared informational materials. We were able to network with other local children's agencies and talk about possible collaborations. We played games and handed out toys to all the kids. There were approximately 350 children and many more adults. We were there for 6 hours.

El Dorado County Probation Health Fair (4/11/24) Kaitlin Stanfield and Tracy Bunch attended this event at the probation office where they shared information about Latino Outreach and other programs for children and their families as well as make connections with other children's agencies in our county. There were 100 people in attendance and our employees spent three hours there.

Georgetown Community Fair Grand Opening (10/3/23) Angie Olmos attended Georgetown School's Grand Opening for their monthly Community Fair where low-income families are able to obtain free food and free clothing once a month. Angie was able to discuss her role as a *Promotora* and the Latino Outreach program along with our other programs. There were approximately 100 people in attendance.

6) Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Latino Outreach project are:

- **Measurement 1: Customer satisfaction surveys.**
90% of clients were satisfied with the assistance they received.
- **Measurement 2: Client outcome improvement measurements.**
90% of clients indicated that there were improvements.
- **Measurement 3: Increased engagement in traditional mental health services.**
There are 3 to 5 clients a month that are referred to mental health services.
- **Measurement 4: Number of Clients referred to County Behavioral Health, if known.**
8 to 12 clients a year are referred to County Behavioral Health.
- **Measurement 5: Client self-report on the duration of untreated mental illness.**
Unknown
- **Measurement 6: If known, the average interval between referral and participation in treatment.**
For mental health services, the interval is determined upon the client's 'level of care.' If the client requires prompt intervention, then 1-3 days. Likewise, a lower 'level of care' could be up to two months (The increase in time is due to a lack of mental health clinicians in our area). We provide case management and drug/alcohol prevention within one week.
- **Measurement 7: A description of the methods Contractor used to encourage Client access to services and follow-through on referrals.**

Many of our new Latino Outreach clients are referred by former or current Latino Outreach clients. They have built a level of trust with the Latinx community. When providing referrals, the *Promotoras* prefer to accompany their clients to the resources because of language barriers and biases. The *Promotoras* contact the resource in advance to obtain specific instructions that a client will need to know or have documents prepared and ready to submit.

Every client continues to receive follow-up and support until the client has a resolution(s).

7) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

NMYFS continues to utilize community volunteers to provide additional educational services to Latino families. Furthermore, we provide counseling services in English or Spanish that are referred by Latino Outreach.

8) Provide any additional relevant information.

AGENDA

EDUHSD Service to our LatinX Community May 28, 2024

9:00am - 10:30am

- 1) Welcome - Chuck Palmer
- 2) Introductions
- 3) Opening Activity/Discussion - Partner with someone you do not know and share a bit about yourself. Include where you grew up, what your experience was with your education, and why being involved in working with young people is important to you.
- 4) Group Discussion - If we were to interview 20-30 randomly selected LatinX students at each of our high schools, asking them the same question about their experiences with their education, what common themes do you think we would see?
- 5) What does the Data Show us about the LatinX experience in our district?
 - CHKS (California Healthy Kids Survey Data)
 - CA School Dashboard Data
 - Grad Rate
 - Discipline
 - College Readiness
- 6) Discussion: Feedback received by Angelica and her team at New Morning from the LatinX community about their experience with education in our district and county.
- 7) Discussion: What services do we have in place now? How are these working and how might we improve on these services? What more is needed/desired?

Primary Project - Black Oak Mine Union School District

Provider: Black Oak Mine Union School District

Project Goals

- Provide services in a school-based setting to enhance access.
- Build protective factors by facilitating successful school adjustment.
- Target violence prevention as a function of skills training.
- To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$88,000	\$88,000	\$113,000
Total Expenditures	\$82,404	\$75,250	\$113,000
Unduplicated Individuals Served	63	65	95
Cost per Participant	\$1,308	\$1,158	\$1189
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	63	65	95
16-25 (transitional age youth)	0	0	0
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	7	5	7
Asian	0	1	5
Black or African American	2	0	5
Native Hawaiian or Other Pacific Islander	0	1	1
White	54	50	88
Other	0	0	0
Multiracial	0	0	18
Unknown or declined to state	0	8	9
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			10
Caribbean	0	0	0
Central American	0	0	1
Mexican/Mexican-American/Chicano	0	6	0
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	2	1	4

Non-Hispanic or 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
Filipino	0	1	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	0	0
Multi-ethnic	0	0	0
Unknown or declined to state	61	57	0

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	62	61	94
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	1	0
Spanish	1	3	1
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	0	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian			
Heterosexual or Straight			
Bisexual			
Questioning or unsure of sexual orientation			
Queer			
Another sexual orientation			
Unknown or Declined to State			
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned Sex at Birth:			
Male	38	41	57
Female	25	24	38
Declined to answer	0	0	
Current gender identity:			
Male			57
Female			38
Transgender			
Genderqueer			
Questioning / unsure of gender identity			
Another gender identity			
Unknown or Declined to answer			

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing			
Difficulty hearing or having speech understood			1
Mental disability including but not limited to learning disability, developmental disability, dementia			
Physical/mobility			
Chronic health condition/chronic pain			
Other (specify)			
Declined to state			
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes			
No			
Unknown or declined to state			
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	0	0	
Placerville Area	0	0	1
North County	64	65	94
Mid County	0	0	
South County	0	0	
Tahoe Basin	0	0	
Unknown or declined to state	0	0	

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	unknown	unknown	
Very low income	unknown	unknown	
Low income	unknown	unknown	
Moderate income	unknown	unknown	
High income	unknown	unknown	
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	unknown	unknown	
Medi-Cal	unknown	unknown	
Medicare	unknown	unknown	
Uninsured	unknown	unknown	

Annual Report FY 2023-2024

Please provide the following information for this reporting period:

- 1) Briefly report on how implementation of Primary Project (PP) is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

A total of four part time Aides served three elementary schools: Georgetown School (5 days per week), Northside School (4 days per week), and American River Charter School (1 day per week). We served a total of ninety- five students over the course of two semesters.

Accomplishments: This year our program expanded the volume of students served. We also added an additional day at Northside. Our coordinator has a new office space at Georgetown school which also served as an additional playroom for students. We hired a new aide at Georgetown school and expanded on training for all our aides during weekly meetings with our current supervisor. We are excited about the expansion of the program within the BOMUSD district. Our coordinator also worked with other districts to assist in program expansion and development. Through a collaboration at the MHSA conference our coordinator was able to connect with New Morning to assist with bringing counseling services on campus at Georgetown School. Our hope is this will ensure our students are able to get support needed with mental health challenges.

Challenges: Our district faced many challenges from natural disasters including fire and snow. These difficulties created extended school closures and had lasting impacts on our students' well-being. Teacher staffing was again not stable in our district creating many adjustments for our students. Classrooms had

challenges with maintaining a positive learning environment. We also struggled with getting support for counseling services through various parts of the year. Georgetown school had a new principal who faced many challenges with creating a positive school climate. Primary Project coordinator worked closely with the new principal to provide support in a variety of areas. The entire Primary Project staff worked diligently to ensure success for the students and provide support when appropriate.

- 2) Briefly report on how PP has improved the overall mental health of the children, families, and communities by addressing the primary negative outcome that is the focus of PP (school failure or dropout). Please include other impacts, if any, resulting from PP on the other six negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; (5) homelessness; (6) removal of children from their homes.**

The Primary Project staff served students this year who discussed a variety of challenges in the community. These challenges included: homelessness, food insecurity, incarceration of parents, removal from their homes, etc. The Primary Project staff supported these students by providing snacks, referrals to counseling services, and referrals to FASST services. The Primary Project staff also collaborated with teachers, and administrators to advocate for these students. Primary Project, being a school based intervention, meets children exactly where they are!

- 3) Provide a brief narrative description of progress in providing PP services to unserved and underserved populations.**

Primary Project is working to expand knowledge of our program to all families, and staff by providing knowledge at various events including but not limited to kindergarten round-up, SST meetings, staff meetings, and other avenues. We also collaborate with the HUB team at our local library in order to reach underserved populations.

- 4) Provide a brief narrative description of how PP services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

The racial/ethnic demographics of BOMUSD is predominantly white, followed by Hispanic/Latino, and American Indian/Alaskan Native. All of our students served in our program have been English speakers. We have a staff member available who is fluent in Spanish and available to translate for any student or parent when necessary. The Primary Project staff works to ensure a culturally competent model when providing services for all students.

- 5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**

For families on the Divide, access to services is a critical concern. The distance to the nearest mental health services makes the children here an underserved population, on the whole. Primary Project helps to alleviate this problem by identifying issues when students are still young and serving them before there is a need for more intensive intervention. Since the Primary Project is offered on school campuses, during school days, there is no transportation involved. Primary Project also introduces parents to mental health interventions that are less stigmatized and easier to accept than other therapeutic models. For a family, Primary Project is often their first encounter with mental health services, and because it is such a positive experience for the child, it can make it easier to accept higher level interventions if they become necessary in the future.

- 6) Identify whether PP participants were provided with further referrals for services at the conclusion of the PP semester, and if so, what type of referrals were made (e.g., mentoring programs, recreational programs, individual counseling, group counseling).

Throughout the year the Primary Project coordinator provided referrals to individual counseling services, FASST coordinator, and community HUB services on the Georgetown Divide. The coordinator worked hand in hand with Principals at all sites and served on the new formed wellness team at Georgetown School.

7) Provide the outcomes measures of the services provided. Outcome measures for the Primary Project are:

- Measurement 1: Administer Walker Server Instrument (WSI) assessment tool to students at the time student is selected to enter the program and again when the student exits the program (contracted vendor will be responsible for procuring use of the WMS tool).

2023-2024 PIP WSI Scores (Bomusd)

Identifying Number	WAS Start	WMA End	% change
G1	47	42	-11%
G2	73	59	-19%
G3	65	41	-32%
G4	43	46	+7%
G5	77	67	-13%
G6	61	59	+ -3%
G7	54	65	+20%
G8	N/A	N/A	N/A
G9	33	46	+39%
G10	57	57	+0%
G11	35	68	+94%
G12	67	73	+9%
G13	64	51	-20%

G14	67	48	-28%
G15	62	72	+16%
G16	41	74	+80%
G17	59	76	+28%
G18	57	N/A	N/A
G19	49	73	+48%
G20	56	56	+0%
G21	72	71	-1%
G22	53	31	-42%
G23	60	86	+43%
G24	N/A	N/A	N/A
G25	39	57	46%
G26	58	54	-7%
G27	34	58	71%
G28	53	53	+0%
G29	74	74	++0%
G30	N/A	N/A	N/A
G31	65	72	+11%
G32	N/A	N/A	N/A
G33	28	42	+50%
G34	44	76	+73%
G35	41	58	+41%
G36	27	47	+74%
G37	N/A	N/A	N/A
G38	76	75	-1%

G39	71	72	+1%
G40	59	78	+32%
G41	22	34	55%
G42	62	66	+6%
G43	64	45	-30%
G44	N/A	44	N/A
G45	68	86	+26%
G46	24	37	+54%
G47	67	73	+9%
G48	78	82	+5%
G49	N/A	N/A	N/A
N1	50	N/A	N/A
N2	56	N/A	N/A
N3	52	61	+17%
N4	34	65	+91%
N5	41	43	+10%
N6	54	64	+11%
N7	52	67	+29%
N8	52	56	+8%
N9	57	67	+18%
N10	62	71	+15%
N11	62	85	+37%
N12	63	79	+25%
N13	59	74	+25%
N14	60	68	+13%

N15	71	82	+15%
N16	N/A	N/A	N/A
N17	79	82	+4%
N18	87	88	+1%
N19	82	90	+10%
N20	62	53	-14%
N21	40	N/A	N/A
N22	93	93	+0%
N23	61	67	=31%
N24	59	56	-5%
N25	62	60	-3%
N26	89	91	+2%
N27	31	68	+119%
N28	60	72	+20%
N29	65	80	+23%
N30	95	95	+0%
N31	65	78	+20%
N32	84	68	-19%
N33	90	73	-19%
N34	31	86	+183%
N35	46	64	+39%
N36	69	74	+7%
N37	60	79	+32%
N38	67	78	+16%
N39	76	87	+16%

N40	78	N/A	N/A
N41	62	N/A	N/A
N42	49	N/A	N/A
N43	57	N/A	N/A
A1	56	68	+21%
A2	38	59	55%
A3	51	59	16%
A4	57	62	+9%
A5	49	66	+35%

- Measurement 2: Completion of service delivery report to the County on a PP semester basis showing number of students served.
Submitted in a separate document.
- Measurement 3: Completion of year-end progress report to the County showing annual number of students served and pre- and post- WAS scores, identifying program successes, challenges faced and post-PP participation outcomes for the children.

Included in this document.

8) Report on unduplicated numbers of individuals served, including demographic data.

Submitted in separate document

9) Report on the reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational-functioning.

Primary Project is a prevention and early intervention model.

Increased protective factors:

- "... coping skills like compassion, self-regulation, self-confidence, the habit of active engagement, and the motivation to learn and be literate cannot be instructed. They can only be learned through self-directed experience (i.e. play)" -Susan J. Oliver, "Playing for Keeps"
- Early engagement and success in school. PIP students overwhelmingly are enthusiastic about coming to school.

- Positive relationships with trusted adults
- Express him/herself symbolically
- Succeed at new things
- Practice skills that may be perceived by the child as being too difficult
- Experience a calm and positive environment
- Recreate experiences and change outcomes
- Experiment and find strengths
- Try new behaviors and play other roles
- Learn things for themselves that can't be taught

10) If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.

Primary Project coordinator referred students to FASST coordinator for BOMUSD. The number of clients referred to County Behavioral Health is unknown by the Primary Project team.

11) If known, the number of individuals who followed through on the referral and engaged in treatment.

Unknown

12) If known, provide the average interval between mental health referral and participation in treatment.

Unknown

13) Provide total PP expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

Total expenditures: \$95,284.79

In-kind contributions: Dedicated playrooms and office equipment at 3 school sites.

14) Provide any additional relevant information.

As displayed in the data from the WSI scores there is a large discrepancy between Georgetown School, and the other schools in the BOMUSD district. Georgetown has faced numerous challenges with staffing changes, natural disasters, and lower SES than other areas in North County. The Primary Project staff has worked diligently to meet the unique needs of these students.

Confidential Teacher Survey

N=8 G=3

Question	Yes	Mostly	No
Were the students picked up and returned on time?	8	3	

Did the students seem to enjoy the program?	11		
Were you involved in the selection of students for Primary Project?	11		
Did you feel you needed more information about the program?	5		6
Would you like to meet with someone to discuss the program?	3	1	7

Comments from Teachers:

Good one on one interactions with students!

The students are excited about going and about their time spent in the PIP room

Children need and enjoy PIP for various reasons and it works to help them be successful in school.

The children love their time with the PIP people !

The children love the PIP program. It helps them transition into TK

Students come back happy and calm

The students love to go

The students really enjoy participating

Thank you for supporting our students and their emotional needs

Please keep this program going and available to our students!

Our TK children love coming to PP and it helps them learn to self-regulate! The PP

staff are warm, friendly, and nurturing.

I like that it is not "counseling" and that students take the lead in conversation I wish

there was something like PP for older students

PP is a wonderful option for students who need extra 1 : 1 time!

All of my students like our PP staff whether or not they are in the program. They have a very positive and friendly presence at GT School.

Love it when we see growth in the kids that have received PP!

Primary Project – South Lake Tahoe

Provider: Tahoe Youth and Family Services

Project Goals

- Provide services in a school-based setting to enhance access.
- Build protective factors by facilitating successful school adjustment.
- Target violence prevention as a function of skills training.
- To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$40,000	\$40,000	\$90,000
Total Expenditures	\$21,733	\$49,556	\$34,205
Unduplicated Individuals Served	24	46	46
Cost per Participant	\$906	\$1,077	\$743
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	24	46	46
16-25 (transitional age youth)	0	0	0
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	2	0	3
Asian	0	1	1
Black or African American	0	0	2
Native Hawaiian or Other Pacific Islander	0	1	0
White	15	25	40
Other	0	0	0
Multiracial	0	6	0
Unknown or declined to state	7	13	0
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	7	0	6
Puerto Rican	0	0	0
South American	0	0	0
Other	0	15	0
Unknown or declined to state	0	0	0

Non-Hispanic or Latino			
African	0	0	2
Asian Indian/South Asian	0	0	2
Cambodian	0	0	0
Chinese	0	0	0
European	15	0	0
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	2	0	0
Multi-ethnic	0	0	0
Unknown or declined to state	0	31	0

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	23	37	40
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	1	5	6
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	4	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	unknown	unknown	unknown
Heterosexual or Straight	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown
Questioning or unsure of sexual orientation	unknown	unknown	unknown
Queer	unknown	unknown	unknown
Another sexual orientation	unknown	unknown	unknown
Declined to State	unknown	unknown	unknown
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Male	9	31	31
Female	15	15	15
Declined to answer	0	0	0
Current Gender Identity:			
Male	unknown	unknown	unknown
Female	unknown	unknown	unknown
Transgender	unknown	unknown	unknown
Genderqueer	unknown	unknown	unknown
Questioning / unsure of gender identity	unknown	unknown	unknown
Another gender identity	unknown	unknown	unknown
Declined to answer	unknown	unknown	unknown

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	unknown	unknown	unknown
Difficulty hearing or having speech understood	unknown	unknown	unknown
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	unknown	unknown
Physical/mobility	unknown	unknown	unknown
Chronic health condition/chronic pain	unknown	unknown	unknown
Other (specify)	unknown	unknown	unknown
Declined to state	unknown	unknown	unknown
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	unknown	unknown	unknown
No	unknown	unknown	unknown
Unknown or declined to state	unknown	unknown	unknown
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	0	0	0
Placerville Area	0	0	0
North County	0	0	0
Mid County	0	0	0
South County	0	0	0
Tahoe Basin	24	46	46
Unknown or declined to state	0	0	0

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	unknown	3	3
Very low income	unknown	3	16
Low income	unknown	7	11
Moderate income	unknown	18	16
High income	unknown	3	0
Unknown or Declined to Answer	unknown	12	0
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	unknown	unknown	11
Medi-Cal	unknown	unknown	35
Medicare	unknown	unknown	0
Uninsured	unknown	unknown	0

Annual Report FY 2023-2024

The Primary Project (formerly known as the Primary Intervention Program, or PIP) was implemented through the South Tahoe Unified School District to provide short-term, individual, non-directive play with young children who were identified as at-risk for school adjustment problems. Services were provided to students in transitional kindergarten through third grade attending Bijou Elementary, Sierra House Elementary, Tahoe Valley Elementary, and Lake Tahoe Environmental Science Magnet School.

Classroom teachers, school principals, and counselors initially identified at-risk students. These were typically children who were observed to have mild-to-moderate behavioral problems in the classroom, emotional or relationship issues with peers, and/or known adverse experiences in their home life. Approximately 37% of the children who participated in the program lived in families who reported low, very low, or extremely low income; 13% of participants lived in homes where English was not the primary language spoken. Participants also included children living in foster care, children being raised by grandparents, and children who had lost a parent to death or incarceration.

Following referral, teachers completed a screening survey (the Walker Survey Instrument, or WSI) for each student identified as at-risk, and parents were contacted for their consent. Referrals during the 2023-24 academic year were significantly higher than in prior years, and accommodating the identified need was a difficult challenge, particularly during the second semester of the program. In total, 91 students were referred to the Primary Project; 53 children completed the enrollment process and actively participated in at least one play session; and 47 students completed the program. Overall, 58.2% of children who were initially referred were able to complete the program. The primary barriers that limited the

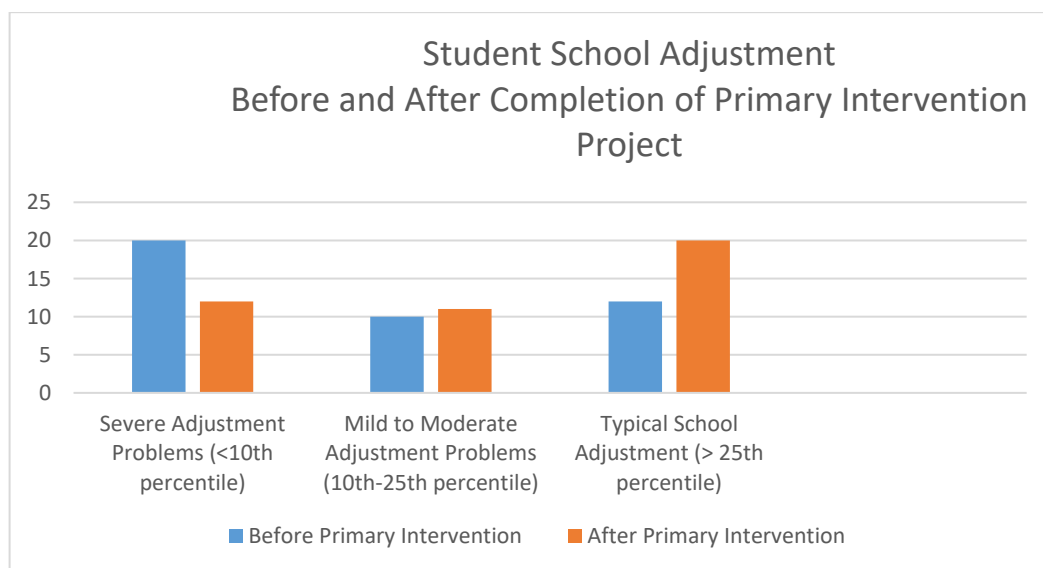
number of children who participated in the Primary Project program was: Limited space available in the schools where sessions were held.

Total Referrals	Participated in Semester 1	Participated in Semester 2	Complete Semester 1	Complete Semester 2
52	19	31	16	29

In addition to providing play sessions, the Primary Project Aides attended regular meetings with school counseling staff and consulted with teachers as needed. This aspect of the Primary Project was strengthened during the 2023-24 school year, and resulted in improved communication, collaboration, and integration with teachers and counselors. Having the Primary Project Aides participate in ongoing collaboration with school staff likely contributed to the increase in student referrals, and improved continuity for children requiring additional services.

The total number of children who attended the Primary Project program attended 349 play sessions and demonstrated significant improvement in their social skills and classroom behavior, as measured by the Walker Survey Instrument (WSI). Early intervention programs, such as the El Dorado County Primary Project, are intended to target students experiencing “mild-to-moderate” school adjustment difficulties. These students would typically score between the 10th to the 25th percentile range on the WSI. Students who completed the Primary Project in South Lake Tahoe during the 2023-24 school year demonstrated a higher-than-expected level of school adjustment issues. Slightly more than half of this group tested below the 10th percentile on the WSI before beginning the program; this is an indication that they were experiencing severe adjustment problems. Upon completion of the program, the majority of these same students scored within the range of typical school adjustment, and on average, children who completed the program improved by slightly more than 16 percentile points during the course of their attendance.

Primary Project Year-End Progress Report – FY 2023-2024



Summary of WSI scores (N=45)

	Score	Pre-Test	Post-Test
Severe Adjustment Problems	<10 th Percentile	20	12
Mild to Moderate Adjustment Problems	Between 10 th – 25 th Percentile	10	11
Typical School Adjustment	>25 th Percentile	12	20

	Pre-Test	Post-Test	Change
Mean Percentile Score	55.57	59.75	+4.18

Primary Project – Pioneer Union School District

Provider: Pioneer Union School District

Project Goals

- Provide services in a school-based setting to enhance access.
- Build protective factors by facilitating successful school adjustment.
- Target violence prevention as a function of skills training.
- To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health.

Numbers Served and Cost (Note that FY 23-24 was the first year for this provider)

Expenditures	FY 2023-24
MHSA Budget	\$50,000
Total Expenditures	\$18,565
Unduplicated Individuals Served	
Cost per Participant	
Age Group	FY 2023-24
0-15 (children/youth)	
16-25 (transitional age youth)	
26-59 (adult)	
Ages 60+ (older adults)	
Unknown or declined to state	

Race	FY 2023-24
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Multiracial	
Unknown or declined to state	
Ethnicity by Category	FY 2023-24
Hispanic or Latino	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other	
Unknown or declined to state	

Non-Hispanic or Latino	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other	
Multi-ethnic	
Unknown or declined to state	

Primary Language	FY 2023-24
Arabic	
Armenian	
Cambodian	
Cantonese	
English	
Farsi	
Hmong	
Korean	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
Unknown or declined to state	

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation	
Declined to State	
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Male	
Female	
Declined to answer	
Current Gender Identity:	
Male	
Female	
Transgender	
Genderqueer	
Questioning / unsure of gender identity	
Another gender identity	
Declined to answer	

Disability	FY 2023-24
Difficulty seeing	
Difficulty hearing or having speech understood	
Mental disability including but not limited to learning disability, developmental disability, dementia	
Physical/mobility	
Chronic health condition/chronic pain	
Other (specify)	
Declined to state	
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Yes	
No	
Unknown or declined to state	
Region of Residence	FY 2023-24
West County	
Placerville Area	
North County	
Mid County	
South County	
Tahoe Basin	
Unknown or declined to state	

Economic Status	FY 2023-24
Extremely low income	
Very low income	
Low income	
Moderate income	
High income	
Unknown or Declined to Answer	
Health Insurance Status	FY 2023-24
Private	
Medi-Cal	
Medicare	
Uninsured	

Annual Report FY 2023-2024

Please provide the following information for this reporting period:

- 1) Briefly report on how implementation of Primary Project (PP) is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.
- 2) Briefly report on how PP has improved the overall mental health of the children, families, and communities by addressing the primary negative outcome that is the focus of PP (school failure or dropout). Please include other impacts, if any, resulting from PP on the other six negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; (5) homelessness; (6) removal of children from their homes.
- 3) Provide a brief narrative description of progress in providing PP services to unserved and underserved populations.
- 4) Provide a brief narrative description of how PP services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

- 5) **Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**
- 6) **Identify whether PP participants were provided with further referrals for services at the conclusion of the PP semester, and if so, what type of referrals were made (e.g., mentoring programs, recreational programs, individual counseling, group counseling).**
- 7) **Provide the outcomes measures of the services provided. Outcome measures for the Primary Project are:**
 - Measurement 1: Administer Walker Server Instrument (WSI) assessment tool to students at the time student is selected to enter the program and again when the student exits the program (contracted vendor will be responsible for procuring use of the WMS tool).
 - Measurement 2: Completion of service delivery report to the County on a PP semester basis showing number of students served.
 - Measurement 3: Completion of year-end progress report to the County showing annual number of students served and pre- and post- WAS scores, identifying program successes, challenges faced and post-PP participation outcomes for the children.
- 8) **Report on unduplicated numbers of individuals served, including demographic data.**
- 9) **Report on the reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational-functioning.**
- 10) **If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.**
- 11) **If known, the number of individuals who followed through on the referral and engaged in treatment.**
- 12) **If known, provide the average interval between mental health referral and participation in treatment.**
- 13) **Provide total PP expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.**
- 14) **Provide any additional relevant information.**

Wannem Wadati Project

Provider: Foothill Indian Education Alliance

Project Goals

- Increase awareness in the Native American community about the crisis line and available services.
- Improve the overall mental health care of Native American individuals, families, and communities.
- Reduce the prevalence of alcoholism and other drug dependencies.
- Maximize positive behavioral health and resiliency in Native American individuals and families reducing suicide risk, prolonged suffering, and incarceration.
- Reduce school drop-out rates.
- Support culturally relevant mental health providers and their prevention efforts.

Numbers Served and Cost (Data became available for this project for FY 23/24 the second half of the fiscal year, beginning January 2024)

Expenditures	FY 2023-24
MHSA Budget	\$115,000
Total Expenditures	\$27,282
Unduplicated Individuals Served	97
Cost per Participant	\$281
Age Group	FY 2023-24
0-15 (children/youth)	62
16-25 (transitional age youth)	4
26-59 (adult)	20
Ages 60+ (older adults)	11
Unknown or declined to state	0

Race	FY 2023-24
American Indian or Alaska Native	86
Asian	0
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	7
Other	0
Multiracial	4
Unknown or declined to state	0
Ethnicity by Category	FY 2023-24
Hispanic or Latino	
Caribbean	0
Central American	0
Mexican/Mexican-American/Chicano	0
Puerto Rican	0
South American	0
Other	0
Unknown or declined to state	0

Non-Hispanic or Latino	
African	0
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
Multi-ethnic	0
Unknown or declined to state	0

Primary Language	FY 2023-24
Arabic	0
Armenian	0
Cambodian	0
Cantonese	0
English	95
Farsi	0
Hmong	0
Korean	0
Mandarin	0
Other Chinese	0
Russian	0
Spanish	2
Tagalog	0
Vietnamese	0
Unknown or declined to state	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Gay or Lesbian	0
Heterosexual or Straight	0
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Declined to State	97
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Male	40
Female	57
Declined to answer	0
Current Gender Identity:	
Male	0
Female	0
Transgender	0
Genderqueer	0
Questioning / unsure of gender identity	0
Another gender identity	0
Declined to answer	97

Disability	FY 2023-24
Difficulty seeing	unknown
Difficulty hearing or having speech understood	unknown
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown
Physical/mobility	unknown
Chronic health condition/chronic pain	unknown
Other (specify)	unknown
Declined to state	unknown
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Yes	3
No	94
Unknown or declined to state	0
Region of Residence	FY 2023-24
West County	14
Placerville Area	71
North County	5
Mid County	0
South County	7
Tahoe Basin	0
Unknown or declined to state	0

Economic Status	FY 2023-24
Extremely low income	0
Very low income	0
Low income	85
Moderate income	5
High income	7
Unknown or Declined to Answer	0
Health Insurance Status	FY 2023-24
Private	unknown
Medi-Cal	unknown
Medicare	unknown
Uninsured	unknown

Annual Report FY 2023-2024

Please provide the following information for this reporting period:

- 1) Briefly report on how implementation of the Wennem Wadati: A Native Path to Healing project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

Our program is successfully proceeding on target. Although we had a rough start with not being able to start until late January. We were able to outreach at numerous events and schools to share our very unique program and services available. Our Crisis call is receiving calls from callers from years past. It is very assuring to hear the reporting back from Rose Hollow Horn Bear about how callers will call her merely to just check in. The cultural activities are back into full swing with such a high demand we are now offering cultural activities twice a month. This gives our cultural specialist more 1:1 time with the students and adults who partake. We hold weekly talking circles with the students at the center after tutoring and we offer cultural activities or an option to finish an unfinished project they are working on.

- 2) Briefly report on how the Wennem Wadati: A Native Path to Healing project has improved the overall**

mental health of the children, families, and communities by addressing the primary negative outcomes that are the focus of the Wennem Wadati: A Native Path to Healing project (suicide, incarcerations, prolonged suffering, homelessness, unemployment, school failure or dropout, and removal of children of their homes).

Overall mental health of children, families and communities were improved with the services provided from our program in numerous ways. We noticed there were cultural disconnects, a sense of belonging was needed. Our cultural activities provided a safe place for support and understanding. Families were able to have a meal and learn a new cultural activity with community engagement. Our cultural specialist would often see a need for 1:1 time with families or an individual and assess the situation accordingly. We are often told attending our cultural activities makes them feel better. We collaborate with other community partners for these activities, some of which job opportunities or housing options are shared. Our students connect with one another and look forward to seeing their new friend at school or other events. Overall, our program encourages families to connect with their culture in a positive approach, so they can overall have a positive environment professionally or personal.

3) Provide a brief narrative description of progress in providing services through the Wennem Wadati: A Native Path to Healing project to unserved and underserved populations.

We are collaborating with other local agencies to offer our center for meetings or workshops. Many families are unfamiliar with all services available to them. We are creating flyers for distribution and plan to utilize social media to reach those we cannot through schools or TANF.

4) Provide a brief narrative description of how the Wennem Wadati: A Native Path to Healing services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

All of what we provide are with respect to each tribe. We serve many different tribal members from many different tribes. Many don't know which tribe they belong to; therefore, they absorb what we share and teach the most. There are many approaches when teaching Native American Languages for example, because we are on Miwok land, there are many dialects to the Miwok language, including the spelling (Me-Wuk, Mi-wuk). It is extremely important that we learn and respectfully talk with the elders before sharing the Native American culture.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkage to medically necessary care, stigma reduction and discrimination reduction.

We are actively attending the Western Slope Collaborative and looking for more opportunities to collaborate with the many agencies in El Dorado County. Many conversations have been held to hold a Native American Round Table meeting for this County. This would be an opportunity to share the perspectives and misunderstandings from the Native American families.

- 6) Provide the outcome measures of the services provided and customer satisfaction surveys.**
- **Measurement 1: Casey Life Skills Native American Assessment, or other assessment tool to be determined by contractor, to be given when a student joins the Talking Circles and when they end their participation.**

Whenever we have a large group a pre and post verbal survey is conducted. We found that we can obtain more knowledge and information from students/families and community members when we give them an open forum to talk. All information obtained is confidentially stored.

- 7) Report on unduplicated numbers of individuals served, including demographic data.**

There were 90 unduplicated individuals, almost equal parts to male and female. Our families are very private and would not disclose if they are two-spirited.

- 8) Report on the reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.**

Our families really suffered during the months we were unable to provide services. We received many crises calls and calls to inquire about the cultural activities. Many were stating it was there only way to connect with the native community as they are here alone while family lives out of state. This was proof in itself of how detrimental not our services having was for our Native Community.

- 9) If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.**

There were 2 referrals to County Behavioral Health.

- 10) If known, the average duration of untreated mental illness.**

Unknown

- 11} If known, the number of individuals who followed through on the referral and engaged in treatment.**

Unknown

- 12) If known, provide the average interval between mental health referral and participation in treatment.**

Unknown

13) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

We utilized \$27,281.76 in expenditures for our services throughout the 3rd and 4th quarter's. We are expecting to utilize our full budget for Fiscal Year 2024-2025. Our program was able to collaborate with other organizations and obtain donations such as additional material for skirt making, cultural books (native wellness books). Our collaboration with Foothill Indian Education Alliance, Inc to utilize the tutoring center and access to the students, families and communities has been beneficial with outreach.

14) Provide any additional relevant information.

Although the start to this grant was not at all what was expected with the start of it in late January 2024, we were able to service many students, families, and community members. We are excited to continue to grow and have more opportunities for outreach.

Clubhouse El Dorado Project

Provider: NAMI El Dorado

Project Goals

- Engage community members with a history of mental illness.
- Increase the number of members employed outside of the clubhouse.
- Decrease the number of members who experience relapse.
- Decrease hospitalizations, incarcerations, homelessness, recidivism.
- Increasing pursuit of education
- Improving overall well-being
- Provide respite and support for primary care givers of members.
- Increase/maintain independent living.
- Reducing isolation.

Numbers Served and Cost (Note: FY 23-24 was the first year for this provider – services were not available for members until FY 24-25 – See “Annual Report 2023-2024” below for start-up information)

Expenditures	FY 2023-24
MHSA Budget	\$300,000
Total Expenditures	\$27,894
Unduplicated Individuals Served	0
Cost per Participant	0
Age Group	FY 2023-24
0-15 (children/youth)	0
16-25 (transitional age youth)	0
26-59 (adult)	0
Ages 60+ (older adults)	0
Unknown or declined to state	0

Race	FY 2023-24
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	0
Other	0
Multiracial	0
Unknown or declined to state	0
Ethnicity by Category	FY 2023-24
Hispanic or Latino	
Caribbean	0
Central American	0
Mexican/Mexican-American/Chicano	0
Puerto Rican	0
South American	0
Other	0
Unknown or declined to state	0

Non-Hispanic or Latino	
African	0
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
Multi-ethnic	0
Unknown or declined to state	0

Primary Language	FY 2023-24
Arabic	0
Armenian	0
Cambodian	0
Cantonese	0
English	0
Farsi	0
Hmong	0
Korean	0
Mandarin	0
Other Chinese	0
Russian	0
Spanish	0
Tagalog	0
Vietnamese	0
Unknown or declined to state	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Gay or Lesbian	0
Heterosexual or Straight	0
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Declined to State	0
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Male	0
Female	0
Declined to answer	0
Current Gender Identity:	
Male	0
Female	0
Transgender	0
Genderqueer	0
Questioning / unsure of gender identity	0
Another gender identity	0
Declined to answer	0

Disability	FY 2023-24
Difficulty seeing	0
Difficulty hearing or having speech understood	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0
Physical/mobility	0
Chronic health condition/chronic pain	0
Other (specify)	0
Declined to state	0
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Yes	0
No	0
Unknown or declined to state	0
Region of Residence	FY 2023-24
West County	0
Placerville Area	0
North County	0
Mid County	0
South County	0
Tahoe Basin	0
Unknown or declined to state	0

Economic Status	FY 2023-24
Extremely low income	0
Very low income	0
Low income	0
Moderate income	0
High income	0
Unknown or Declined to Answer	0
Health Insurance Status	FY 2023-24
Private	0
Medi-Cal	0
Medicare	0
Uninsured	0

Annual Report FY 2023-2024

Please provide the following information for this reporting period:

- Briefly report on how implementation of the Clubhouse El Dorado Project is progressing and any major accomplishments and challenges.**

Finding a location proved to be a significant challenge that delayed our start by four months. We received significant resistance from a neighboring business and its property owner, and through this we learned that the property was not zoned to accommodate the activity of a Clubhouse. Significant delays were presented at the location we did secure due to delays in property upgrade the owner required. However, once we obtained access, our challenges were to 1) secure sufficient funding to cover the delays and possible blocking of reimbursement, 2) hire a qualified staff person to assist the Executive Director, 3) prepare the site for opening with enough furniture, supplies, and materials, and 4) begin to register members in preparation for the opening. We have been able to meet all these challenges.

- Briefly report on how the Clubhouse El Dorado Project has improved the overall health of the children, families, and communities by addressing the primary negative outcomes that are the focus of the Clubhouse**

El Dorado Project (suicide, prolonged suffering, school failure or dropout, incarceration, unemployment, homelessness, and removal of children from their homes).

Since our opening date is scheduled for August 5, 2024, we have not been able to directly address the primary negative outcomes that are the focus of Clubhouse El Dorado. However, we continually get feedback from family members and community partners that the promise of the Clubhouse is inspiring hope in those impacted by serious mental illness. Enthusiasm has been high; member applications promise to bring us close to our target in record time.

3. Provide a brief narrative description of progress in providing services through the Clubhouse El Dorado Project to unserved and underserved populations.

The progress we've made involves preparation of the site, presentations to providers throughout the county to recruit members, and conversations with potential members and their families.

4. Provide a brief description of activities preformed to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction, and discrimination reduction.

The Clubhouse-International philosophy is recovery- and work-oriented and has a track record of measurable success. Our presentations to 65 staff members at the Department of Behavioral Health, 15 staff members at the Cameron Park Counseling Center, the director of Behavioral Health at the El Dorado Community Health Center, as well as the El Dorado Hills and Cameron Park Rotaries, emphasizes stigma and discrimination reduction by showing examples of people who have been helped by their membership in their local Clubhouse. We have received positive feedback after all our presentations, indicating successful communication a more robust recovery than previously imagined is actually possible. This demonstrates stigma and discrimination reduction about serious mental illness.

5. Provide the outcome measures of services provided and of customer satisfaction surveys. Outcome measures for the Clubhouse El Dorado Project are:

Since we have not officially opened yet, we have not actually begun to provide services. So we cannot respond to these questions besides entering "0".

- a. Number of members engaged - We have received 16 membership applications
- b. Number of members who maintain recovery - 0
- c. Number of members who gain employment outside of the clubhouse - 0
- d. Number of members who maintain stable housing - 0
- e. Number of members who report improved overall well-being - 0
- f. Number of family members who report improved well-being - 0

6. Provide total project expenditures and the type and dollar amount of leveraged resources and/ or in-kind contributions.

Total Project Expenditures: \$42,900.71 (inclusive of non-MHSA funding)

In-Kind contributions include approximately \$10,000 worth of used furniture and appliances.

7. Provide any additional relevant information.

Our opening date is Monday August 5, and we expect between 10-30 members to show up for orientation. We look forward to growing our clubhouse membership to 50 with daily attendance at least 10 members per day.

Early Intervention Programs

Older Adult Enrichment Program

Provider: EDCA Lifeskills

Note: FY 2023-24 this project was restructured to better integrate services under one project after recognizing the duplication of efforts when the project was described as three independent programs (Senior Peer Counseling, Friendly Visitors, Senior Link).

Project Goals

- Provide referrals and linkage to mental health providers, physical health providers, community resources.
- Clients know of and successfully access other needed mental health services.
- Clients will achieve positive outcomes including increased socialization, improved resilience, improved feelings of well-being and protective factors, and linkage to community resources.
- Provide clients with meaningful one-on-one interactions.
- Provide volunteer training to accommodate the different levels of care within the project.
- In addition to those listed above, Senior Peer Counseling clients will also:
 - Demonstrate improved lifestyle factors over the course of their counseling as measured by an evidence-based measuring tool such as the Therapeutic Lifestyle Changes (TLD) tool.
 - Increased resiliency, clients improve their mental health and self-sufficiency.
 - Identify the primary issue of focus (problem list) for counseling.
 - Achieve improvements in their feelings of well-being as shown on the Outcomes Rating Scale (ORS) or comparable measurement tool.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$55,000	\$55,000	\$400,000
Total Expenditures	\$49,955	\$54,940	\$127,770.06
Unduplicated Individuals Served	81	71	81
Cost per Participant	\$617	\$774	\$1577
Age Group	FY 2021-22	FY 2022-23	FY 2023-24

0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	0	0	0
26-59 (adult)	5	5	5
Ages 60+ (older adults)	76	66	76
Unknown or declined to state	0	0	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	1	0	3
Asian	0	1	1
Black or African American	1	1	0
Native Hawaiian or Other Pacific Islander	0	0	1
White	77	68	74
Other	1	1	3
Multiracial	1	0	1
Unknown or declined to state	0	0	0
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24

Hispanic or Latino			
Caribbean	0	0	0
Central American	1	1	0
Mexican/Mexican-American/Chicano	1	6	5
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	5	0	0

Non-Hispanic or Latino			
African	0	1	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	1	1	0
Filipino	0	0	1
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other/ North American	0	72	0
Multi-ethnic	0	0	0
Unknown or declined to state	0	0	0

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	79	69	80
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	2	2	1
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	0	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	0	0	1
Heterosexual or Straight	81	71	79
Bisexual	0	0	1
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
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male	19	11	25
Female	62	60	56
Declined to answer	0	0	0
Current gender identity:			
Male	19	11	25
Female	62	60	56
Transgender	0	0	0
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	0	0	0

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	8	2	9
Difficulty hearing or having speech understood	7	2	5
Mental disability including but not limited to learning disability, developmental disability, dementia	3	2	0
Physical/mobility	21	16	14
Chronic health condition/chronic pain	23	29	38
Other (specify)	0	0	0
Declined to state	0	0	0
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	9	4	8
No	72	67	73
Unknown or declined to state	0	0	0
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	17	21	22
Placerville Area	44	36	39
North County	8	7	6
Mid County	9	7	12
South County	2	0	2
Tahoe Basin	1	0	0
Unknown or declined to state	0	0	0

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	14	6	16
Very low income	24	18	20
Low income	21	21	15
Moderate income	10	15	24
High income	10	11	6
Declined to Answer	1	0	0
Health Insurance Status	FY 2021-22	FY 2022-23	
Private/VA	7	8	8
Medi-Cal	7	6	11
Medicare	69	57	71
Uninsured	0	0	0

Annual Report FY 2023-24

Please provide the following information for this reporting period:

- Briefly report on how implementation of the Older Adult Enrichment project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any other major accomplishments and challenges.**

Implementation activities are proceeding on target so far. To reach the target, we first had many steps to put into place to acquire a location and furnish it to accommodate our growing counseling program and the additional requested activities. The program, which was already in place, free mental health counseling to adults 55+ had no viable place to provide the existing services, let alone additional services. These discussions with the county and the process to amend the contract to support rent and supplies took most of the first fiscal year and was finally accomplished by June 1, 2024. We have rented, moved into, and furnished an office large enough to accommodate the existing and additional services. A private grant was obtained to pay for most of the furnishings. This was our major challenge and accomplishment. A Grand Opening was held on 5-23-24. The location allows for multiple counselors to be providing services at a time 40 hours per week. It also allows for our next accomplishment which was to start and successfully sustain an ongoing support group for seniors on a weekly basis. This has been in operation for most of the fiscal year and will continue. Plans are being made to add an additional therapeutic support group, and social activities weekly.

The counseling program is in full swing with the accomplishment of serving 15% more clients this fiscal year than last. In addition, we trained 4 new volunteer peer counselors, bringing our total counselor count to 14. We have been able to keep up with the client demand for services with a minimal wait of 2 weeks or less from intake to services being provided. Another accomplishment is that we served double the number of veterans and more than double the number of males that were provided services the prior year.

An ongoing challenge is being unable to recruit and hire qualified candidates for the open positions, currently a Program Manager and adding another Licensed Clinical Supervisor. We continue to work on accomplishing this as soon as possible.

2) Briefly report on how the Older Adult Enrichment project has improved the overall mental health of the older adult population by addressing the primary negative outcomes that are the focus of the Older Adult Enrichment project (suicide and prolonged suffering). Please include other impacts, if any, resulting from the Older Adult Enrichment project on the other five negative outcomes addressed by PEI activities: (1) homelessness; (2) unemployment; (3) incarceration; (4) school failure or dropout; and (5) removal of children from their homes.

This past year, 64% of our clients experienced prolonged suffering from untreated mental, emotional, and relational problems for 1-2 years or more before starting counseling services. The other 36% suffered for 44 weeks or less before engaging in counseling. In addition, we saw 11% of our clients who presented with a history of or current suicidal ideation.

Our outcome measures show that post treatment there was a significant increase in personal well-being, quality of relationships with friends and family, increase in social activities and accessing of community resources. Those who presented with a history of or current mild suicidal ideation reported to their counselors either during or at the end of treatment that they were no longer experiencing those thoughts. We had zero client suicides. Clients also reported a new ability to use skills learned in counseling for self-help, self-care and to maintain progress made. Data shows that 73% of all clients who completed surveys, at the end of treatment, held a belief that they were improved overall and could manage their own lives. This indicates an end to prolonged suffering and an amelioration of suicidal ideation. These are all significant protective factors.

Some of the comment's clients wrote from this fiscal year's Outcome Surveys show the benefits and reduction or elimination of prolonged suffering:

- ✓ A. was a great help to me. He is a very good listener. He made me feel comfortable from the very beginning. He listened to what I had to say, asked questions, and gave me suggestions for my problems. He was great! I would highly recommend him!
- ✓ T. was a wonderful counselor. He listened and understood what I was coping with. He had very good suggestions that helped me very much.
- ✓ S. is amazing, she was authentic and caring and made a real difference.
- ✓ B. was warm and pleasant, putting me at ease. Feeling comfortable helped me to open up and hear myself talk. I heard myself say things that I've kept to myself. It's helped me see things better/clearer.
- ✓ I want to thank you. I had a stroke last fall and during my recovery I went into a deep depression. It has taken a lot of counseling and meeting with health care professionals. Bless all of you that volunteer and work with people in need. M. was wonderful to talk with, she listened and offered unconditional support!! Thank you, Senior Peer Counseling, for all the good work you do!!

- ✓ M. was amazing, so empathic and warm, easy to talk to and put everything into perspective. Helped me get through one of the hardest times of my life.
- ✓ L. has been an emotional lifesaver. Her willingness to share, gently guide and be totally honest with my behaviors has been a wonderful blessing. I credit her guidance with who I've survived to become. She has held me accountable without judgement, as I've struggles to heal with my loss. I can't say enough thank yous for this program and her presence.
- ✓ K. is a gem. I did not expect such a wonderful lady to be my peer counselor. What a fantastic surprise! She has been a great listener and a tremendous help in my mental health and processing my emotions. You have a great service for the community. Thank you so much!
- ✓ It helped me to talk with someone like K. that really listened to my problems and helped me be positive in my life and not be so negative in my thoughts. She really helped me through my depression.
- ✓ Senior Peer Counseling helped in a time of need. Very kind and helpful.
- ✓ Very effective in all areas of counseling. I am more about all aspects of my life now. I feel more human than before. Thank you all.
- ✓ Everything was really helpful. It was a great experience. Thank you so much.
- ✓ S. was a very good and effective peer counselor. She was levelheaded with practical sound advice, ideas and life experience. She was easy to talk to and relate to. My time with her was very valuable. Thank you, S!

3) Provide a brief narrative description of progress in providing services through the Older Adult Enrichment project to unserved and underserved populations. Underserved is defined in California Code of Regulations 3200.300 as “clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided with the necessary opportunities to support their recovery, wellness, and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement, or other serious consequences.”

The unserved and underserved population we serve are the older adults (60+) who have, according to our data, been experiencing prolonged suffering due to untreated depression, anxiety, trauma, relational problems, and personal and social loss for more than 1 year without intervention or support. This population is also often geographically isolated due to the rural nature of the county or unable to access transportation due to their physical or financial limitations. Again, this year, 63% of our clients fell into the extremely low, very low- and low-income brackets. Some of our clients are at risk for out of home placement and/or homelessness due to unmet mental health and/or financial needs.

We have been successful in providing free mental health counseling to this population, without the barriers and requirements put in place by county or insurance-based programs. Our outcome surveys bear out this fact. People come to us with untreated or chronic mental illness, and most are resolved enough not to have to go on to receive professional or government run services. Other progress in supporting their recovery, wellness and resilience has been in offering a support group where they can connect socially, grow their relationships, and make friendships. When we link them with community resources that match their unmet needs and provide a caring and helpful peer counselor who may have experienced similar difficulties and offers non-judgmental and practical ideas for balancing their therapeutic lifestyle habits and solving their other problems, they make progress and begin to thrive again. Senior Peer Counseling fills the gap of unmet needs in this underserved population.

4) Provide a brief narrative description of how the Older Adult Enrichment services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

91% of the clients we served last year were White, and 87% of our counselors are White, so we are providing culturally competent services to this population. We do lack racial/ethnic diversity though overall in this population. With the diversity we do serve, counselors with similar background, knowledge or experience are available. Care is taken to learn from the client about their specific ethnicity, cultural norms and ways, specific family values and spiritual beliefs. One of our counselors is East Indian, speaks Hindi, Punjabi, and Urdu, and can offer expertise to that growing population in our county. We do have 1 male Spanish speaking counselor who is available for translation and providing direct counseling services. We have not had any Spanish only speaking clients in the last year, however, are now collaborating with the Latino Outreach program at New Morning Youth & Family Services to gain knowledge, address needs, reduce stigma and provide a bridge to providing services in the Spanish speaking community.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.

This year we did a variety of outreach activities. Speaking engagements included Marshall Hospital Auxiliary, El Dorado Hills Estates Homeowners Association, and the Commission on Aging. Collaboration activities occurred with the Federated Church, attending the MHSA Diversity and Inclusion Meeting, the Cultural Competency Committee, the Behavioral Health Commission, working with the MHSA team to amend the contract to provide more services and secure the health of the project/program, with the Placerville Senior Center's Information and Assistance Division, Adult Protective Services, and Marshall Home Care.

Outreach occurred through having a booth and talking with people at the El Dorado Community Health Center for National Night Out, hosting a Grand Opening and Open House event to showcase the new home of the Older Adult Outreach Program/Senior Peer Counseling, participating, and having a booth at the Senior Resource Fair in Heritage Oaks Senior Community in El Dorado Hills. Throughout the year, articles were written for The Mountain Democrat, The Senior Times, as well as the Placerville Ostomy Association Newsletter. Advertising included ongoing ads in the Mountain Democrat, the Senior Times, The Clipper, The Gold Panner and the Windfall newspapers, Style Magazine, and Village Life.

Stigma and discrimination reduction was provided through trainings for the volunteer counselors, including Trauma Informed Care, Cultural Awareness and Evidenced Based Practices, and Navigating Grief. Other trainings provided throughout the year were: Doing Effective and Culturally Sensitive Client Closures, Vicarious Traumatization and Cultivating Resiliency and Non-Violent Communication. Much of stigma reduction occurred through peer-to-peer interaction and services, changing our language and verbiage about mental health, and normalizing mental health struggles as part of life.

Most of the discrimination we encounter in our work is due to age and disability. 66 out of the 81 people we served had a disability, and 76 were classified as "older adults". We find these clients to be marginalized and experience loss of self-worth and agency. Peer counselors work to link clients back into the community and build their self-esteem and efficacy. This is sometimes done through providing a warm or in person referral,

following up with the client to make sure they have accessed the resources and helping them resolve any barriers.

6) Provide the outcomes measures of the services provided. Outcome measures for the Older Adult Enrichment project are:

- **Measurement 1: Volunteers will have older adults complete a pre- and post-services customer satisfaction survey.**

Since the program has not yet started the social activities portion of the contract, a pre and post customer satisfaction survey has not been implemented. We do however have an ongoing measurement of that for our counseling clients as stated in the Measurements below.

- **Measurement 2: Contractor will report the number of referrals to mental health providers, physical health providers, and community resources.**

100% of all the clients we serve receive referrals to community resources at intake and during the counseling term. Approximately 52% are referred to a physical health provider and 11% referred to mental health providers for a higher level of care or ongoing psychotherapy.

- **Measurement 3: For counseling clients, contractor will complete a pre-and post-rating form with the client to measure Therapeutic Lifestyle Changes, primarily pro-health and pro-mental health activities and habits which have been shown to lead to positive physical, emotional, and cognitive improvements in people of all ages. The categories to be measured are: Exercise, nutrition/diet, nature, relationships, recreation/enjoyable activities, relaxation/stress management, religious/spiritual involvement, contribution/services.**

Data Results: N= 15 Rating Scale: 0=Deficient, 5=Just Right, 10=Excessive

(31 clients completed the Pre-Measurement, but have not completed counseling yet so no Post Measurement is available, 3 clients refused to complete them)

(Results are shown as pre and post number averages)

Exercise: 3 to 4	Recreation/Enjoyable Activities: 1 to 4
Nutrition and Diet: 3 to 5	Relaxation/Stress Management: 2 to 5
Nature: 4 to 5	Religions/Spiritual Involvement: 3 to 5
Relationships: 4 to 6	Contributions/Volunteering: 2 to 5
Amount of Sleep: 2 to 5	

- **Measurement 4: Outcome Rating Scale (ORS) measurement tool, which measures the following four psychological categories: Emotionally (personal well-being), Interpersonally (family, close relationships), Socially (work, clubs, friendships, activities).**

This is an outcome tool that is given at the end of the client's counseling to measure four (4) realms of psychological health as stated above. It also asks the client to rate how well the volunteer did as their peer counselor, their perception of changes and goals met because of counseling and if they would recommend the program to others.

The results, as stated below, show that Senior Peer Counseling is improving older adults' quality of life with statistical significance. It shows that not only are problems with mental health being prevented from becoming severe and disabling, but that there is an overall improvement at the end of the counseling experience.

Data Results: N=24

Emotionally, (Personal Well-Being): 0=worse, 5=the same, 10=better

Average Score: 8.0

Interpersonally, (family, partner): 0=poor, 5=good, 10=excellent

Average Score: 7.1

Socially, (work, clubs, friendships, activities): 0=not satisfied, 5=satisfied, 10=very satisfied

Average Score: 6.7

Would You Recommend Senior Peer Counseling to Others:

Yes: 23

No: 0

Did not Answer: 1

- **Measurement 5: Volunteers will record the clients' self-reported improvement in the presenting problem selected by each client at the start of the peer counseling.**

During counselling, counselors ask clients each week how they are progressing toward their established goals. This is done via our Session Summary Form. Clients are encouraged to monitor their own progress, implementation of skills learned, and resources provided by the counselor. The data below shows the client's self-reported improvement.

Course of Counseling Data Results: N=180

1. How helpful was our session today? 0=Not Helpful 5=Very Helpful

Average Score= 4.91

2. How do you feel after our session today? Worse= 1 Same= 16 Better= 163

3. Going back to your original concerns, do you believe there has been improvement?

a. YES: 165

b. NO: 15

Post Counseling Survey Data Results: N=24

Overall improvement in the Presenting Problem: Improved, Stayed the Same, Gotten Worse

Actual Numbers: Improved: 18 Stayed the Same: 5 Gotten Worse: 1

Counseling Experience: 0=least helpful, 10=very helpful

Average Score: 9.2

- **Measurement 1: Volunteers will have older adults complete a pre and post-services customer satisfaction survey.**

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Data Results: N= 15 Rating Scale: 0=Deficient, 5=Just Right, 10=Excessive

(31 clients completed the Pre-Measurement, but have not completed counseling yet so no Post Measurement is available, 3 clients refused to complete them)

(Results are shown as pre and post number averages)

Exercise: 3 to 4	Recreation/Enjoyable Activities: 1 to 4
Nutrition and Diet: 3 to 5	Relaxation/Stress Management: 2 to 5
Nature: 4 to 5	Religions/Spiritual Involvement: 3 to 5
Relationships: 4 to 6	Contributions/Volunteering: 2 to 5
Amount of Sleep: 2 to 5	

- **Measurement 4: Outcome Rating Scale (ORS) measurement tool, which measures the following four psychological categories: Emotionally (personal well-being), Interpersonally (family, close relationships), Socially (work, clubs, friendships, activities).**

This is an outcome tool that is given at the end of the client's counseling to measure four (4) realms of psychological health as stated above. It also asks the client to rate how well the volunteer did as their peer

counselor, their perception of changes and goals met because of counseling and if they would recommend the program to others.

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Data Results: N=24

Emotionally, (Personal Well-Being): 0=worse, 5=the same, 10=better

Average Score: 8.0

Interpersonally, (family, partner): 0=poor, 5=good, 10=excellent

Average Score: 7.1

Socially, (work, clubs, friendships, activities): 0=not satisfied, 5=satisfied, 10=very satisfied

Average Score: 6.7

Would You Recommend Senior Peer Counseling to Others:

Yes: 23

No: 0

Did not Answer: 1

- **Measurement 5: Volunteers will record the clients' self-reported improvement in the presenting problem selected by each client at the start of the peer counseling.**

During counselling, counselors ask clients each week how they are progressing toward their established goals. This is done via our Session Summary Form. Clients are encouraged to monitor their own progress, implementation of skills learned and resources provided by the counselor. The data below shows the client's self-reported improvement.

Course of Counseling Data Results: N=180

4. How helpful was our session today? 0=Not Helpful 5=Very Helpful

Average Score= 4.91

5. How do you feel after our session today? Worse= 1 Same= 16 Better= 163

6. Going back to your original concerns, do you believe there has been improvement?

a. YES: 165

b. NO: 15

Post Counseling Survey Data Results: N=24

Overall improvement in the Presenting Problem: Improved, Stayed the Same, Gotten Worse

Actual Numbers: Improved: 18

Stayed the Same: 5

Gotten Worse: 1

Counseling Experience: 0=least helpful, 10=very helpful

Average Score: 9.2

7) Report on unduplicated numbers of individuals served, including demographic data.

Please reference the chart at the beginning of this report for this data.

8) Report on the reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational-functioning.

The risk factors that we see are social isolation, loneliness, dysfunctional and/or disengaged family relationships, death of friends, poor self-care, physical disabilities causing impairment in daily functioning and/or chronic pain, lack of financial adequacy, unsuitable living situations, and loss of independence, among others. These can and often do lead to depression, anxiety, suicidal ideation, poor physical health, substance abuse and disengagement with their community.

Clients who receive services report feeling supported and understood and no longer alone. Those who participate in the support group therapy have formed new relationships within and outside of the group, growing the protective factor of friendship and human connection. During treatment clients had an increase in getting connected with their medical health care providers. We see clients, because of counseling, reconnecting with family or repairing estranged or difficult relationships to a satisfactory level. Many clients get connected with the financial and legal help they need to stabilize their lives. Those who require reports to Adult Protective Services are getting support through case management and eyes on their situation which feels like a safety net for them. Through counseling clients can take more agency for themselves and feel more in control of their lives. These are all significant protective factors that occur because of counseling services.

9) If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.

1 client was referred to County Behavioral Health in the past fiscal year for chronic mental illness to received weekly therapy and psychiatric care.

10) If known, the number of individuals who followed through on the referral and engaged in treatment.

Unknown

11) If known, provide the average interval between mental health referral and participation in treatment.

Unknown

12) Provide the total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

Expenditures:

Licensed Clinical Supervision and Program Management	\$ 97,606.75
Administrative Support	21,936.25
Rent	900.00

Advertising/Outreach	2,254.73
Training	754.59
Fingerprinting/Live Scan	336.00
Office Supplies/Equipment	3,517.28
15% Markup	495.60
Total Expenditures	\$ 127,801.20

In-Kind Contributions:

Volunteer Hours	2,192.00
Apple Computer	
Office Desk	
2 Chairs	
Presentation/Sandwich Board	

13) Provide any additional relevant information.

It deserves being highlighted that all the peer counseling is provided by the 14 volunteers. They are highly trained lifelong learners who have a passion for giving back to the community. Without their contributions, this program would not exist or would cost multiple times more to provide if employees were used. This group of volunteer peer counselors are positive, energetic, dedicated paraprofessionals who truly care about the clients and the program. They report getting as much benefit from the program as they give back. The support they receive from the Clinical Supervisor and each other, as well as the ongoing trainings they receive provide a large benefit to their mental health and social well-being, which has a trickle-down positive effect on the client's mental health and social engagement. This example encourages clients to go out and volunteer in their communities as well. These volunteer peer counselors are a stellar group of people who deserve commending in this report. We could not be providing such great services without them!

Children 0-5 and Their Families Project

Provider: Infant Parent Center

Project Goals

- Increased number of families within the target population who are accessing prevention/wellness/intervention services.
- Strengthened pipeline among area agencies to facilitate appropriate and seamless referrals between agencies in El Dorado County.
- Increased awareness of services available among families, health care providers, educators and others who may have access to target population.
- Emotional and physical stabilization of at-risk families (increasing trust).
- Improved infant/child wellness (physical and mental health).
- Improved coping/parenting abilities for young parents.
- Increase awareness and education of Domestic Violence and how it impacts families and young children.
- Enhancement of programs serving children 0-5.
- Decreased number of children removed from the home.
- Decreased incidence of prolonged suffering of children/families.
- Child abuse prevention.
- Suicide prevention.
- Increased cooperation and referrals between agencies.
- Reduced stigma of mental health/counseling interventions among target population.
- Improved trust of services as evidenced by an increase in self-referral by target group families.
- Decreased cost of 5150 and hospitalizations by providing services in outpatient setting.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$300,000	\$300,000	\$390,000
Total Expenditures	\$299,893	\$299,988	\$389,956.25 ⁴
Unduplicated Individuals Served	218	187	210
Cost per Participant	\$1,376	\$1,604	\$1856

⁴ RER correction identified after submission. Amount included in FY 23/24 Outcomes Report will be corrected on FY 24/25 RER through allowable adjustments.

Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	59	41	52
16-25 (transitional age youth)	27	27	19
26-59 (adult)	120	108	129
Ages 60+ (older adults)	0	0	1
Unknown or declined to state	12	11	9
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	0	0	0
Asian	0	2	5
Black or African American	1	2	2
Native Hawaiian or Other Pacific Islander	2	0	4
White	128	112	125
Other	31	26	21
Multiracial	4	6	8
Unknown or declined to state	52	39	45

Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	33	24	22
Puerto Rican	4	0	0
South American	0	4	5
Other	0	0	0
Unknown or declined to state	0	0	0
African	0	2	2
Asian Indian/South Asian	0	2	5
Cambodian	0	0	0
Chinese	0	0	0
European	122	112	124
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	1
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	2	0	2
Multi-ethnic	5	7	7
Unknown or declined to state	52	36	46

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	198	182	202
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	1
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	2
Spanish	14	5	6
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	6	0	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	0	0	0
Heterosexual or Straight	91	99	118
Bisexual	8	7	7
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	0
Unknown or declined to state	119	81	36
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Male	82	44	59
Female	136	143	151
Unknown or declined to answer	0	0	0
Current Gender Identity:			
Male	82	44	59
Female	136	143	151
Transgender	0	0	0
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Unknown or declined to answer	0	0	0

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	0	1	0
Difficulty hearing or having speech understood	1	1	0
Mental disability including but not limited to learning disability, developmental disability, dementia	18	15	14
Physical/mobility	1	0	1
Chronic health condition/chronic pain	0	2	1
Other (specify)	0	1	1
Declined to state, none or unknown	198	167	193
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	10	9	12
No	150	136	158
Unknown or declined to state	58	42	40
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	31	39	34
Placerville Area	66	38	64
North County	14	11	4
Mid County	18	23	25
South County	6	2	2
Tahoe Basin	13	20	19
Unknown or declined to state	70	54	62

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	13	11	9
Very low income	23	10	6
Low income	84	61	77
Moderate income	47	56	62
High income	2	1	2
Unknown or Declined to Answer	49	48	54
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	46	65	62
Medi-Cal	111	69	93
Medicare	0	0	0
Uninsured	5	5	2
Unknown or Declined to Answer		48	53

Annual Report 2023-2024

The Infant Parent Center (IPC) continues in successes and innovation for prevention and early intervention for families 0-5 in the scope of psychotherapy and supportive services. We served 332 new individuals through MHSA this year with a significant increase of couples and fathers requesting services. We are excited to see families seeking support on their own as well as increased successes in community collaboration and linkages. Consequently, our engagement rate increased to 98% this year!

- **412 individuals were served this fiscal year**
- **298 families served: 210 new families and 88 returning**
- **206 new families engaged in services**
- **131 families achieved treatment success in at least two areas of concern**
- **75 new families are continuing in services**
- **Perinatal depression/anxiety services increased from 32 to 125**
- **Couples services increased by 50%**

Overall, we are seeing great successes in more families coming to therapy earlier and engaging in multiple services to increase health and sustainability. Continued collaboration and follow up with agencies also maintains connection to graduated families to continue fortification for family autonomy.

The high increase of parenting teens poses both challenges and accomplishments. Teen parents have extensive complications with coexisting in 2 life developments: adolescents and parenthood. This creates great challenges to engagement, school success and family wellness. 98% of teens referred engaged in both IPC and additional services. IPC served a total of 14 teen parents this year.

We attribute this success to the close collaborative work with Public Health, Early Head Start, Mother Teresa's Shelter and IPC. These agencies communicate weekly, interact in the Community Forums and IPC also gifted their office to Public Health for the weekly Teen Mom Support Group.

A heavy challenge this year has been the high rate of late term fetal demise. We received at least 10 referrals this year of women who lost a baby at 36 weeks gestation or later. We diligently worked with Marshall Medical, Public Health and other services to help support these women and their families as well as conversations of increasing prenatal support to help in care, diagnostics, and specialty services for high-risk pregnancies.

Another worrisome challenge is the multiple infants and toddlers on fentanyl and other substances. IPC received 6 referrals of children under 2 who had been recently exposed to these substances with 3 enduring overdose and hospitalization. We are working closely with Marshall Cares and CPS to help stabilize these children's physical and mental health. We are also in further discussions for increasing more awareness of this issue and finding greater pathways to prevention and substance support for parents.

2. Overall Improvements: Every year IPC increases education and practices to best serve families of El Dorado County. In direct therapeutic services, we are working with many more fathers, couples, and co-parents to support each family's unique need, but also give hope during the often crisis seasons (death, partner separation or divorce, foster care, etc.). We have engaged closer with Child Welfare Services (CWS), Public Health, Office of Education and Community Health this year. Specific area improvements include:

- **Suicide Support and Prevention:** IPC served 57% more men and women suffering from suicidal ideation through active suicidality: totaling 56. We were able to provide effective stabilization, therapy, and collaborative support in all cases with only 1 hospitalization this year. This high increase of suicidal parents is becoming a forefront discussion and call to action for legislative change. IPC leadership is actively involved in those discussions on state and national levels.
- **Perinatal Mood and Anxiety Disorders (PMADS):** IPC had a high increase of serving PMADS this year; from 32 to 125. This high increase speaks to more need but also more acceptance for both men and women to see psychotherapy as a wellness service rather than a defect. This is a great success in stigma reduction!
- **Abusive Head Trauma (Shaken Baby Syndrome):** Another high increase is infants at risk for Abusive Head Trauma (AHT). IPC served (29) families with no reports or observations of AHT. This success we believe comes from parents feeling comfortable to voice their stressors and challenges in parenting and IPC was successful to create a safe connection and strategies to decrease stress and increase connection with their babies. We again are grateful for the highly effective collaboration with Public Health and Early Head Start as they were critical supports in the home for these families.

- **Prolonged Suffering:** One hundred eleven (111) clients were identified as reporting relief of Prolonged Suffering. Chronic trauma, psycho-social stressors, isolation, substance dependence are among the common attributors to suffering. All of these clients reported decrease of stressors, healing from trauma and increased stabilization. This is a new way to track this for IPC and we plan to develop this area further.
- **Risk of Removal:** As with other intense risks, we did have a significant rise in families at risk for removal from Child Welfare Services (CWS). Thirty (30) families were identified but no children were removed from their homes. We attribute this success to parental engagement, collaboration with CWS and additional supportive services to decrease potential harm and create permanent connections and community for families.
- **Incarceration and Unemployment:** Continued increases this year in both areas with 47 families enduring employment loss and 30 families with new or recent incarceration. These intense life impacts can be huge barriers for family wellness; however, in all cases we saw distinctive changes to emotional and relational connection for both adults and children. Consequently, we are hoping to begin tracking new success rates of families enduring these hardships.
- **Homelessness:** We have seen another increase in serving unhoused families this year; from 19 to 23. We know many discussions and plans are being developed to identify and find sustainable permanent homes for families. IPC broadened services this year with using leveraged funds and in-kind assets to provide new sheds at the main clinic for basic needs as well as increased collaboration with Housing El Dorado to link families quickly to housing and develop positive strategies towards autonomy.

3. Underserved/Unserved Populations: Increased community collaboration and expansion in working with Marshall Medical and Barton hospital has helped identify unserved populations. Specifically, undocumented families in South Lake Tahoe and Teen Parents (14).

4. Cultural Awareness and Best Practices: IPC has increased bilingual services with 2 therapists and expanded support in South Lake Tahoe. With the support of MHSA, we also were able to attend an extensive training on client competency, implicit biases, countertransference, and sensitivity practices for all family structures.

5. Countywide Collaboration: IPC leadership created the 0-5 Community Forum this year for provider collaboration and opened discussions and strategies to create better connections with families to see services as a part of community connection rather than a deficit in parenting. Closer relationships among providers has proven to create more success in referral and linkage between agencies. Specifics include but not limited to:

- Agency Collaboratives and Needs Assessments: Public Health, CAPC, Marshall Medical, Office of Education, Mother Teresa Maternity Home, The Center for Violence Free Relationships.
- Increased leadership and activity with Child Abuse Prevention Council including collaboration with CPPP to streamline funding opportunities to better support families and preventing child detainment.
- Increased collaboration with Marshall Cares Recovery program to discuss and plan for better care, support, and intervention for Perinatal women with substance use history or current use.

6. Outcomes measures are as follows:

Measurement 1

We provided a total of three hundred sixteen (316) assessments for the entire year.

Marschak Interaction Method (MIM) - IPC conducted sixty-eight (68) MIM assessments during this period. Clients/caregivers displayed progress in one or more of the following areas:

- Increase in social-emotional development
- Decrease in trauma symptoms as evidenced by trust, reciprocity, and engagement
- Increased ability to nurture, set appropriate boundaries and emotional safety
- Increased attunement with infant/child needs, cues, and development
- Increase in caregivers' reflective capacity

Playroom/Observation and Evaluation - IPC provided forty-seven (47) playroom observation and evaluations for children served. The Playroom Evaluation / Observation is a systematic assessment provided for every child and caregiver. The assessment provides client directed as well as therapist led activities for greater observation of the child's presenting needs as well as opportunities to observe indicators of other areas of need.

Perinatal Assessment - IPC administered one hundred thirty-six (136) perinatal assessments during this period with clients displaying progress in one or more of the following:

- Identify perinatal mood and anxiety disorders
- Increase protective factors
- Strengthen relationship with baby in utero
- Process ambivalence, grief, and loss
- Linking family to resources that can minimize risk factors and increase competency

Sixty-five (65) additional written assessments (Parent Stress Index, Becks Scales, etc.) were conducted.

7-11 Behavioral Health Referrals for older children and adults:

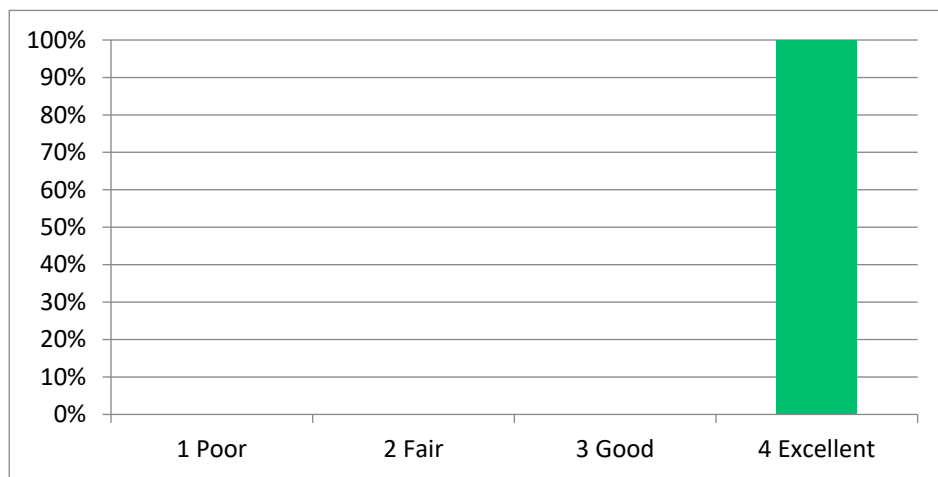
IPC abides by Board of Behavioral Sciences requirement of providing three referrals. EDCBH is always one of the referrals. Of the referrals, 4 chose EDCBH and 1 qualified for services.

12. Plan Expenditures: All contracted expenses were spent and \$2450 donated to MHSA services.

Client Satisfaction Survey

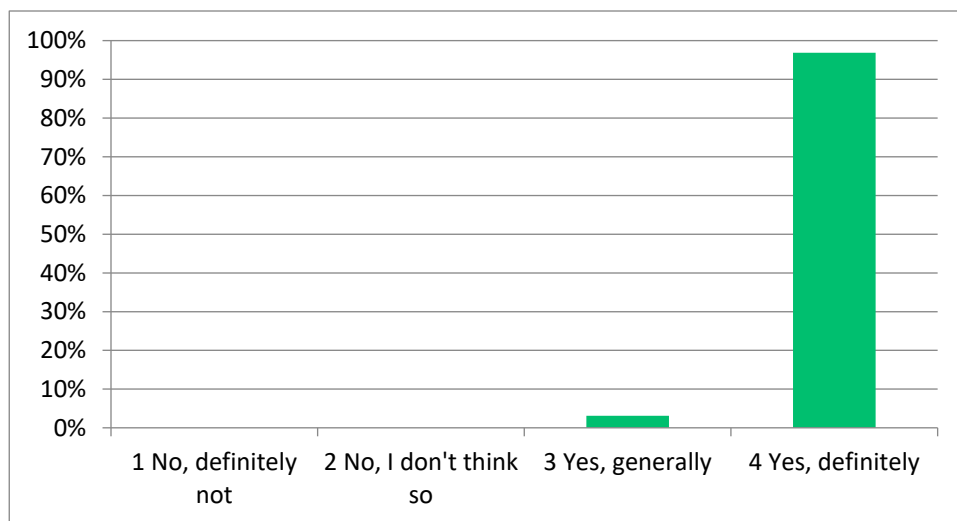
FY 2023/2024

How would you rate the quality of service you received?



1 Poor	0.0%	0
2 Fair	0.0%	0
3 Good	0.0%	0
4 Excellent	<u>100.0%</u>	<u>32</u>
Total:		32

Did you get the kind of service you wanted?

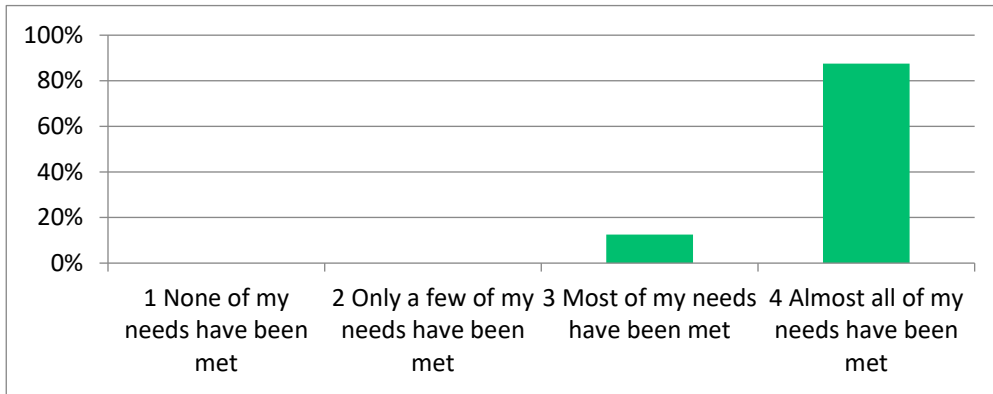


1 No, definitely not	0.0%	0
2 No, I don't think so	0.0%	0
3 Yes, generally	3.1%	1
4 Yes, definitely	<u>96.9%</u>	<u>31</u>
Total:		32

Client Satisfaction Survey

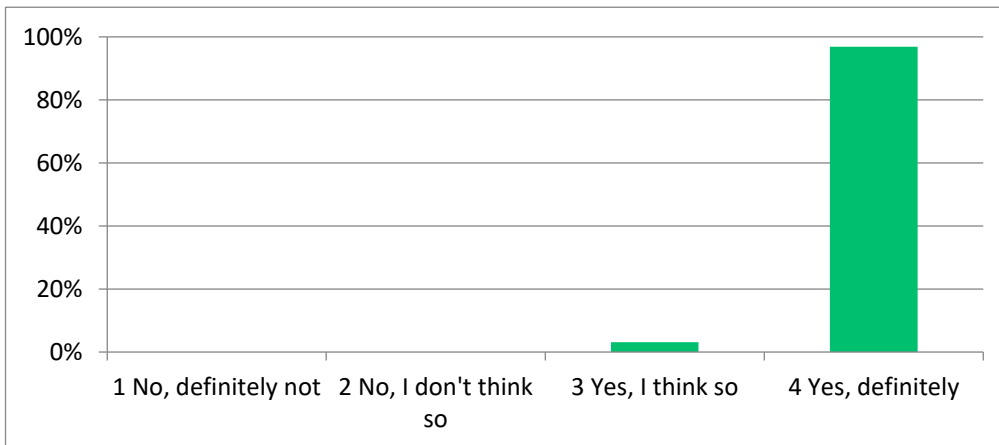
FY 2023/2024

To what extent has our program met your needs?



1 None of my needs have been met	0.0%	0
2 Only a few of my needs have been met	0.0%	0
3 Most of my needs have been met	12.5%	4
4 Almost all of my needs have been met	87.5%	28
Total:		32

If a friend were in need of similar help, would you recommend our program to him or her?

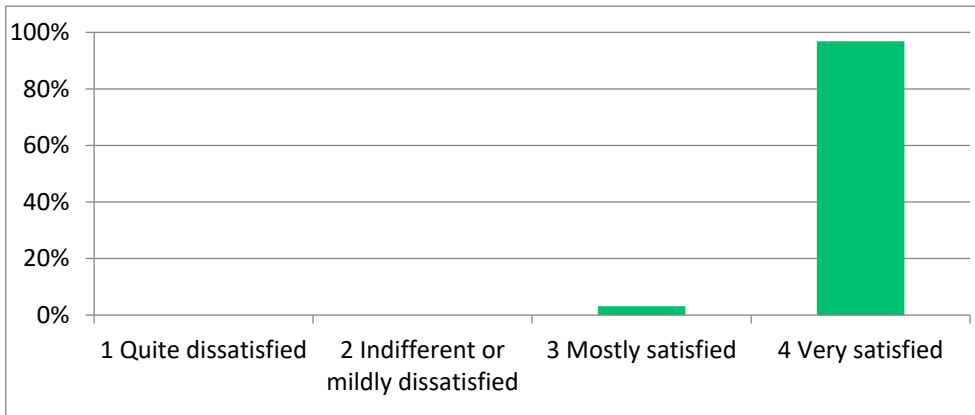


1 No, definitely not	0.0%	0
2 No, I don't think so	0.0%	0
3 Yes, I think so	3.1%	1
4 Yes, definitely	96.9%	31
Total:		32

Client Satisfaction Survey

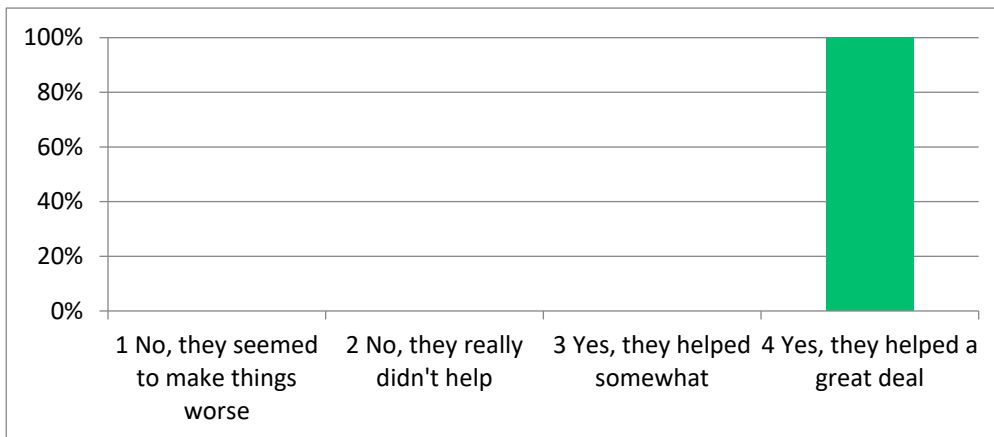
FY 2023/2024

How satisfied are you with the amount of help you received?



1 Quite dissatisfied	0.0%	0
2 Indifferent or mildly dissatisfied	0.0%	0
3 Mostly satisfied	3.1%	1
4 Very satisfied	<u>96.9%</u>	<u>31</u>
Total:		32

Have the services you received helped you to deal more effectively with your problems?



1 No, they seemed to make things worse	0.0%	0
2 No, they really didn't help	0.0%	0
3 Yes, they helped somewhat	0.0%	0
4 Yes, they helped a great deal	<u>100.0%</u>	<u>32</u>
Total:		32

Client Satisfaction Survey

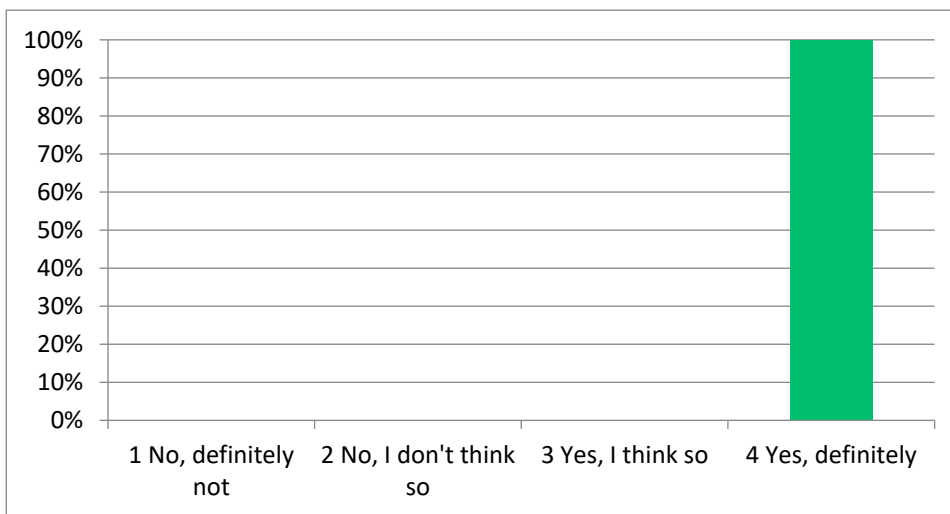
FY 2023/2024

In an overall general sense, how satisfied are you with the service you received?



1 Quite dissatisfied	0.0%	0
2 Indifferent or mildly dissatisfied	0.0%	0
3 Satisfied	9.4%	3
4 Very satisfied	90.6%	29
Total:		32

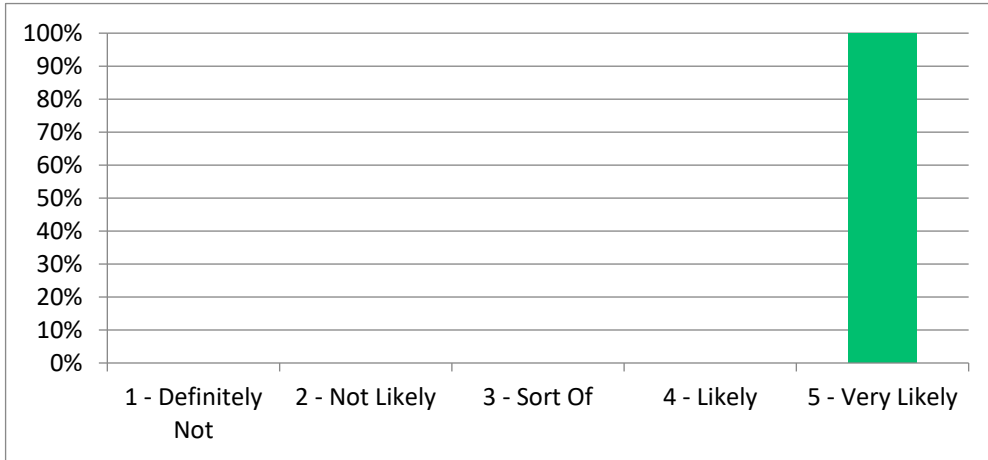
If you were to seek help again, would you come back to our program?



1 No, definitely not	0.0%	0
2 No, I don't think so	0.0%	0
3 Yes, I think so	0.0%	0
4 Yes, definitely	100.0%	32
Total:		32

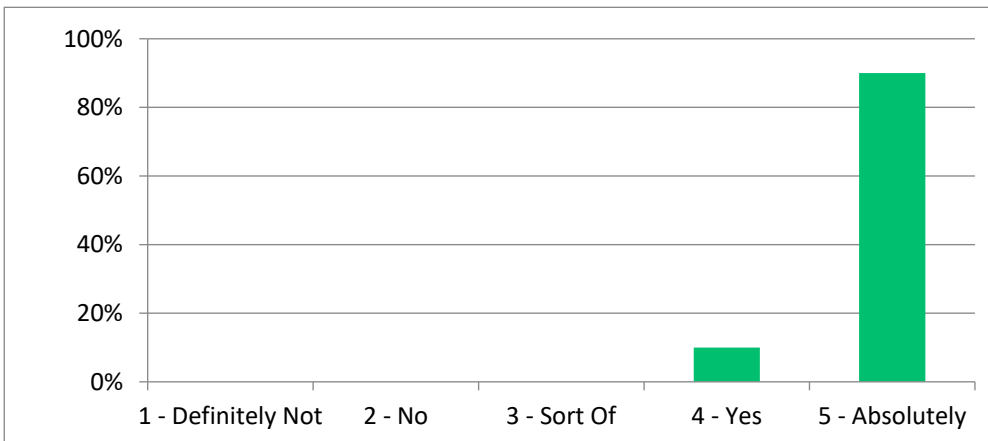
Provider Survey FY 2023/2024

How likely are you to recommend our agency to families or individuals in the future?



1 - Definitely Not	0.0%	0
2 - Not Likely	0.0%	0
3 - Sort Of	0.0%	0
4 - Likely	0.0%	0
5 - Very Likely	<u>100.0%</u>	<u>20</u>
Total		20

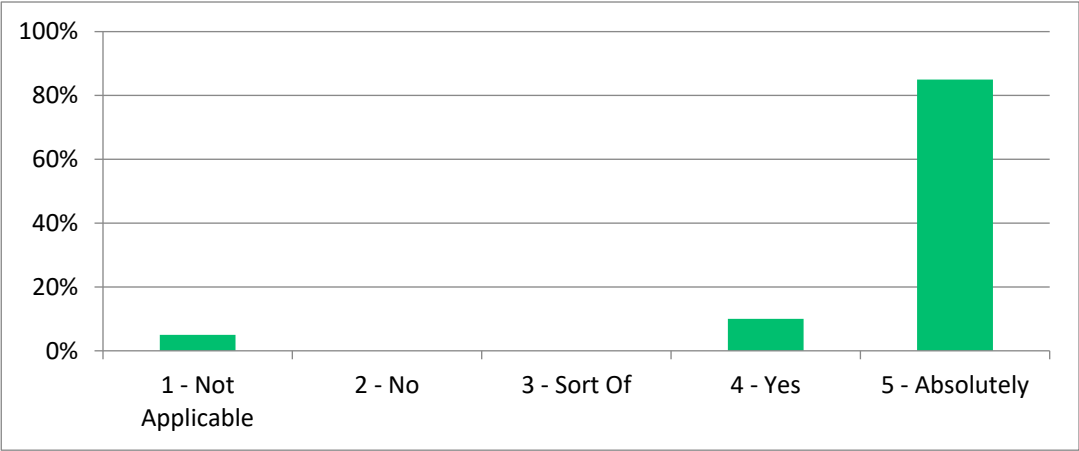
Did the Infant Parent Center respond within 24-48 hours of your referral?



1 - Definitely Not	0.0%	0
2 - No	0.0%	0
3 - Sort Of	0.0%	0
4 - Yes	10.0%	2
5 - Absolutely	<u>90.0%</u>	<u>18</u>
Total		20

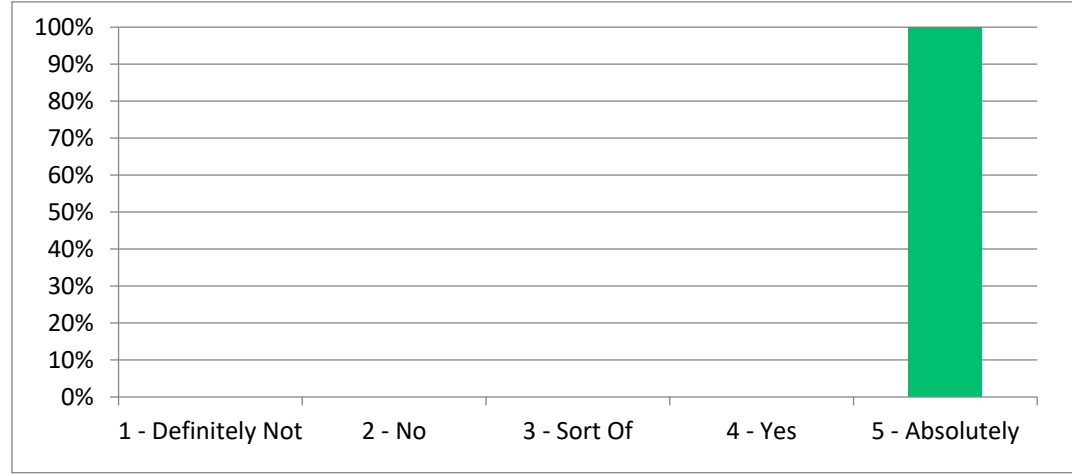
Provider Survey
FY 2023/2024

Have you heard positive feedback from families regarding services they received from IPC?



1 - Not Applicable	5.0%	1
2 - No	0.0%	0
3 - Sort Of	0.0%	0
4 - Yes	10.0%	2
5 - Absolutely	85.0%	17
Total		20

Do you believe that family wellness improves after services with IPC?



1 - Definitely Not	0.0%	0
2 - No	0.0%	0
3 - Sort Of	0.0%	0
4 - Yes	0.0%	0
5 - Absolutely	100.0%	20
Total		20

Provider Survey
FY 2023/2024

Do you find the Infant Parent Center's services essential for the community?



1 - Definitely Not	0.0%	0
2 - No	0.0%	0
3 - Sort Of	0.0%	0
4 - Yes	0.0%	0
5 - Absolutely	<u>100.0%</u>	<u>20</u>
Total		20

Prevention Wraparound Services: Juvenile Justice Project

Provider: Stanford Sierra Youth & Families

Project Goals

- Improve the array of services and supports available to children and families involved in the child welfare and juvenile probation systems.
- Engage families through a more individualized casework approach that emphasizes family involvement.
- Increase child/youth safety without an over-reliance on out-of-home care.
- Improve permanency outcomes and timeliness.
- Improve child and family well-being.
- Prevent involvement in the juvenile justice system.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$400,000	\$345,000	\$500,000
Total Expenditures	\$257,037	\$345,000	\$488,392
Unduplicated Individuals Served	39	40	48
Cost per Participant	\$6,591	\$8,625	\$10,174
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	28	30	35
16-25 (transitional age youth)	11	10	13
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	0	0	0
Asian	3	0	1
Black or African American	4	4	1
Native Hawaiian or Other Pacific Islander	1	0	0
White	21	29	38
Other	0	0	2
Multiracial	9	6	6
Unknown or declined to state	1	1	0

Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	1
Mexican/Mexican-American/Chicano	2	1	1
Puerto Rican	0	0	2
South American	0	0	0
Other	0	1	1
Multi-ethnic	4	5	3
Unknown or declined to state	0	0	0
Non-Hispanic or Non-Latino			
African	4	4	0
Asian Indian/South Asian	1	0	1
Cambodian	0	0	1
Chinese	0	0	0
European	9	14	6
Filipino	1	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	1	0	0
Other	3	5	25
Multi-ethnic	8	7	2
Unknown or declined to state	6	3	4

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	35	40	48
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	0	0
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	4	0	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	1	0	0
Heterosexual or Straight	21	18	18
Bisexual	4	5	1
Questioning or unsure of sexual orientation	0	6	0
Queer	0	0	0
Another sexual orientation	1	1	0
Unknown or declined to state	12	10	29
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male	17	23	27
Female	22	17	21
Unknown or declined to answer	0	0	0
Current gender identity:			
Male	17	23	25
Female	19	14	18
Transgender	0	0	0
Genderqueer	3	2	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Unknown or declined to answer	0	0	5

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	3	0	2
Difficulty hearing or having speech understood	2	1	2
Mental disability including but not limited to learning disability, developmental disability, dementia	9	2	3
Physical/mobility	1	0	1
Chronic health condition/chronic pain	2	1	0
Other (specify)	0	0	0
Declined to state	0	0	1
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	1	1	0
No	38	39	48
Unknown or declined to state	0	0	0
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	17	13	13
Placerville Area	15	18	24
North County	2	1	1
Mid County	4	2	8
South County	0	1	3
Tahoe Basin	0	1	0
Unknown or declined to state	1	4	0

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	4	5	9
Very low income	0	5	7
Low income	11	12	11
Moderate income	10	10	9
High income	11	5	9
Unknown or declined to state	3	3	0
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	25	19	22
Medi-Cal	10	18	22
Medicare	0	0	0
Uninsured	1	0	1
Unknown or declined to state	3	3	3

Annual Report FY 2023-24

Please provide the following information for this reporting period:

- 1) Briefly report on how implementation of the Prevention Wraparound Services: Juvenile Service project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

General Implementation: The Prevention Wraparound program has been in implementation phase since July 2019. We have continued to meet monthly with our system partners to discuss potential referrals and the progress of families in services. Out of 76 referrals received in the last year, 22 youth were referred by probation, 35 youth were referred by child welfare and 19 youth were referred by another system (ACCESS, school, or other mental health provider).

Challenges: Our main challenge this year was limited community resources to connect families to once our 6-month timeline had been completed and families requesting additional time in services. The team also received several referrals for youth who have Medi-Cal insurance.

Accomplishments: During the current review period, out of 48 youth who completed services, 94.44% of youth completed services successfully and made moderate to significant improvement in the CANS needs items.

- 2) Briefly report on how the Prevention Wraparound Services: Juvenile Services has improved the overall mental health of the children, families, and communities by addressing the negative outcomes that are the focus of the Prevention Wraparound Services project (suicide, incarcerations, prolonged suffering, homelessness, unemployment, school failure or dropout, and removal of children from their homes).**

During the intake and assessment process, our team assesses for mental health related needs utilizing tools such as the CANS-50; CSE-IT; PSC-35; CODA; and a comprehensive Core Assessment evaluating biopsychosocial history, risk assessment, and mental health history. Our team also creates and updates safety plans that are individualized and provide linkage to our on-call system to support families when crisis arise. Utilizing this information, we are able to screen for higher mental health needs and potential negative outcomes (suicide, self-harm, prolonged suffering, school failure or dropout, incarceration, trauma, homelessness, or removal of children from their homes) and have referred to Specialty Mental Health Services when appropriate. Utilizing the High Fidelity Wraparound process, we are able to create a comprehensive plan with the family, referral partner, and treatment team to address identified priority needs and address these negative outcomes.

- 3) Provide a brief narrative description of progress in providing services through the Prevention Wraparound Services project to unserved and underserved populations. Underserved is defined in California Code of Regulations 3200.300 as “clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided with the necessary opportunities to support their recovery, wellness, and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement, or other serious consequences.”**

Our Prevention team receives several referred families in identifying strengths, create families in identifying strengths, creating a plan to support addressing underlying needs, stabilizing placement, thus minimizing out-of-home placement or hospitalization. e

- 4) Provide a brief narrative description of the number of youths who have reduced the number, duration, and repetition of in-patient psychiatric hospital care admissions.**

Out of all youth discharged from services, all youth made some progress while in services, reducing the number of contacts with system providers. Several youths served over the last year were having safety concerns prior to prevention services being implemented. Out of 48 youth engaged in services, 0 youth experienced in-patient hospitalization due to mental health concerns.

- 5) Provide a brief narrative description of the number of youth who have had reduced contacts with law enforcement, the Juvenile Justice system, and/or Child Welfare.**

Out of all youth discharged from services, 48 youth made some progress while in services, reducing the number of contacts with system providers. Our team has seen families successfully close services with child welfare and juvenile justice system partners. In the review period, we have 0 youth who went back into custody during services.

6) Provide a brief narrative description of the number of youth who maintain integration or have been reintegrated into a permanent family-based setting and in the community.

Out of 48 youth who discharged from services after completing services, 48 youth were able to remain or transition into a lower level of care (family-based setting).

7) Provide a brief narrative description of how the Prevention Wraparound Services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

All staff hired for our Prevention Wraparound program receive cultural competence training and are prepared to support youth and families as appropriately indicated. During our assessment process, our team assesses any needs related to cultural accommodations, language needs, ADA, or Indian Child Welfare Act (ICWA)-related accommodations. We have bilingual (Spanish speaking) staff who can provide services in Spanish, as well as the capacity to utilize interpreter services if needed. Additionally, at the time of assigning staff or adding additional team members, we utilize information known about the youth and family to best match the needs and comfort of the family. A specific example of this match consideration could be applied with our adding of youth advocates and family partners to some of our family teams; the team met and discussed the family dynamics and cultures in order to identify team members who'd best fit family culture and be able to best address the needs identified utilizing their lived experience. Throughout services we continue to assess any need for cultural or language accommodations.

8) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkage to medically necessary care, stigma reduction, and discrimination reduction.

Our team has partnered with our referring partners of CPS, ACCESS, and Probation to provide training and facilitate conversation around our services and create an open dialogue to best support with coordination of care. We have a monthly cross-systems meeting where we discuss the current census, the needs of the youth and families, any critical incidences, or significant concerns, and plans for transition as clients near the end of services. Regarding access/linkage to medically necessary care, we identify primary care physicians for each of our youth and identify any needed linkage/support for medical care. With this information, we support youth and families in accessing care within their county and plan. We offer monthly parent support groups aimed to reduce stigma and isolation when seeking support for mental health needs.

9) Provide the outcome measures of the customer satisfaction surveys.

The program does not have a developed customer satisfaction survey and we are working to implement the wraparound fidelity index (WFI) with all prevention families. Currently we are utilizing the CANS scores to monitor and measure progress within the program.

10) If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.

We have connected 17 youth with County Behavioral Health for youth who qualify for Specialty Mental Health Services.

11) If known and if applicable, provide information on Client self-report on the duration of untreated mental illness.

This data information is not tracked by program currently.

12) If known, provide the average interval between mental health referral and participation in treatment.

Out of the 48 youth referred to services that completed intake, 21 completed intake within 10 business days. The average time taken between referral and intake was 6 days.

13) If known, the number of individuals who followed through on the referral and engaged in treatment.

Out of the 76 referrals received by program, 48 youth engaged in Prevention Wraparound services.

14) If known, provide a description of the methods Contractor used to encourage Client access to services and follow-through on referrals.

Program staff attempts to engage the listed caregiver within 24-48 hours from receipt of referral to discuss the program and explore ways in which the program can support the youth and family. Program staff provides their next available 2-3 appointments and works with the caregiver to identify a time and place most convenient for the family to engage in the intake process (home, community, the office, school, etc.). Program staff coordinates with the referring partner to explore any higher-level needs as well as any other concerns the referring partner finds pertinent. When experiencing difficulty in initially reaching the listed caregiver or following any missed intake appointments, program staff will then coordinate further with the referring system partner as a means of reaching the family and gaining buy-in. If this is not possible and phone calls are not being returned a letter is sent to reach the family in the event that phones are out of service.

Once services have started, our team utilizes the principles of Wraparound and with a team-based approach work to build rapport, learn about the family's unique family culture, identifies what's most important to the family to work on for purpose of buy-in, and explore from a strength-based approach what's working or what could be improved throughout services in order to make progress toward the identified objective.

15) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

Information about expenditures can be accessed via the invoices.

16) Provide any additional relevant information.

No additional information.

Forensic Access and Engagement Project

Provider: El Dorado County staff

Project Goals

- Improve the connection to services and supports for transitional age youth (TAY), adults and older adults involved in the criminal system and collaborative court system.
- Engage Individuals through a more individualized casework and navigation of services approach that emphasizes successful reintegration into the community.
- Reduce jail recidivism for individuals incarcerated due to their mental illness being a component of the commission of a crime.

Numbers Served and Cost (Note that prior fiscal years do not have reporting available)

Expenditures	FY 2023-24
MHSA Budget	\$150,000
Total Expenditures	\$138,000
Unduplicated Individuals Served	156
Cost per Participant	\$884
Age Group	FY 2023-24
0-15 (children/youth)	0
16-25 (transitional age youth)	15
26-59 (adult)	130
Ages 60+ (older adults)	11
Unknown or declined to state	0

Race	FY 2023-24
American Indian or Alaska Native	0
Asian	1
Black or African American	1
Native Hawaiian or Other Pacific Islander	0
White	56
Other	7
Multiracial	0
Unknown or declined to state	91
Ethnicity by Category	FY 2023-24
Hispanic or Latino	
Caribbean	0
Central American	0
Mexican/Mexican-American/Chicano	1
Puerto Rican	0
South American	0
Other	3
Unknown or declined to state	92

Non-Hispanic or Latino	
African	0
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
Multi-ethnic	0
Unknown or declined to state	60

Primary Language	FY 2023-24
Arabic	0
Armenian	0
Cambodian	0
Cantonese	0
English	76
Farsi	0
Hmong	0
Korean	0
Mandarin	0
Other Chinese	0
Russian	0
Spanish	1
Tagalog	0
Vietnamese	0
Unknown or declined to state	79

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Gay or Lesbian	0
Heterosexual or Straight	0
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Unknown or declined to state	156
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Male	103
Female	53
Unknown or declined to answer	0
Male	0
Female	0
Transgender	0
Genderqueer	0
Questioning / unsure of gender identity	0
Another gender identity	0
Unknown or declined to answer	0

Disability	FY 2023-24
Difficulty seeing	0
Difficulty hearing or having speech understood	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0
Physical/mobility	0
Chronic health condition/chronic pain	0
Other (specify)	0
Declined to state or none	156
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2023-24
Yes	0
No	0
Unknown or declined to state	156

Region of Residence	FY 2023-24
West County	21
Placerville Area	56
North County	5
Mid County	10
South County	0
Tahoe Basin	29
Unknown or declined to state	35
Economic Status	FY 2023-24
Extremely low income	0
Very low income	0
Low income	0
Moderate income	0
High income	0
Unknown or declined to state	156
Health Insurance Status	FY 2023-24
Private	0
Medi-Cal	0
Medicare	0
Uninsured	0
Unknown or declined to state	156

Student Wellness Centers – Middle Schools

Provider: Summitview Child and Family Services

Project Goals

- Provide dedicated Student Outreach and Engagement Centers at a minimum of three (3) middle schools
- The Student Outreach and Engagement Centers shall be accessible, inviting, and supportive to students seeking mental health education, mental health services, and linkage to community services and outreach
- Provide individual assessments and counseling services
- Provide outreach and linkage to community resources
- Provide customized trainings with input from school staff, faculty, students, and parents

Numbers Served and Cost (Note that FY 22-23 was the first year for this project)

Expenditures	FY 2022-23	FY 2023-24
MHSA Budget	\$300,000	\$476,000
Total Expenditures	\$277,921	\$394,056
Unduplicated Individuals Served	253	134
Cost per Participant	\$1,099	\$2,940
Age Group	FY 2022-23	FY 2023-24
0-15 (children/youth)	253	273
16-25 (transitional age youth)	0	0
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Race	FY 2022-23	FY 2023-24
American Indian or Alaska Native	5	16
Asian	2	5
Black or African American	8	4
Native Hawaiian or Other Pacific Islander	0	0
White	185	216
Other	12	13
Multiracial	12	10
Unknown or declined to state	29	9
Ethnicity by Category	FY 2022-23	FY 2023-24
Hispanic or Latino		
Caribbean	0	0
Central American	0	0
Mexican/Mexican-American/Chicano	14	11
Puerto Rican	0	0
South American	1	0
Other	1	12
Unknown or declined to state	14	5

Non-Hispanic or Latino		
African	6	1
Asian Indian/South Asian	0	0
Cambodian	1	0
Chinese	0	0
European	68	76
Filipino	0	6
Japanese	0	1
Korean	0	1
Middle Eastern	1	0
Vietnamese	0	0
Other	84	115
Multi-ethnic	11	15
Unknown or declined to state	52	0

Primary Language	FY 2022-23	FY 2023-24
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	241	262
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	12	6
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	0	5

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2022-23	FY 2023-24
Gay or Lesbian	5	2
Heterosexual or Straight	59	91
Bisexual	7	9
Questioning or unsure of sexual orientation	1	0
Queer	6	0
Another sexual orientation	4	0
Unknown or declined to state	171	171
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2022-23	FY 2023-24
Male	111	119
Female	133	154
Unknown or declined to answer	9	0
Male	86	93
Female	101	124
Transgender	6	0
Genderqueer	5	0
Questioning / unsure of gender identity	1	1
Another gender identity	4	1
Unknown or declined to answer	50	54

Disability	FY 2022-23	FY 2023-24
Difficulty seeing	1	1
Difficulty hearing or having speech understood	1	1
Mental disability including but not limited to learning disability, developmental disability, dementia	5	8
Physical/mobility	0	1
Chronic health condition/chronic pain	1	2
Other (specify)		4
Declined to state or none	7	3
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2022-23	FY 2023-24
Yes	0	0
No	0	273
Unknown or declined to state	253	0

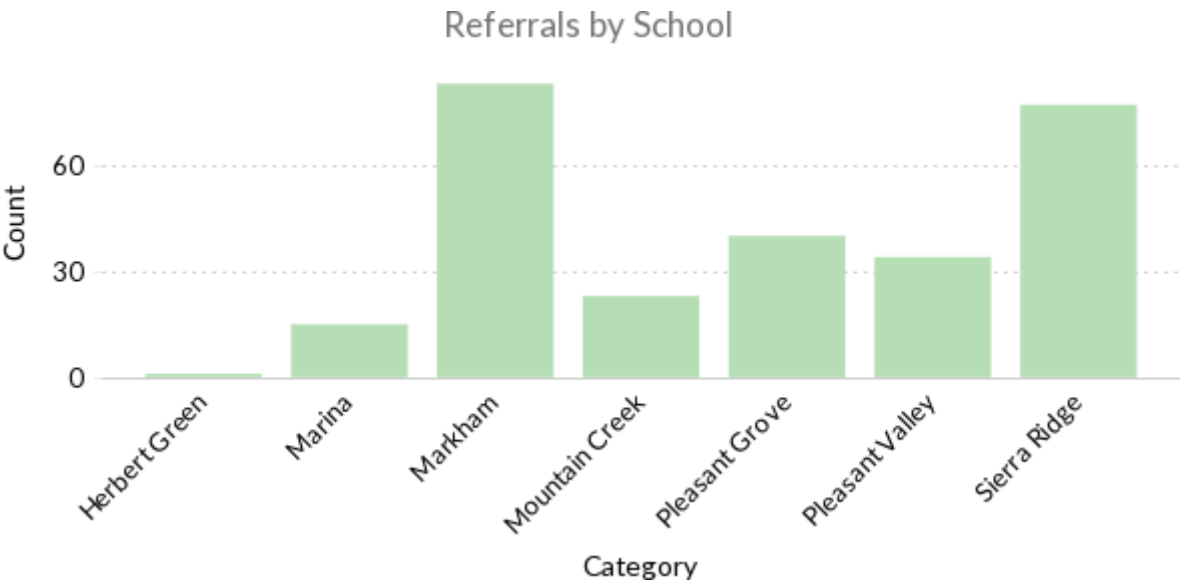
Region of Residence	FY 2022-23	FY 2023-24
West County	37	47
Placerville Area	122	111
North County	0	0
Mid County	85	81
South County	1	18
Tahoe Basin	0	0
Unknown or declined to state	8	16
Economic Status	FY 2022-23	FY 2023-24
Extremely low income	6	5
Very low income	8	9
Low income	28	32
Moderate income	58	76
High income	13	19
Unknown or declined to state	140	unknown
Health Insurance Status	FY 2022-23	FY 2023-24
Private	43	36
Medi-Cal	36	61
Medicare	0	0
Uninsured	3	4
Unknown or declined to state	171	unknown

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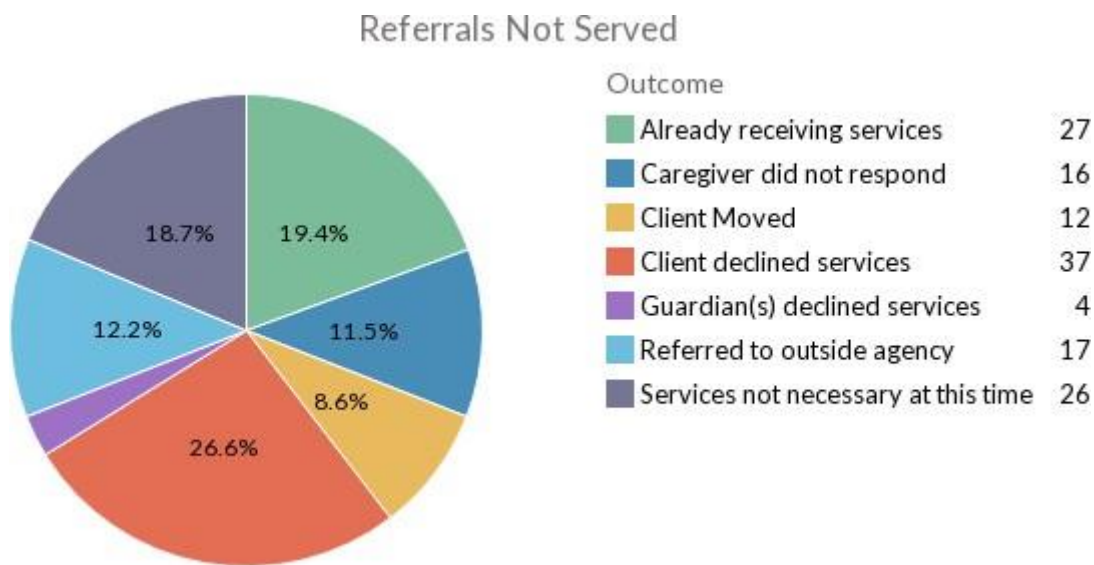
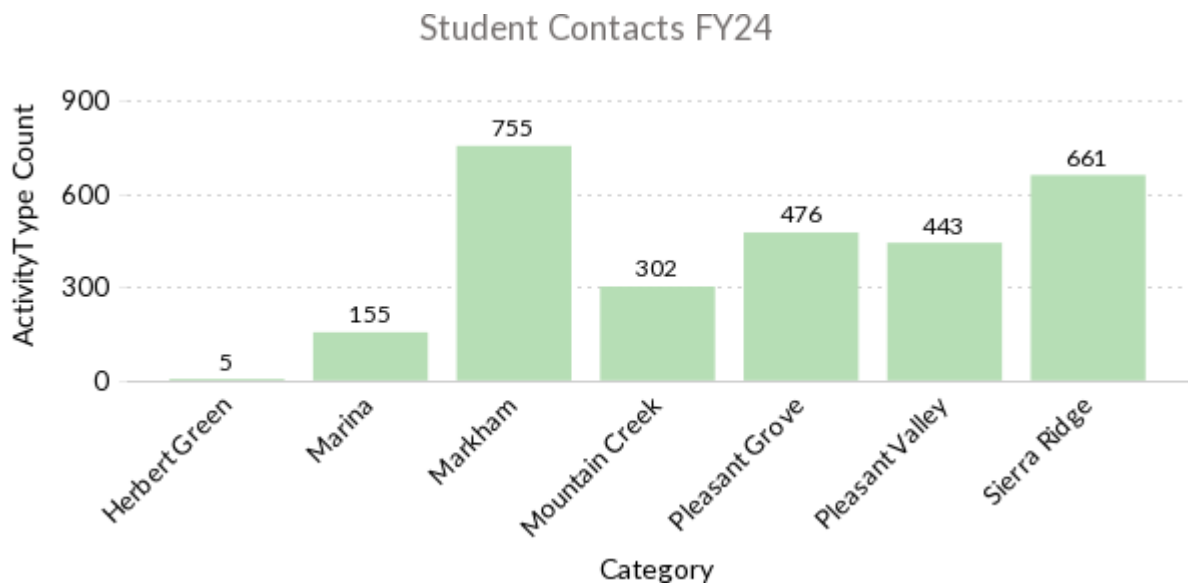
Summitview developed its formal Wellness Program in July 2022. For the 2023-2024 school year, MHSA funded Wellness Centers were operated by Summitview staff on the following campuses: Markham Middle School, Pleasant Valley Middle School, Sierra Ridge Middle School, Pleasant Grove Middle School, and Mountain Creek School. Also, Summitview helped Herbert Green Middle School serve a referral through the outpatient offices. Summitview provided services with a team of seven, in addition to a clinical director and supervisor.

1) The number of duplicated and unduplicated student contacts.

Total unduplicated contacts: 273



Total duplicated contacts: 2,797



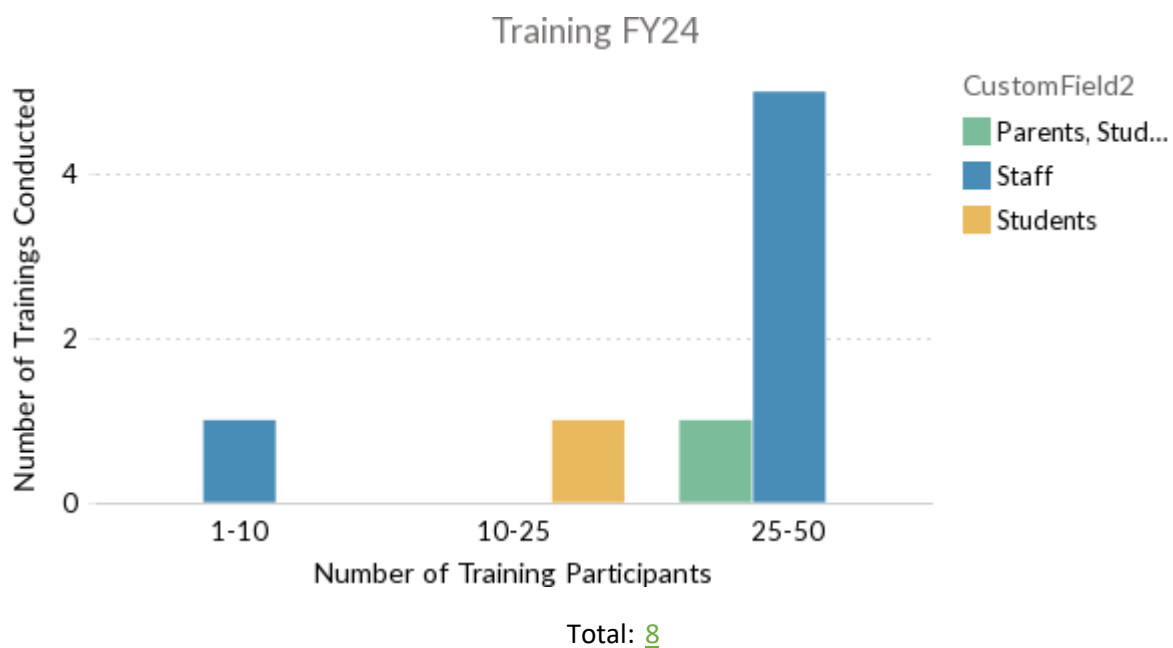
Total: 139

2) The number of student mental health assessments performed.

	ActivityType ↓	Herbert Green	Marina	Markham	Mountain Creek	Pleasant Grove	Pleasant Valley	Sierra Ridge	Activity
1	Case Management Assessment					1	2	6	9
2	Demographics	1	11	68	24	39	35	68	246
3	Initial Assessment	1	8	33	13	33	22	29	139
4	Risk Assessment		4	23	4	5	4	23	63
	Grand Summary:	2	23	124	41	78	63	126	457

3) The number of training/education opportunities provided in person, writing or other means, along with the target population, number of attendees, and training/education topic.

This number continues to trend lower than desirable. While Summitview staff have offered to conduct numerous trainings, many school sites did not accept these offers for training. Team members also engaged in informal discussions with caregivers and school staff on back-to- school nights and open houses.



4) The number of students linked to community services, the names of the community organizations to which students were referred, and the general reason for referral.

CustomField26	Behavioral Health Linkage
Care Solace	2
Care Solace	14
Care Solace , Crisis Lines	1
Care Solace , EDC Behavioral Health	1
Care Solace , El Dorado Community Health Center	2
Care Solace , It Takes The Village	2
EDC Behavioral Health	7
EDC Behavioral Health, Summitview Child and Family Services	1
EDC Behavioral Health, Tribal Health	1
It Takes The Village	2
Kaiser	1
Private Practice Mental Health	1
Summitview Child and Family Services	1
Grand Count	36

	CustomField26 ↓	Substance Use Linkage
1	Care Solace , Crisis Lines	1

	CustomField26 ↓	Other Linkages
1	Kaiser	1

	CustomField26 ↓	Medical
1	Care Solace	1
2	Care Solace , Crisis Lines	1
	Grand Count	2

5) Discuss any implementation challenges, successes, lessons learned, and provide relevant examples.

Challenges

A. School Engagement:

- Summitview has offered many additional services and training for school staff, but there was very minimal acceptance or follow-up from the schools.

B. Parent Engagement:

- It was difficult to obtain consent from some caregivers.
- Some caregivers expressed concerns stemming from lack of knowledge or stigma and declined services; however, this was less than last year.
- It was difficult to obtain the PSC-35 caregiver assessments to measure impairment from a collateral source.
 - i. Additionally, many caregivers would only communicate via email or would not communicate following informed consent.

Implementation Successes

A. School Integration:

- This year we joined back-to-school staff meetings and additional staff meetings as invited. Our team prioritized educating school staff on how the Wellness Centers operate and what they can offer. We saw an improvement in the flow of referrals and greater understanding from teachers on how Wellness Center staff can support students on campus.

B. Navigating HIPAA and FERPA:

- This school year, Summitview staff offered caregivers and youth information for communication with school staff at the initiation of services. This greatly improved the clarity on when clinicians could communicate with school staff, because it allowed Summitview to have proper clinical documentation to communicate. While HIPAA vs FERPA continues to be difficult for school-based Wellness Centers throughout the state to navigate, this process has allowed Summitview to find some ease in navigating the discrepancies.

C. Sustainability:

- Summitview continues to expand Wellness Centers with additional grant funding.
- Summitview's private contracts for the elementary schools were also renewed and expanded.
- Summitview has begun to contract with managed care plans to provide continuity of care for referred students.

D. Staffing:

- Retained all but one team member, who moved following graduation from her program.
- The team was very adaptable and patient as the agency navigated changes.

E. Reduced Stigma:

- Summitview staff noticed decreased stigma when discussing Wellness Centers with parents.
- Many students utilized the Wellness Centers as a hang out spot during lunches, which fostered open

discussion among students about mental health.

F. Lessons Learned:

- Further address community stigma: Summitview is continuing to try and engage the community more to provide education and information related to mental health.
- Some youth attempted to utilize the Wellness Center outside of class or utilized it inappropriately at drop-in time. We continue to work closely with school staff to avoid this issue.

6) **Provide the outcome measures of the services provided and customer satisfaction surveys.**

Summitview utilized the Pediatric Symptom Checklist (PSC-35) to measure the percentage of improvement for individuals. A negative percentage indicates a decrease in symptoms. Both caregivers and youth reported decreases in symptoms. Additionally, the number of clients who met, partially met, or did not meet treatment goals was also assessed. Data was collected from all individuals who participated in, and completed, individual and group counseling services.

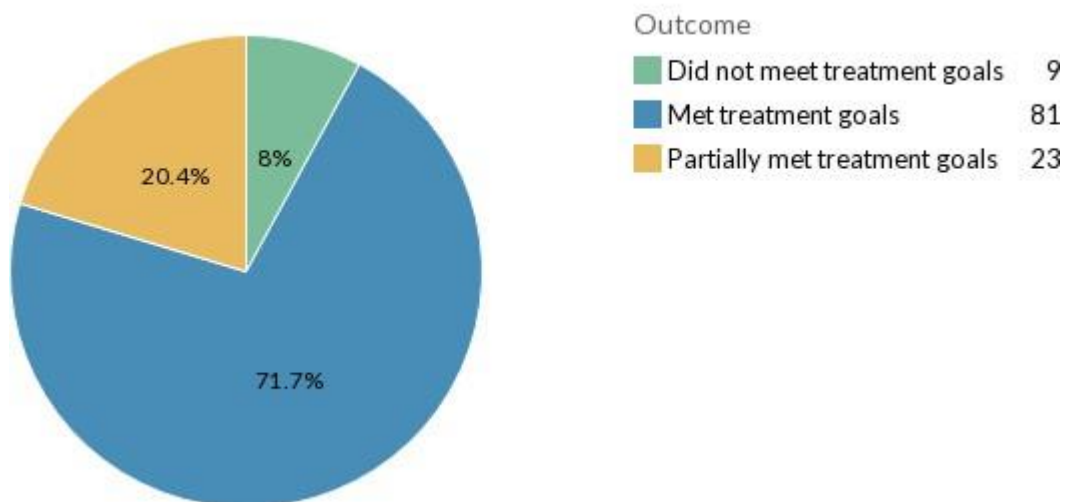
Adult PSC Improvement

	Avg PreTotal	Avg PostTotal	Difference
1	21.20	16.09	-24.1%

Youth PSC Improvement

	Avg PreTotal	Avg PostTotal	Difference
1	25.13	20.20	-19.6%

Goal Outcomes Program



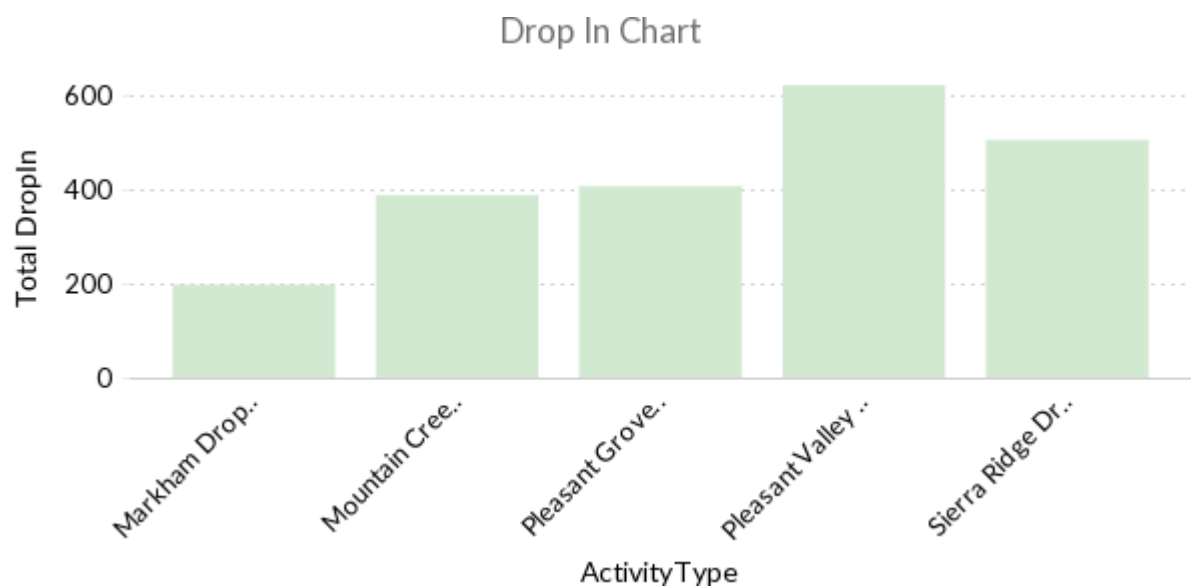
Feedback:

- Caregiver satisfaction ratings were an average of 2.96 on a 3-point rating scale.

7) Provide any additional relevant information.

Number of Drop Ins

Summitview established drop-in time during lunches to offer a safe space on campus. This time was staffed by a Summitview team member, and students could engage with them or a peer. Games and craft supplies were provided. If there was a concern for food, students were also offered a snack.



Total: 2,124

Student Wellness Centers – High Schools

Provider: Sierra Child and Family Services

Project Goals

- Provide dedicated Student Outreach and Engagement Centers at each school. The Center shall be accessible, inviting, and supportive to students seeking mental health education, mental health services, and linkage to community and outreach.
- Provide individual assessments and counseling services.
- Provide outreach and linkage to community resources.
- Provide customized trainings with input from high school staff, faculty, students, and parents.

Numbers Served and Cost (Prior to FY 2023-24 this project was under CSS and did not require demographics to be reported)

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$260,000	\$260,000	\$414,000
Total Expenditures	\$260,000	\$259,680	\$412,240
Unduplicated Individuals Served	727	914	1088
Cost per Participant	\$358	\$284	\$378
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)			536
16-25 (transitional age youth)			369
26-59 (adult)			0
Ages 60+ (older adults)			0
Unknown or declined to state			183

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native			29
Asian			30
Black or African American			2
Native Hawaiian or Other Pacific Islander			5
White			557
Other			0
Multiracial			0
Unknown or declined to state			0
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean			0
Central American			0
Mexican/Mexican-American/Chicano			0
Puerto Rican			0
South American			0
Other			0
Unknown or declined to state			0

Non-Hispanic or Latino			
African			0
Asian Indian/South Asian			0
Cambodian			0
Chinese			0
European			0
Filipino			2
Japanese			1
Korean			2
Middle Eastern			0
Vietnamese			0
Other			0
Multi-ethnic			24
Unknown or declined to state			0

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic			1
Armenian			0
Cambodian			0
Cantonese			0
English			842
Farsi			1
Hmong			0
Korean			0
Mandarin			1
Other Chinese			0
Russian			6
Spanish			37
Tagalog			0
Vietnamese			0
Unknown or declined to state			200

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian			0
Heterosexual or Straight			0
Bisexual			0
Questioning or unsure of sexual orientation			0
Queer			0
Another sexual orientation			0
Unknown or declined to state			1088
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male			0
Female			0
Unknown or declined to answer			1088
Current Gender Identity:			
Male			0
Female			0
Transgender			0
Genderqueer			0
Questioning / unsure of gender identity			0
Another gender identity			0
Unknown or declined to answer			1088

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing			0
Difficulty hearing or having speech understood			0
Mental disability including but not limited to learning disability, developmental disability, dementia			0
Physical/mobility			0
Chronic health condition/chronic pain			0
Other (specify)			0
Declined to state or none			1088
Veteran Status			
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes			0
No			0
Unknown or declined to state			0

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County			1088
Placerville Area			0
North County			0
Mid County			0
South County			0
Tahoe Basin			0
Unknown or declined to state			0
Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income			0
Very low income			0
Low income			0
Moderate income			0
High income			0
Unknown or declined to state			1088
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private			112
Medi-Cal			66
Medicare			0
Uninsured			0
Unknown or declined to state			910

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Outcome 1: *Number of duplicated and unduplicated student contacts.*

Total number of unduplicated student contacts	1088
Total number of duplicated student contacts	4708
Total number of profiles (all time)	2568

Reports from:

- Student Profile
- Wellness Brief Service Note
- Unique/Crisis Note

Unduplicated student contacts count for the number of Wellness Center students that have been newly imputed into the Electronic Health Records system in the current school year. Duplicated student contacts count for all student contacts the Wellness Center made with students on an individual basis. This number does not account for groups, surveys or activities.

Total number of collateral contacts	1704
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Reports from:

- Collateral Note
- Unique/Crisis Note

Collateral contacts represent any communication Wellness Center staff had with a parent or an individual that is pertinent to the student's needs/case.

Outcome 2: *The number of student mental health assessments performed.*

Total number of mental health assessments performed	3822
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Report from:

CANS CALOCUS

ASQ Screening Tool (Safety Assessment) CRAFFT

Outcome 3: *The number of training/education opportunities provided in person, writing or other means, along with the target population, number of attendees, and training/education topic.*

Groups:

Total number of student groups offered (not sessions)	61
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Report from:

Group Note

Group Spreadsheet

Topics Offered:

Anxiety

Social Skills

Grief

Executive Functioning

Healthy Self Care Habits

Housing Insecurity and Community Resources

Depression Coping

DBT Anger

Communication/Peer Interaction DBT

Outcome 4: *The number of students linked to community services, the names of the community organizations to which students were referred; and the general reason for referral.*

Number of students linked to an outside provider	132
Number of students linked to school-based provider	136
Parent led linkages following contact from Wellness Center staff *Parent led navigation represents the following: <ul style="list-style-type: none"> - Parents were notified of mental health concern and connected with an established provider - Parents were offered a list of referral names and navigated privately 	120

Community providers utilized by the Wellness Center include:

Advanced Psychiatry Associates	Landis Helmer
Building Foundations Counseling Center	LaTisha San Pedro Lintag, LMFT
Care Solace	Laura Curry, MFT
Curtis Buzanski, LMFT	Laura Arevalo, LMFT
Carmen Valentine, LMFT	Livity Treatment Center
Debbie Walsh, LMFT	Mother Lode Counseling
Donna Hutcheson, LMFT	New Morning
El Dorado Community Health Centers	Noelani Rodriguez, PHD
El Dorado County Behavioral Health (EDCBH)	Pacific Trauma Center
El Dorado County Hub	Shannel Niemyer, LMFT
El Dorado County Public Health Nurse	Shingle Springs Health and Wellness (Tribal Health)
Gail Healy, LCSW	Stanford Youth Solutions
Gender Health Center	Stephanie Mora, LMFT
Golden Sierra Community Center	Sue Simpkin, PsyD
Jeanette Robinson, LMFT	Susan Stoeffler, LMFT
Jennifer Flood, LMFT	Sutter
Julie McBride, LMFT	Summitview Child and Family Services
Kaiser Permanente	The Anxiety Treatment Center
Kimberly Salmon, LMFT	Various primary care providers

General reasons for a referral:

Aggression	Peer Relationships
Anxiety	Physical Health
Communication	School Achievement
Depression	School Attendance
Eating Disorder	School Discipline
Family Dynamics	Self-Harm
Gender Identity	Sexual Health/Pregnancy
Grief	Social Skills
Housing	Substance Abuse
Living Necessities	Suicidal Ideation
Low Self Esteem	Trauma
Mood Management	

TimelyCare Mental Health Services

Provider: Lake Tahoe Community College

Project Goals

- Increased mental health service utilization by students.
- Decreased isolation that results from unmet mental health needs.
- Decreased peer and family problems that result from unmet health needs.
- Reduce stigma and discrimination.
- Integration of prevention programs already offered in the community is achieved.
- Reduction in college failure or dropouts.

Numbers Served and Cost (Note that FY 21-22 was the first year for this project)

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$40,000	\$40,000	\$40,000
Total Expenditures	\$40,000	\$40,000	\$40,000
Unduplicated Individuals Served	137	137	82
Cost per Participant	\$292	\$292	\$487
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	39	34	32
26-59 (adult)	98	101	50
Ages 60+ (older adults)	0	1	0
Unknown or declined to state	0	1	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	2	0	1
Asian	10	8	2
Black or African American	0	1	3
Native Hawaiian or Other Pacific Islander	1	0	1
White	68	59	39
Other	0	13	20
Multiracial	9	5	3
Unknown or declined to state	47	51	13
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	6	0
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	0	0	82

Non-Hispanic or Latino			
African	0	1	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
European	0	0	0
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	1	0
Vietnamese	0	0	0
Other	0	17	0
Multi-ethnic	0	5	3
Unknown or declined to state	137	107	79

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic			0
Armenian			0
Cambodian			0
Cantonese			0
English			0
Farsi			0
Hmong			0
Korean			0
Mandarin			0
Other Chinese			0
Russian			0
Spanish			0
Tagalog			0
Vietnamese			0
Unknown or declined to state	137	137	82

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian			0
Heterosexual or Straight			0
Bisexual			0
Questioning or unsure of sexual orientation			0
Queer			0
Another sexual orientation			0
Unknown or declined to state	137	137	82
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male			0
Female			0
Unknown or declined to answer	137	137	82
Current gender identity:			
Male		48	24
Female		84	52
Transgender		0	0
Genderqueer		0	0
Questioning / unsure of gender identity		0	0
Another gender identity		0	4
Unknown or declined to answer	137	5	0

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing			0
Difficulty hearing or having speech understood			0
Mental disability including but not limited to learning disability, developmental disability, dementia			0
Physical/mobility			0
Chronic health condition/chronic pain			0
Other (specify)			0
Declined to state or none	137	137	82
Veteran Status			
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes			0
No			0
Unknown or declined to state	137	137	82

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County			0
Placerville Area			0
North County			0
Mid County			0
South County			0
Tahoe Basin			0
Unknown or declined to state	137	137	82
Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income			0
Very low income			0
Low income			0
Moderate income			0
High income			0
Unknown or declined to state	137	137	82
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private			0
Medi-Cal			0
Medicare			0
Uninsured			0
Unknown or declined to state	137	137	82

Annual Report FY 2023-24

Please provide the following information for this reporting period:

1. **Briefly report on how implementation of the TimelyCare project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

Goal: Increased mental health service utilization by students

Outcome: Goal met. The 2021-2022 total visit number was 288 with 49 unique member encounters; however, the 2022-2023 total visit number was 303 with 70 unique member encounters. The 2023-2024 total visit number was 269 with 82 unique member encounters. Although the total visit number dropped from 2022-2023, the unique member encounter increased. 171 total active registrations occurred in 2023-2024.

Goal: Decreased isolation that results from unmet mental health needs

Outcome: Goal met. From July 2023 through June 2024, there were 269 total visits reported with 82 unique member encounters reported on TimelyCare. The visits saw the highest usage with sessions regarding relationship issues, stress, depression, and anxiety. Students are more consistently utilizing the peer-to-peer interaction sessions (Peer Community) compared with prior years. This service is where students can anonymously discuss their experiences with other students across the US. The top two topics on the Peer Community feature were depression and relationships.

Goal: Decreased peer and family problems that result from unmet health needs

Outcome: Goal met. From July 2023 through June 2024, 82% of users stated a mental health improvement score using the TalkNow feature, and 76% reported a mental health improvement after counseling visits. A total of 17% of visits during this time frame were related to relationship concerns, and 2% were about family problems. 18% of visits were related to stress in general, and 39% reported as "other."

Goal: Reduce stigma and discrimination

Outcome: Goal met. In the 2023-2024 academic year, the following ethnicities registered for TimelyCare's services (in descending order): White – 46.78%, Hispanic or Latino – 23.98%, Black or African American – 4.09%, Biracial or Multiracial – 4.09%, Asian or Asian American – 2.34%, Native Hawaiian or Other Pacific Islander Nation – 1.17%, American Indian or Native Alaskan – 1.17%. Scheduled counseling visits accounted for 67.3% of visits, followed by TalkNow at 21.6%, MedicalNow at 10.4%. 53.53% of all visits were performed in video modality, and 46.67% were via phone modality. 55.4% of total visits occurred during business hours, and 44.6% after hours. In the 2023-2024 academic year, 63.23% of counseling visits were made by female-identifying students, 29.15% by male-identifying students, and 7.62% by self-select identifying students. The gender breakdown of total registrations is 57.31% female, 40.94% male, and 1.75% self-select. The largest age group was between 18-22 years old, with the 2nd largest age group being 30-39 years old, and the 3rd largest group being 23-29. These data points show that the stigma and discrimination were both reduced as there were students from various ages, ethnicities, and genders who utilized TimelyCare.

Goal: Integration of prevention programs already offered in the community is achieved

Outcome: Goal met. There were 29 requests made for Basic Needs which were all transferred and fulfilled by LTCC's Basic Needs program.

Goal: Reduction in college failure or dropouts

Outcome: **Unknown**. LTCC did see a 2% increase in persistence and an increased headcount and 3-year graduation rate in 2023-24 compared to the previous two years.

2. **Briefly report on how the TimelyCare project has improved the overall mental health of the students by addressing the primary negative outcomes that are the focus of the TimelyCare project (suicide, prolonged suffering, school failure or dropout, incarceration, unemployment, and homelessness).**

TimelyCare provided the following statistics for LTCC:

- a) 82% of students using TalkNow reported mental health improvement.
- b) The average visit rating out of 5 was 4.9.
- c) The average provider rating out of 5 was 4.99.
- d) 29 Basic Needs requests were made from scheduled counseling visits.
 - a. The top 4 Basic Needs requests were for financial reasons, food, housing, and transportation.

To the post-visit survey question “Your visit is over, how do you feel,” 100% of survey respondents reported feelings a sense of relief, feeling hopeful about the future, and feeling calmer. 50% of survey responders reported feeling more confident, and 25% stated they feel less worried about academics. 100% of survey respondents states they feel like they’re more likely to complete their course of study or graduate and improve their grades. 80% recorded they feel more comfortable engaging with peers and remaining in classes.

3. **Provide a brief narrative description of progress in providing services through the TimelyCare project to unserved and underserved populations.**

The utilization of TimelyCare services directly correlates with advancing equity within LTCC as it provides easy access, visits offered in multiple languages, and no commuting is necessary. LTCC has a partnership with ADVANCE Adult Education who currently serve the underserved and underrepresented communities of adults in South Lake Tahoe and Alpine County. LTCC also provides access to technology if the user does not have it or requires access. Our partners have extended utilization to other community members to including Live Violence Free, Barton Health, and California Conversation Corps. TimelyCare ensures members of all genders, ethnicities, and age ranges are utilizing its services.

In 2023-24, TimelyCare added a Peer-to-Peer support, anonymous peer-to-peer support within the TimelyCare application that mobilizes students to become agents of change for mental health and well-being amongst themselves. Research shows that peers strongly influence the decisions and health behaviors of other students. The program goals of Peer-to-Peer support are to reduce stigma and other barriers associated with seeking help from mental illness and emotional distress; creating a culture of support for student well-being; and using shared experiences to offer help to peers dealing with mental health conditions.

4. **Provide a brief narrative description of how the TimelyCare services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

TimelyCare offers services in multiple languages, and LTCC uses marketing strategies in both English and Spanish. Having an online, 24-hour service helps reduce the stigma surrounding accessing mental health supports, saves cost, and decreases environmental impacts. TimelyCare's counselors are culturally competent, and trauma informed. The services aid in building relationships and trust with students and ADVANCE users. ADVANCE currently has two bilingual navigators staffed to help their clients. Please see second quote listed in Question #10. Additionally, TimelyCare's new peer-to-peer platform promotes intra-member engagement, reaches a wider demographic, and helps reduce the stigma of seeking mental health support. This platform has been serving as a first step a student takes to experience support, having the ability to talk to a peer and promote community inclusion.

5. Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the TimelyCare project are:

Measurement 1: Number of scheduled counseling visits and the average visit length.

181 requested scheduled counseling visits with 181 completed. The average length of each scheduled counseling visit was 53.1 minutes, with a reported 76% mental health improvement. The average visit rating was 4.9 out of 5. November saw the highest number of counseling visits.

Measurement 2: Number of psychiatry visits and the average visit length.

We can provide medical visit data but not psychiatry visit data.

Measurement 3: Breakdown by gender for the scheduled counseling visits and the psychiatry visits.

Total scheduled counseling visits by gender: female = 58.01%, male = 40.33%, self-select = 1.66% We don't have psychiatry data since we did not purchase psychiatry.

6. If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.

Unknown

7. If known, provide the number of individuals who followed through on the referral and engaged in treatment.

Unknown

8. Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

By upgrading from the Bronze to Silver Plan, the annual cost is \$75,000. Effective 3/10/23, the Silver Program is \$24.25 per student.

9. Provide any additional relevant information.

Two client quotes:

"I was really struggling to balance some home issues with work. Having access to a counselor when I had the time and space to talk, really helped me work through a tough situation. I definitely couldn't have done this alone."

"Finding someone I could talk to, in Spanish, was really important to me last winter when I was dealing with depression. I am pretty sure I wouldn't have kept my job if I hadn't been able to talk to someone who

provided so much help and support.”

LTCC hired a Wellness Counselor in September 2023. This role at LTCC has allowed 52 additional unduplicated students to be counseled between July 2023 and June 2024, with a total visit number at 439. The top three reasons for visits were anxiety, depression, and social issues. The majority of sessions were held one-on-one and in-person, with some psychoeducational group counseling session. All students seen live in South Lake Tahoe, with an age range between 26-59, including 55 females, 23 males, and 1 non-binary. All students were seen in 50–60-minute sessions, and some referrals were made to LTCC’s Basic Needs/Equity, Promise, Student Accessibility Services, academic counselors, and Library and Learning Services.

Stigma and Discrimination Reduction Program

Mental Health First Aid, safeTALK, and Community Education Project

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Raise personal awareness about mental health, including increasing personal recognition of mental illness risk factors.
- Community members use the knowledge gained in the training to assist those who may be having a mental health crisis until appropriate professional assistance is available. Opens dialogue regarding mental health, mental illness risk factors, resource referrals, and suicide prevention. Work towards stigma and discrimination reduction in our communities and networks.

Numbers Served and Cost (project is underway with an estimated execution in FY 2024/25)

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$113,000	\$113,000	\$160,000
Total Expenditures	\$10,039	\$22,499	\$2923
Unduplicated Individuals Served	171	216	
Cost per Participant	\$59	\$104	
Number of Classes			
<i>Youth</i>	1	5	
<i>Adult</i>	9	12	
<i>Veterans</i>	0	0	
Cost per Class	\$1,004	\$	

Community Stigma Reduction Project

Provider: New Morning Youth and Family Services

Project Goals:

- Reduction of stigma and discrimination associated with being culturally diverse.
- Education, in the form of presentations/discussions to the general public regarding cultural responsiveness.

Numbers Served and Cost (Note: in prior fiscal years this Project was the LGBTQIA Community Education Project with no demographics to report. In FY 2023/24 New Morning Youth and Family Services became the provider for this project.)

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$50,000	\$50,000	\$100,000
Total Expenditures	\$519	\$0	\$42,720 ⁵
Unduplicated Individuals Served			67
Cost Per Participant			\$637
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)			23
16-25 (transitional age youth)			44
26-59 (adult)			0
Ages 60+ (older adults)			0
Unknown or declined to state			0

⁵ RER correction identified after submission. Amount included in FY 23/24 Outcomes Report will be corrected on FY 24/25 RER through allowable adjustments.

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native			3
Asian			0
Black or African American			5
Native Hawaiian or Other Pacific Islander			0
White			48
Other			0
Multiracial			11
Unknown or declined to state			0
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean			0
Central American			1
Mexican/Mexican-American/Chicano			10
Puerto Rican			0
South American			2
Other			0
Unknown or declined to state			0

Non-Hispanic or Latino			
African			0
Asian Indian/South Asian			0
Cambodian			0
Chinese			0
European			36
Filipino			0
Japanese			0
Korean			0
Middle Eastern			1
Vietnamese			0
Other			0
Multi-ethnic			11
Unknown or declined to state			6

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic			0
Armenian			0
Cambodian			0
Cantonese			0
English			62
Farsi			0
Hmong			0
Korean			0
Mandarin			0
Other Chinese			0
Russian			0
Spanish			3
Tagalog			0
Vietnamese			0
Unknown or declined to state			0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian			0
Heterosexual or Straight			27
Bisexual			3
Questioning or unsure of sexual orientation			3
Queer			2
Another sexual orientation			0
Unknown or declined to state			32
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male			40
Female			18
Unknown or declined to answer			9
Current gender identity:			
Male			40
Female			18
Transgender			6
Genderqueer			0
Questioning / unsure of gender identity			3
Another gender identity			0
Unknown or declined to answer			0

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing			2
Difficulty hearing or having speech understood			0
Mental disability including but not limited to learning disability, developmental disability, dementia			3
Physical/mobility			1
Chronic health condition/chronic pain			0
Other (specify)			0
Declined to state or none			62
Veteran Status			
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes			0
No			67
Unknown or declined to state			0

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County			9
Placerville Area			24
North County			3
Mid County			6
South County			2
Tahoe Basin			2
Unknown or declined to state			31
Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income			6
Very low income			2
Low income			21
Moderate income			9
High income			0
Unknown or declined to state			29
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private			8
Medi-Cal			19
Medicare			0
Uninsured			0
Unknown or declined to state			40

Annual Report FY 2023-24

Please provide the following information for this reporting period:

1. Briefly report on how implementation of the New Morning Community Stigma Reduction Project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any other major accomplishments and challenges.

Building the infrastructure to support this project took from the time the contract was enforced on January 9, 2024, to the end of that quarter. Our next quarter was focused on building trust and rapport with youth by getting involved in their activities and assisting with the creation of others. As youth became comfortable with our team, they slowly began to open up regarding their own personal circumstances. The demographics collected during this first year will be improved as the youth become more willing to share specific aspects of their lives such as their sexual orientation or the income level of their families.

LGBTQ Services –

We have finalized the curriculum for the LGBTQ+/Gender 101 Training and will begin sign-ups in August 2024, after securing locations. These trainings will be offered to service providers, school staff, parents/guardians/caregivers, and youth. The facilitator of the trainings, Danielle Gaylean, has experience providing trainings for the LGBT Center in Sacramento.

Parent Support Groups – Facilitators with lived experience have been identified and will attend training in Fall 2024. Anticipate starting groups in Winter 2024.

Sacramento LGBT Center collaborations – Formal meeting with Sarah Dunning to set up MOU on August 26, 2024, at 11am.

Folsom Lake College PrideNest collaboration – Eli Smith will provide a presentation to our queer youth group and our parent support group regarding services available for Folsom Lake College students. These services include 1:1 peer mentorship in addition to support groups and access to the Equity Office under the Safe Space Initiative.

Website update with specific page for Community Stigma Reduction is in process. This page will include information as well as local, state, and national resources. This same information will be included in a printed brochure that will be available in both English and Spanish.

Active participant in the Sacramento Rainbow Chamber of Commerce

Youth Action Council –

Coordinating with EDC SUD and ACCEL/COPE to create and support facilitation of a countywide youth action council.

Official kick-off meeting at HHSA office 3/25 with 40 attendees including youth and local service providers.

40 presentation attendees

Kick-off event at the Ashby House 5/11 – Twelve youth attended and created the Mission and Vision for the council.

15 presentation attendees

Community Partnerships –

MOU with Gold Country Basketball to accept referrals and to provide mentorship/coaching by New Morning staff.

60 presentation attendees

Collaboration with EDUHSD to improve services to underserved and unserved youth/families with language support and LGBTQ services on campuses 5/28

4 presentation attendees

California Coalition for Youth will be touring the Ashby House and will provide training for the Youth Action Council facilitators.

EDCOE Board Member outreach regarding LGBTQ+ struggles on local school campuses.

4 presentation attendees

2. Briefly report on how the New Morning Community Stigma Reduction Project has improved attitudes, knowledge, and/or behavior related to seeking mental health services for the LGBTQIA population in El Dorado County.

By supporting partnerships with gateway services, our team provides crucial connections between youth and New Morning staff. This project provides multiple opportunities for dialogue about sexual orientation, gender identity, language and culture and acts to promote a community that is healthy and respectful of human differences.

3. Provide a brief narrative description of progress in providing services through the New Morning Community Stigma Reduction Project to unserved and underserved populations.

New Morning staff are getting involved with the community in a way that is innovative and effective. By carefully selecting programs that serve unserved and underserved populations, New Morning is providing easy access to trauma informed care, positive youth development, prevention, and early interventions.

4. Provide a brief narrative description of how outreach and services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

New Morning's philosophy frames every client's situation not only from a developmental perspective but also from a trauma-informed and culturally sensitive perspective. When a youth or their family speak Spanish, we can immediately connect them with one of our Promotora's for culturally and language specific services.

5. Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access, and linkages to medically necessary care, stigma reduction, and discrimination reduction.

Kids Expo –4/27 -approximately 200 received outreach materials

Marshall Medical – Divide Wellness Center (April 25)

10 presentation attendees, 100 outreach materials provided

Juvenile Treatment Center presentation in South Lake Tahoe 2/7 -10 staff and 10 youth

20 presentation attendees and 20 outreach materials provided

Shingle Springs Band of Miwok Indians – multiple meetings with the tribe to collaborate to serve native youth, resulting in their offer to host Gold Country Basketball/New Morning events at the multipurpose gym on the reservation.

10 presentation attendees and 100 outreach materials provided

Collaboration with the DA's office to provide bilingual services to victims of crime. Provided tour of the Ashby House and the outpatient clinic to four DA Victim Services staff.

4 presentation attendees and 10 outreach materials provided

Attendance at Queer (Re)Union 2/17 @ Shakespeare Club

100 attendees received outreach materials

Federated Church Queer get together – monthly starting 3/16 - 20 attendees received outreach materials at each monthly event

60 outreach materials provided

Recruitment of staff through local queer events/communities – two new staff hired from these events

200 outreach materials provided at four events

Marshall Medical Center – PCP Leadership meeting

10 presentation attendees and 10 outreach materials provided

Independence High School PE support weekly -25 youth weekly

25 presentation attendees and 25 outreach materials provided

Probation Community Fair 4/11

100 attendees received outreach materials

Discussion with former EDC youth who is now a politician in the bay area – regarding underserved/unserved youth populations and to best connect to disconnected youth.

4 presentation attendees

6. Provide outcome measures of the services provided.

- a. Measurement 1: Number of informing materials distributed.

Over 900 outreach materials distributed

- b. Measurement 2: Number of people reached through presentations.

Over 200 reached through presentations

7. If known, report the number of Clients referred to County BHD and the type of treatment to which Clients were referred.

unknown

8. If known, report the number of individuals who followed through on the referral and engaged in treatment.

unknown

9. Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

Total Project Expenditures in 23/24 FY = \$53,280

10. Provide any additional relevant information.

The El Dorado County Commission on Youth and Families presented their annual report to the Board of Supervisors on July 17, 2024. The report included public comment by New Morning staff, outlining the benefit to providing stigma reducing services throughout the county. Supervisor John Hidahl responded to the public comment with the question, "What do you do when you run across parents that are just not participating and don't want their children involved in therapy?" We were able to give the example of getting that particular youth involved in the Gold Country Basketball program, where they are slowly integrated into connections with New Morning staff and services. Supervisor Hidahl's concern was one that we see frequently, and yet we know that these youth still need support and services. This Community Stigma Reduction project will help us connect with these youth and families in a way that feels more comfortable for anyone who might have negative feelings towards therapy.

Statewide PEI Projects

Provider: CalMHSA

Project Goals:

- Reduce the stigma and discrimination associated with mental illness, prevent suicide, and improve student mental health.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$60,000	\$65,000	\$60,000
Total Expenditures	\$58,253	\$58,253	\$58,253

Outreach to Increase Recognition of Early Signs of Mental Illness

Parenting Classes Project

Provider: El Dorado County HHSA, Social Services Division/Child Welfare Services

Project Goals

- Improvement in the caregiver-child relationship.
- Reduction in problematic behaviors at home, in school, and in the community.
- Reduction in dollars spent on mental health services, special education, and criminal justice involvement.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$100,000	\$100,000	\$100,000
Total Expenditures	\$47,145	\$40,281	\$68,829
Unduplicated Individuals Served	49	71	69
Cost per Participant	\$962	\$567	\$1092
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	0	0	2
16-25 (transitional age youth)	6	6	4
26-59 (adult)	42	65	63
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	1	0	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	4	2	1
Asian	0	0	1
Black or African American	2	4	3
Native Hawaiian or Other Pacific Islander	0	0	3
White	39	63	56
Other	1	1	0
Multiracial	0	0	0
Unknown or declined to state	3	1	0
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	0	0
Central American	1	3	3
Mexican/Mexican-American/Chicano	0	1	2
Puerto Rican	1	0	2
South American	0	0	0
Other	2	0	4
Unknown or declined to state	2	0	3

Non-Hispanic or Latino			
African	0	0	2
Asian Indian/South Asian	0	0	0
Cambodian	0	0	1
Chinese	1	0	0
European	1	2	1
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	7	5	33
Multi-ethnic	0	0	0
Unknown or declined to state	34	60	3

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	49	71	60
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	0	0
Tagalog	0	0	0
Vietnamese	0	0	0
Other language	0	0	0
Unknown or declined to state	0	0	0

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	0	0	0
Heterosexual or Straight	17	18	53
Bisexual	2	1	0
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	1	0	0
Declined to State	29	52	6
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male	26	28	30
Female	23	43	39
Declined to answer	0	0	
Current gender identity:			
Male	26	28	30
Female	23	43	39
Transgender	0	0	0
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	0	0	0

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	0	0	1
Difficulty hearing or having speech understood	0	0	2
Mental disability including but not limited to learning disability, developmental disability, dementia	3	0	2
Physical/mobility	2	0	0
Chronic health condition/chronic pain	1	0	6
Other (specify)	0	0	1
Declined to state or none	44	71	61
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	0	1	2
No	19	6	40
Unknown or declined to state	30	64	27

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	6	13	13
Placerville Area	13	25	20
North County	3	6	8
Mid County	5	7	9
South County	2	2	3
Tahoe Basin	4	5	7
Unknown or declined to state	16	13	8
Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	4	0	11
Very low income	2	1	8
Low income	8	3	20
Moderate income	3	0	10
High income	0	0	2
Unknown or declined to state			0
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	2	2	8
Medi-Cal	33	13	28
Medicare	0	1	1
Uninsured	4	2	32
Unknown or declined to state	10	53	0

Annual Report FY 2023-24

Please provide the following information for this reporting period:

1) Briefly report on how implementation of the Parenting Classes project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.

The pandemic altered the original delivery of services from an in person to an online format as we found we were able to offer quality services to a larger group of individuals. Moving past the pandemic and experiencing other natural emergencies like fires, extreme heat, and severe storms we saw how useful online services are. Additionally online groups eased the burden of childcare for our parents. We continued to prepare class packets for clients which could be picked up, mailed, or emailed to participants as a way to deliver a high-quality group and assure that we were meeting the needs of all learning styles. We delivered Nurturing Parenting Group, and Parent Engagement Group throughout the year and were able to offer additional sections of each. This allowed parents to choose between morning and evening classes and opened up availability for parents who have a protective order against them to participate. Finally, this year we created a Co-Parenting group which will be launching in the next few months. This will further address the need in our county left as a result of service decline during the pandemic.

2) Briefly report on how the Parenting Classes project has improved the overall mental health of the children, adults, older adults, families, and communities by addressing the primary negative outcomes that are the focus of the Parenting Classes project: (1) school failure or dropout and (2) removal of children from their homes. Please include other impacts, if any, resulting from the Parenting Classes project on the other five negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; and (5) homelessness.

More than half of the parents in our class had their children removed from their care due to safety issues while the other half, maintained custody of their children while participating in a voluntary case with the Agency. The Parent Engagement Group is available for parents at the beginning of their case whether the case was voluntary, or court ordered. This class format allows us to answer participants' initial questions regarding involvement with the Agency, including court interaction, substance abuse treatment, therapy referrals, etc. Additionally, we begin to lay the groundwork to help them to understand harm and danger and why this is a cornerstone of their case plans as it drives services.

The Parent Engagement Group helps improve the mental health of participants by reducing their anxiety due to interactions with our Agency, providing them a venue to ask questions that may not have been answered by their social worker, providing them a space to work through what occurred or was brought to light during their investigation and helping them identify their own support network. Our Nurturing Parenting class assists parents to learn age-appropriate developmental milestones, expectations, and consequences for their children as well as parental behaviors, parenting techniques and supervision necessary for keeping their children safe. Mastery of these skills assists parents to avoid future CPS involvement and reduce re-entry into the CPS system. It cannot be underestimated the importance of community support and the positive impact on parents when their natural supports are identified. The parents in this group receive support from the facilitators in group and individually. Additionally, they receive support from each other; they share details of their situations in a confidential space, free from judgement. In theory, this reduces their risk of suicide, incarceration, and prolonged suffering. The group provides parents with a social worker that is available to them on a daily basis and that they have scheduled contact with weekly. As these social workers are separate from their cases, they often feel safe conveying information and asking for help that they wouldn't necessarily feel comfortable sharing. The group facilitators are able to offer resources, referrals and interventions more quickly than other social workers due to availability mentioned above. Finally, in recent years we have seen an increase in children reunifying with their parents within twelve months this is at least partially due to the group services being offered to parents.

3) Provide a brief narrative description of progress in providing the Parenting Classes project services to unserved and underserved populations.

Parenting classes that address the specific needs of the families served by the Agency are difficult to find and often not available in a drop-in format. Additionally, due to the pandemic our community saw a decrease in the availability of community parenting classes which have yet to restart. Prior to our classes, parents involved in CPS services often waited for class openings which created a barrier to services for families experiencing a high degree of stress, conflict, and anxiety. Parents also found that after missing one or two classes, required for visits or substance abuse testing they would be dropped from the group and have to restart when the next one was available. Our groups allow them to pick up where they left off with no waiting period.

Our group design specifically addresses known barriers to service delivery and access for this particular participant population; social workers merely refer parents at the time of detention or when their case opens for voluntary services. The group facilitators then reach out to parents and coordinate their entry into the classes. Additionally, our model allows facilitators to work with parents that miss classes to ensure they not only receive the class materials and instruction but understand the application for their unique situation. Participants are not exited from a group due to their inability and/or failure to participate according to a set schedule. Furthermore, our groups are now available over the internet so any parent with a cell phone or computer access can participate, including parents residing in the SLT Basin and located outside of our county. Our county is comprised of large rural areas with a high population of people living in poverty where resources are not readily available, this includes access to transportation. Our online format allows parents without reliable transportation to attend and continue working toward their treatment goals. Facilitators have been able to meet individually with participants who needed more focused time in order to fully understand and complete the materials presented. Finally, due to the online format, we were able to accommodate several parents residing in different locales; in the past, these parents had to seek services from their community which often delayed and/or fragmented services. Our parenting class has also been designed for parents to stay as long as they feel they need to support, resulting in several parents attending far more classes than required.

4) Provide a brief narrative description of how the Parenting Classes services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

Our parenting program addresses the specific needs of each individual family. Therefore, facilitators identify parents' strengths and areas of concern as well as any cultural customs and beliefs that must be considered in order to provide the most effective support and interventions. Additionally, translators are provided when needed as one facilitator is certified to translate for Spanish speaking parents.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.

The parenting group was started after a countywide collaboration between CPS, our local community HUBS, and other local service providers. Our specific group works to reduce stigma often associated with CPS involvement by providing participants with dedicated space to take ownership over the circumstances leading to CPS intervention. In other community parenting groups, it can be hard for families to discuss the sensitive issues that led to CPS involvement further exacerbating feelings of isolation and shame. Participants in our classes express appreciation for the freedom to share their story and experiences with others in similar situations.

Unfortunately, parents' real needs and concerns can be overlooked and unaddressed because they are reticent and/or struggle to honestly convey the myriad of complicating factors that are often at the heart of parents' struggles to effectively parent their children. Parents avoid topics of parental drug use, child abuse, neglect, and

domestic violence for fear of the information being used against them. Our parenting groups are unique in that we address these needs directly through close collaboration and communication with parents' service providers to ensure that the families are addressing the more critical and relevant issues. As previously mentioned, we also work with the participants to help them identify and understand how and why they became involved with CPS.

6) Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Parenting Classes project are:

- *Unduplicated numbers of individuals served, including demographic data.*

We served 69 individuals this fiscal year. Of these 19 were continuing clients and 50 started the program during this fiscal year.

- *The number of potential responders engaged. Potential responders include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.*

Participants in our program have the benefit of working with facilitators who are also CPS social workers and therefore are in constant communication and collaboration with the primary case carrying social worker. As such, when issues or concerns arise, the facilitators can inform the case carrying social worker immediately so a Child Family Team meeting can be held to address and problem solve the issue. They also have a CPS social worker responsible for overall case management. The latter is primarily responsible for engagement with other "responders" depending upon the family's needs. Through the life of a family's open case with CPS, a myriad of different responders are accessed, including but not limited to community therapists, behavioral health, social services aids, probation officers, law enforcement, attorneys, other community providers as well as family support members. An estimate for the potential number of responders engaged can range from a low of 138 but could be as high as 200 or more as we work with a minimum of two responders per client.

- *The setting(s) in which the potential responders were engaged.*

Facilitators engage with potential responder's primarily through Child and Family Team meetings (CFT), phone calls texts and emails.

- *The type(s) of potential responders engaged in each setting (e.g., nurses, principles, parents)*

During a CFT, there are required participants, and the Agency identifies other individuals including the family's own support network as long as the parents want them in attendance. Facilitators use email and the telephone to contact individual Social Workers, therapists, case aids, probation officers, lawyers, community service providers, drug treatment counselors, Alta Regional staff and any other community partner applicable to a specific case as long as we have the requisite releases of information signed.

- *If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.*

Self-reported 3, suspected 5, referred for treatment through behavioral health for a total of 8. It is safe to conjecture that all the participants in the CPS group experience some type of mental health issue, such as depression, anxiety, dysregulated emotions; yet a smaller number actually present with serious mental illness.

- *If known, the number of individuals who followed through on the referral and engage in treatment.*

Unknown

- *If known, the average duration of untreated mental illness.*

Unknown

- *If known, the interval between the referral and participation in treatment.*

Unknown

7) Unduplicated numbers of individuals served, including demographic data.

MHSA Budget	\$100,000
Total Expenditures	\$75,359.33
Unduplicated Individuals Served	69
Cost per Participant	\$1092.16
Indirect Service Costs	\$15,000.00

8) Provide any additional relevant information.

Peer Partner Project

Provider: Stanford Sierra Youth & Families

Project Goals

- Engage youth and parents more fully in the child welfare case planning and services process.
- Provide informal supports to families by providing linkage to community resources that will support the efficacy of the family system.
- Empower families to make changes to address trauma and hardship, to keep families healthy, safe, and together.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$275,000	\$275,000	\$400,000
Total Expenditures	\$243,247	\$231,633	\$177,426 (includes CSS and PEI funding allocations)
Unduplicated Individuals Served	80	79	88
Cost per Participant	\$3,041	\$2,932	\$2,017
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	2	6	12
16-25 (transitional age youth)	16	12	12
26-59 (adult)	61	59	64
Ages 60+ (older adults)	1	2	0
Unknown or declined to state	0	0	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	3	3	4
Asian	0	0	0
Black or African American	1	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	57	56	60
Other	0	6	8
Multiracial	3	2	4
Unknown or declined to state	16	12	12
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	1	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	4	6	7
Puerto Rican	0	0	0
South American	0	0	0
Other	2	2	5
Unknown or declined to state	0	0	0

Non-Hispanic or Latino			
African	0	0	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
European	5	12	10
Filipino	0	0	0
Japanese	0	1	1
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	51	41	52
Multi-ethnic	1	2	1
Unknown or declined to state	17	14	12
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	59	60	69
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0

Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	1	0
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	21	18	19
Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	1	0	0
Heterosexual or Straight	62	58	59
Bisexual	2	2	1
Questioning or unsure of sexual orientation	0	1	1
Queer	0	1	1
Another sexual orientation	0	3	4
Unknown or declined to state	15	14	22
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Assigned sex at birth:			
Male	18	17	14
Female	62	61	73
Unknown or declined to answer	0	1	1

Current gender identity:			
Male	18	16	13
Female	46	45	64
Transgender	1	0	0
Genderqueer	0	1	1
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	2	1
Unknown or declined to answer	15	15	9
Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	17	12	12
Difficulty hearing or having speech understood	7	6	3
Mental disability including but not limited to learning disability, developmental disability, dementia	13	17	13
Physical/mobility	3	4	3
Chronic health condition/chronic pain	11	13	12
Other (specify)	1	6	4
Declined to state	1	4	0
Veteran Status	FY 2021-22	FY 2022-23	FY 2023-24
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>			
Yes	1	1	3
No	64	65	70
Unknown or declined to state	15	13	15

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	26	13	20
Placerville Area	36	27	35
North County	3	5	9
Mid County	6	7	9
South County	4	2	3
Tahoe Basin	3	2	2
Unknown or declined to state	13	23	10
Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	37	41	42
Very low income	8	13	12
Low income	12	11	20
Moderate income	7	4	4
High income	1	1	2
Unknown or declined to state	15	9	0
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	3	1	3
Medi-Cal	58	67	75
Medicare	2	1	1
Uninsured	2	1	1
Unknown or declined to state	15	9	0

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Please provide the following information for this reporting period:

- 1) Briefly report on how implementation of the Peer Partner project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.
- 2) Briefly report on how the Peer Partner project has improved the overall mental health of the children, families and communities by addressing the negative outcomes that are the focus of the Peer Partner Project (suicide, incarcerations, prolonged suffering, homelessness, unemployment, school failure or dropout, and removal of children from their homes).
- 3) Provide a brief narrative description of progress in providing services through the Peer Partner project to unserved and underserved populations. Underserved is defined in California Code of Regulations 3200.300 as "clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided with the necessary opportunities to support their recovery, wellness, and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement, or other serious consequences."
- 4) Provide a brief narrative description of how the Prevention Wraparound Services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.
- 5) Provide the number of potential responders engaged. "Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, community service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, and disabling mental illness, provide support, and /or refer individuals who need treatment or other mental health services.
- 6) The setting(s) in which the potential responders were engaged. Setting providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
- 7) The types of responders engaged in each setting (e.g., nurses, principles, parents).
- 8) If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.

- 9) If known and if applicable, provide information on Client self-report on the duration of untreated mental illness.
- 10) If known, provide the average interval between mental health referral and participation in treatment.
- 11) If known, the number of individuals who followed through on the referral and engaged in treatment.
- 12) Provide the outcome measures of the services provided and of customer satisfaction surveys.

Parent Partner Outcomes:

There were (42) clients who discharged from the Parent Partner program in 23-24 FY. Of those (42) discharges, (8) of those clients never engaged, and thus their outcomes will not be reported below in the measurements. Of the (34) parents who discharged and completed the program:

Measurement 1: (25) clients were on the family reunification track, and (18) (72%) reunified with their youth.
Measurement 2: (9) clients were on the family maintenance track, and (7) (78%) maintained their family unit.
Measurement 3: (34) clients reduced child abuse and maltreatment risk factors.

Youth Advocate Outcomes:

There were 10 youth who discharged from Youth Advocacy program in 23-24 FY.

Measurement 1 Report on the reduction in seven-day notices.
Measurement 2 Report on the improvement in foster care placement stability.
Measurement 3 Report on behavior as it relates to a decrease in maladaptive behavior.
Measurement 4 Report on behavior as it relates to an increase in strengths.
Measurement 5 Report on the number of discharges to permanency.

- 13) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

The total fiscal year expenditures for the program were: \$223,213.21

- 14) Provide any additional relevant information.

Mentoring for Youth Project

Provider: Big Brothers Big Sisters of Northern Sierra

Project Goals

- Determine if child or family has organically or environmentally induced mental illness concerns and develop a case plan for the child.
- Conduct parent workshops.
- Through skill building activities, mentors will develop coping mechanisms with the child.
- Through education and training, mentors normalize mental health conditions helping reduce stigma.
- Mentors reduce the effects of parental mental health issues affecting the child.
- Child will utilize skills learned to increase social and emotional development, increase academic performance, and increase socialization skills in school and public.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$75,000	\$75,000	\$96,000
Total Expenditures	\$75,556.25	\$74,935	\$96,000
Unduplicated Individuals Served	80	106	
Cost per Participant	\$937.50	\$707.55	
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	65	89	
16-25 (transitional age youth)	15	17	
26-59 (adult)	0	0	
Ages 60+ (older adults)	0	0	
Unknown or declined to state	0	0	
Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	3	4	
Asian	0	0	
Black or African American	9	5	
Native Hawaiian or Other Pacific Islander	1	0	
White	55	66	
Other	12	13	
Multiracial	0	17	
Unknown or declined to state	0	1	

Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Caribbean	0	0	
Central American	0	0	
Mexican/Mexican-American/Chicano	9	11	
Puerto Rican	0	0	
South American	0	0	
Other	0	1	
Unknown or declined to state	0	3	
Non-Hispanic or Non-Latino			
African	0	0	
Asian Indian/South Asian	0	0	
Cambodian	0	0	
Chinese	0	0	
Eastern European	55	66	
Filipino	0	0	
Japanese	0	0	
Korean	0	0	
Middle Eastern	0	0	
Vietnamese	0	0	
Other	16	26	
Multi-ethnic	0	13	
Unknown or declined to state	0	1	
Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	
Armenian	0	0	
Cambodian	0	0	
Cantonese	0	0	
English	78	93	
Farsi	0	0	
Hmong	0	0	
Korean	0	0	
Mandarin	0	0	
Other Chinese	0	0	
Russian	0	0	
Spanish	2	13	
Tagalog	0	0	
Vietnamese	0	0	
Unknown or declined to state	0	0	

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	0	0	
Heterosexual or Straight	0	0	
Bisexual	0	0	
Questioning or unsure of sexual orientation	0	0	
Queer	0	1	
Another sexual orientation	0	0	
Declined to State	80	105	
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Male	38	53	
Female	42	52	
Transgender	0	0	
Genderqueer	0	1	
Questioning / unsure of gender identity	0	0	
Another gender identity	0	0	
Declined to answer	0	0	
Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	0	0	
Difficulty hearing or having speech understood	1	0	
Mental disability including but not limited to learning disability, developmental disability, dementia	46	25	
Physical/mobility	0	0	
Chronic health condition/chronic pain	0	0	
Other (specify)	7	0	
Unknown or declined to state	27	81	

Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	0	0	
No	80	106	
Unknown or declined to state	0	0	

Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	43	41	
Placerville Area	23	50	
North County	3	0	
Mid County	7	10	
South County	0	2	
Tahoe Basin	4	3	
Unknown or declined to state	0	0	
Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	14	10	
Very low income	26	19	
Low income	25	48	
Moderate income	13	29	
High income	2	0	
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	15	8	
Medi-Cal	65	98	
Medicare	0	0	
Uninsured	0	0	

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- 1) Briefly report on how implementation of the Mentoring for Youth project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**
- 2) Briefly report on how the Mentoring for Youth project has improved the overall mental health of the children, adults, older adults, families, and communities by addressing the primary negative outcomes that are the focus of the Mentoring for Youth project (suicide, prolonged suffering, school failure or dropout, and removal of children from their homes). Please include other impacts, if any, resulting from the Mentoring for Youth project on the other four negative outcomes addressed by PEI activities: (1) incarceration; (2) unemployment; and (3) homelessness.**
- 3) Provide a brief narrative description of progress in providing services through the Mentoring for Youth project to unserved and underserved populations.**

BBBS has made significant strides in its mission to provide services to previously unserved and underserved populations in El Dorado County through the Mentoring for Youth project. We have successfully matched volunteer mentors, known as Big Brothers and Big Sisters, with youth between the ages of 5 and 18 who come from low socioeconomic households, belong to minority demographics, reside in rural communities, and

- 4) Provide a brief narrative description of how the Mentoring for Youth services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**
- 5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**
- 6) Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Mentoring for Youth project are:**
 - a. Child Intake: Contractor will assess child and family whenever possible, for program effectiveness.**
 - b. Volunteer Enrollment: Contractor will assess potential volunteers for acceptance into program.**
 - c. Child Assessment: Contractor will use completed pre-match and annual behavior evaluations and monthly volunteer match support of all enrolled children.**
 - d. Contractor will administer Big Brothers Big Sisters pre-match and end-of-school-year surveys, such as the "Start Early" interactive survey to enrolled children.**

- e. Contractor will administer Big Brothers Big Sisters “Strength of Relationship” survey to volunteer mentors.
 - f. Contractor shall provide testimonials, as appropriate, from parents, mentors and children.
- 7) Unduplicated numbers of individuals served, including demographic data.
- 8) The number of potential responders reached by this program.
- 9) The setting(s) in which the potential responders were engaged. (Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.)
- 10) The types of potential responders engaged in each setting (e.g., nurses, principles, parents).
- 11) If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
- 12) If known, the number of individuals who followed through on a referral and engaged in treatment.
- 13) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.
- 14) Provide any additional relevant information.

Access and Linkage to Treatment

Psychiatric Emergency Response Team (wellness) Project

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division
El Dorado County Sheriff's Office

Project Goals:

- Raise awareness about mental health issues and community services available.
- Improved community health and wellness through local services.
- Improve access to medically necessary care and treatment.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$500,000	\$500,000	\$1,000,000
Total Expenditures	\$201,411	\$182,971	\$278,322
Unduplicated Individuals Served	88	73	55
Cost per Participant	\$2,289	\$2,506	\$5,060
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)	15		1
16-25 (transitional age youth)	22		11
26-59 (adult)	34		35
Ages 60+ (older adults)	17		6
Unknown or declined to state	0		2

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	0		0
Asian	0		1
Black or African American	2		0
Native Hawaiian or Other Pacific Islander	0		0
White	68		24
Other	0		3
Multiracial	3		0
Unknown or declined to state	15		27

Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0		0
Central American	0		0
Mexican/Mexican-American/Chicano	3		0
Puerto Rican	0		0
South American	1		0
Other	0		2
Unknown or declined to state	2		0
Non-Hispanic Or Non-Latino			
African	1		0
Asian Indian/South Asian	3		0
Cambodian	0		0
Chinese	0		0
Eastern European	5		0
Filipino	0		0
Japanese	0		0
Korean	0		0
Middle Eastern	0		0
Vietnamese	0		0
Other	0		0
Multi-ethnic	3		0
Unknown or declined to state	70		53

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0		0
Armenian	0		0
Cambodian	0		0
Cantonese	0		0
English	86		32
Farsi	1		0
Hmong	0		0
Korean	0		0
Mandarin	0		0
Other Chinese	0		0
Russian	0		0
Spanish	1		0
Tagalog	0		0
Vietnamese	0		0
Unknown or declined to state	0		23

Sexual Orientation	FY 2021-22	FY 2022-23	FY 2023-24
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>			
Gay or Lesbian	0		
Heterosexual or Straight	63		
Bisexual	0		
Questioning or unsure of sexual orientation	0		
Queer	3		
Another sexual orientation	1		
Declined to State	21		
Gender	FY 2021-22	FY 2022-23	FY 2023-24
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>			
Assigned sex at birth:			
Male	52		27
Female	36		28
Declined to answer	0		0
Current gender identity:			
Male	52		
Female	34		
Transgender	1		
Genderqueer	0		
Questioning / unsure of gender identity	0		
Another gender identity	1		
Declined to answer	0		

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	0		
Difficulty hearing or having speech understood	0		
Mental disability including but not limited to learning disability, developmental disability, dementia	8		
Physical/mobility	0		
Chronic health condition/chronic pain	7		
Other (specify)	0		
Unknown or declined to state	73		
Veteran Status			
<i>*Collection of this information from a minor Younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	7		
No	81		
Unknown or declined to state	0		
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County:	14		10
Placerville Area:	27		17
North County:	4		4
Mid County:	18		4
South County:	0		1
Tahoe Basin:	0		1
Unknown or Declined to State	25		18

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	13		
Very low income	9		
Low income	31		
Moderate income	33		
High income	1		
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	30		
Medi-Cal	41		
Medicare	6		
Uninsured	0		

Note: For individuals in crisis, it may not be feasible to collect all data.

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Please provide the following information for this reporting period:

- 1) If known, the number of referrals to treatment, including the kind of treatment to which the person was referred.**

Referral	Number
Adult Protective Services	
National Alliance on Mental Illness (NAMI)	
Veterans Administration Services	
Emergency Crisis Resources	
Behavioral Health	
Child Protective Services	
Advocacy	
Medical	
Food/Clothing/Shelter	
Family and Natural Supports	
Public Guardian	
Transportation	
Financial Aid	

Substance Use Disorder Services	
Data not recorded	

- 2) If known, the number of persons who followed through on the referral and engagement in treatment, defined as the number of individuals who participated at least once in the program to which the person was referred.
- 3) The number of Welfare and Institutions Code 5150 holds written at the time of contact by PERT members.
THIS DOES NOT INCLUDE HOLDS WRITTEN BY DEPUTY WHEN CLINICIAN IS NOT PRESENT
- 4) If known, the average duration of untreated mental illness for individuals who have not previously received treatment.
- 5) If known, the average interval between the referral and engagement in treatment, as defined as participating in at least once in treatment to which referred.
- 6) Report on implementation challenges, successes, lessons learned, and relevant examples.

Veterans Outreach Project

Provider: Only Kindness

Project Goals

- Provide outreach and linkage to services for approximately 100 Veterans and their immediate family members annually.
- Provide a single point of entry for homeless Veterans to connect to and receive services.
- Assist Veterans with housing and reduce the number of homeless Veterans in El Dorado County.

Numbers Served and Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$150,000	\$150,000	\$172,500
Total Expenditures	\$150,000	\$149,998	\$172,500
Unduplicated Individuals Served	116	91	58
Cost per Participant	\$1, 293	\$1,648	\$2974
Age Group	FY 2021-22	FY 20223-23	FY 2023-24
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	1	0	1
26-59 (adult)	47	46	28
Ages 60+ (older adults)	68	45	29
Unknown or declined to state	0	0	0

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	7	3	2
Asian	0	0	1
Black or African American	3	1	1
Native Hawaiian or Other Pacific Islander	0	0	0
White	103	84	42
Other	0	0	0
Multiracial	2	2	8
Unknown or declined to state	1	1	4
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	3	2	2
Puerto Rican	0	0	0
South American	0	0	0
Other	0	1	0
Unknown or declined to state	8	4	0

Non-Hispanic or Latino			
African	3	0	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	0	0	0
Filipino	0	0	1
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other (Caucasian)	0	3	3
Multi-ethnic	0	0	0
Unknown or declined to state	0	81	0

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	116	82	56
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	0	0
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	9	2

Sexual Orientation <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gay or Lesbian	1	1	0
Heterosexual or Straight	105	80	54
Bisexual	0	0	1
Questioning or unsure of sexual orientation	0	0	0
Queer	1	0	0
Another sexual orientation	1	10	3
Declined to State	8	0	0
Gender <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Gender assigned at birth			
Male	100	77	46
Female	16	14	12
Declined to answer	0	0	0
Current Gender identity			
Male	92	69	39
Female	12	10	12
Transgender	2	1	0
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	10	11	7

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	33	24	13
Difficulty hearing or having speech understood	49	39	22
Mental disability including but not limited to learning disability, developmental disability, dementia	16	15	10
Physical/mobility	55	50	30
Chronic health condition/chronic pain	67	46	29
Other (specify)	17	23	5
Declined to state	0	0	0
Veteran Status <i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	112	86	56
No (Family Member)	4	5	2
Unknown or declined to state	0	0	0
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	12	11	10
Placerville Area	55	45	24
North County	7	4	3
Mid County	13	9	5
South County	5	1	1
Tahoe Basin	9	9	4
Unknown or declined to state	15	12	9

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	73	58	34
Very low income	24	16	10
Low income	17	14	6
Moderate income	1	3	4
High income	1	0	0
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private / Other	10	57	42
Medi-Cal	42	32	20
Medicare	27	16	11
Uninsured	7	5	1
VA	48	0	0

Annual Report FY 2023-24

Please provide the following information for this reporting period:

- 1) Briefly report on how implementation of the Veterans Outreach project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

Implementation activities as described in El Dorado County's MHSA 3-year plan are proceeding on target. Outreach efforts are again at full capacity after the shutdowns of Covid. VOP continues to reduce the negative consequences of untreated mental illness through connection to mental health supports or verification that such connection is already in place. VOP also provides supportive services through times of crisis so that a Veteran's mental health remains stable. Our major accomplishments are: 1) the number of homeless Veterans who have been housed through this and other leveraged funding, 2) the number of Veterans who received emergency shelter and 3) the large number of Veterans who, while they do not engage directly with VOP, receive resources, supplies, and referrals to other Veterans Service Providers through outreach events. In our online reporting, we count only Veterans who complete intake and assessment directly with VOP and who receive actual financial assistance. In our online report, our costs per participant total \$2975. However, if you consider the number of Veterans who were connected with through outreach events, the cost would be \$800 or less. It remains extremely challenging to engage with Veterans whose mental health issues themselves inhibit the Veteran from linking to needed services. It remains difficult to assist Veterans with discharges typically not supported by mainstream Veteran services and Veterans whose circumstances are barriers to housing and/or support.

2) Briefly report on how the Veteran Outreach project has improved the overall mental health of veterans and their families, and how the Veteran Outreach project has addressed the negative outcomes that result from untreated mental illness (suicide, incarceration, unemployment, homelessness, prolonged suffering, school failure or dropout, and removal of children from home).

VOP has improved the overall mental health of veterans and their families in three ways: one, by providing direct and supportive services through a crisis (vehicle assistance, homelessness prevention, temporary housing, supplies), we ensure that the crisis does not exacerbate existing mental health issues nor trigger new ones; two, by referral to mental health supports and/or encouragement to engage in the same and/or continue those in place, we ensure that veterans get or stay connected to the help they need; three, through outreach, we connect with many Veterans and Veteran family members - over 200 in this program year - many of whom do not enter into VOP but rather are connected to other Veteran service providers that can provide the assistance they need. Through all these pathways, the negative outcomes resulting from untreated mental illness -- suicide, incarceration, unemployment, prolonged suffering, family disunity, homelessness -- are minimized. Through ongoing participation in Veterans Coordinated Entry work group and case conferencing, VOP maintains connection to providers like VASH and probation who work with Veterans in the Criminal Justice System, and VOP provides assistance as needed to stabilize them in the Veterans Treatment Court process and other justice systems. Successful completion of Veterans Treatment Court can reduce felonies to misdemeanors and minimize restitution requirements which reduces the likelihood of further incarceration and positively influences a Veterans ability to acquire and sustain housing and employment. Our team remains committed to being the trained-layman who recognizes suicidal language, defies stigma and discrimination and connects with a hurting Veteran.

3) Provide a brief narrative description of progress in providing services through the Veterans Outreach project to unserved and underserved populations.

Veterans were identified in the El Dorado County MHSA 3-Year Plan as an underserved group. The Veteran Outreach Project serves only Veterans and their family members with a focus on those who are homeless and/or in the criminal justice system.

4) Provide a brief narrative description of how the Veterans Outreach services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

Intake for homeless Veterans is two-pronged as data must be included in the El Dorado County Coordinated Entry System in order for the Veteran to be placed on the County By Name List so that they are eligible to receive support from other service providers including VASH. Another set of data must also be collected for the Veteran Outreach Project. Intake for non-homeless Veterans involves only the data collection for the Veteran Outreach Project. Both intake processes identify any language and/or cultural barrier and ensures removal of the barrier by providing interpreters or culturally competent assistance.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.

The "walk-in" options of several local Veteran service providers have not returned to the level of service provided pre- Covid. El Dorado Veteran Resource (EDVR) office remains open with minimal hours thanks to a few dedicated volunteers. Volunteers of American (VoA) is back to full capacity and has resumed intake in person as well as by internet or phone. We collaborate regularly with The Citrus Heights Vet Center, Gilmore Foundation, VASH, EDVR and VoA. Intake and assessment are ongoing through Only Kindness and can be accessed through our outreach phone line 530 344-1864 and/or via email at vets@onlykindness.net. We also provide in-person intakes, but most times it is

more convenient for the Veterans to meet the team in person after the initial intake has been done to get them logged into our system expediently. A flyer with Available Mental Health Resources is provided to all Veterans encountered through VOP outreach efforts, at intake or when Veterans have face to face appointments with the team and this year, well over 500 flyers were handed out. We provide a multitude of mental health resources and referrals throughout El Dorado County including but not limited to resources such as Every Mind Matters and the Suicide Prevention Network (SPN). Through Veterans Treatment Court, Veteran participants are linked to all forms of physical and mental health as part of a mandated treatment program. We hold SPN trainings for our and volunteers when it is available to help reduce any stigma and discrimination that we may be unconsciously holding.

6. Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Veterans Outreach project are:

- **Measurement 1: Unduplicated numbers of individuals served, including demographic data.**

Please see the online report for unduplicated numbers served and demographics. Note: the number served represents Veterans for whom we were able to complete full intakes and provide direct services to. We are in the process of creating a procedure to capture the Veterans that we connect with at outreach events such as fairs, stand-downs, HUBs.

- **Measurement 2: If known, the number of referrals to County Behavioral Health and the type treatment of treatment to which person was referred.**

Please note our contract specifies that Measurement 2 is: the number of referrals to treatment and the kind of treatment (not limited to County Behavioral Health Referrals only)

	MEASUREMENT 2
Referral Type (Kind of Treatment) (View Sub Report in a New Window or in Excel)	Number Referrals Made to Treatment
Community Based Support	
Alcohol Programs	0
Community Based Support Groups	6
Drug Programs	0
DV Supports	0
MAFB/MH/AOD Svcs	23
NAMI	0
Private Counselor working with Veterans	6
Substance Use Disorder Svcs	0
VA Based Residential Recovery Programs	0
Veteran Resource Centers (SVRC etc.)	3
Veterans Treatment Court	0
Community Health Centers	
Barton Wellness	2
EDC Mental Health	3
EDCHC	2
Hospital or Private Healthcare Provider	8
Tribal Health	0
VA Medical Center	10
Community Health Centers	
4 Paws 2 Freedom	0
Stars and Stripes Dog Rescue	0
Victory Village	
Amador County	0
Auburn	0
Other	5
Total	68

- **Measurement 3:** If known, the number of persons who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.

We always encourage our Veterans to engage with the mental health resources we refer to (or continue to engage if they already have a mental health support in place). But there are obstacles and resistances. For example, transportation is a significant obstacle in our county. Two local Veteran Transport service providers have stopped providing the transport service (VASH transport, Military Family Support Group). Private transport options like Uber are difficult to work with as they require the Veteran to have cash in hand. Public transport can require numerous transfers and take a great deal of time.

	MEASUREMENT 3
Referral Type (Kind of Treatment) (View Sub Report in a New Window or in Excel)	Number of Referrals that Clients Followed Through With
Community Based Support	
Alcohol Programs	0
Community Based Support Groups	1
Drug Programs	0
DV Supports	0
MAFB/MH/AOD Svcs	6
NAMI	0
Private Counselor working with Veterans	1
Substance Use Disorder Svcs	0
VA Based Residential Recovery Programs	0
Veteran Resource Centers (SVRC etc.)	1
Veterans Treatment Court	0
Community Health Centers	
Barton Wellness	1
EDC Mental Health	1
EDCHC	1
Hospital or Private Healthcare Provider	3
Tribal Health	0
VA Medical Center	5
Community Health Centers	
4 Paws 2 Freedom	0
Stars and Stripes Dog Rescue	0
Victory Village	
Amador County	0
Auburn	0
Other	2
Total	22

- Measurement 4: If known, the average duration of untreated mental illness for individuals who have not previously received treatment.

Time between Start Date of Mental Illness and Date Entered into Project	
Less than One Year	2
One to Two Years	6
Three to Five Years	3
Six to Ten Years	11
More than Ten Years	28

- Measurement 5: If known, the average interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred.

Average Time (Years) between Start Date of Mental Illness and Date Entered into Project	
Average Time (Years)	24.3

- **Measurement 6: Implementation challenges, successes, lessons learned and relevant examples**

Implementation challenges include huge transportation obstacles, a Veterans resistance to mental health support, the lack of affordable housing. Successes are the number of previous homeless Veterans now safely housed and the robust collaboration with other veteran service providers. Lessons learned are an ongoing refinement of the VOP role in our county, where and what are the service gaps, how can we fill them, how can we leverage other funding sources to best serve Veterans. For relevant examples, please see services below and attached letters.

Service Category - Case Management	
Benefit Assistance	0
Budgeting Assistance	2
Document Processing or ID Assistance	1
Housing Placement Assistance	1
Housing Searches	1
Rental Application Assistance	0
Service Related Disability Application	0
Social Security Disability Application	0
Transportation to Health Provider	0
Total Services - Case Management	5
Service Category - Communication	
Minutes on Existing Phone Plans	1
Pre-Paid Cellular Phones	0
Total Services - Communication	1
Service Category - Emergency Needs Fulfillment	
Hygiene Supplies for Emergency Needs	0
Pre-Paid Food Cards for Emergency Needs	18
Tents/Sleeping Bags/Tarps	0
Toiletries for Emergency Needs	0
Total Services - Emergency Needs Fulfillment	18
Service Category - Health Services	
Mental Health Assistance	10
Physical Health Assistance	1
Total Services - Health Services	11
Service Category - Household Needs Fulfillment	
Cleaning Supplies	0
Cooking Utensils	0
Hygiene Supplies	0
Pre-Paid Food Cards for Household Needs	2
Toiletries	0
Total Services - Household Needs Fulfillment	2
Service Category - Housing	
Campground Fees	0
Emergency Lodging	238
Mortgage Assistance	1
Rents	10
Security Deposits	0
Utility Deposits	0
Utility Payments	10
Total Services - Housing	259
Service Category - Transportation	
Auto Payments	2
Fuel	2
Insurance and/or Registration	6

Pre-Paid Fuel Cards	27
Public Transportation	1
Smog Certificates	1
Vehicle repairs and maintenance	4
Total Services - Transportation	43
Service Category - Other	
Other	4
Total Services Provided	332

CROD HMIS#9226 Wed, Aug 16, 2023 at 11:47 AM To: Jennifer LaForce Cc: Rene Evans

... Subsequent to this; had it not been for Only Kindness and especially you, My life would have been wrecked...(Thanks to VOP) I was able to attend the shortened Life Skills required by the court. Later you then secured and arranged for both (children) to begin the necessary intense therapy that they have been able to continue to receive- it is an invaluable resource which I could never have paid for. To ensure their aid in recovery. For this; a Father is forever indebted and grateful. Your steadfast dedication, passion and ability to look at a situation, gauge its severity magnitude and requirements necessary to resolve or stave off catastrophic events enables you to align the correct resource for each situation. Hence how you graced me to connect with Rene. Rene has been working diligently overtime utilizing her personal past life's experience, skillset and savviness to bless others with her knowledge and abilities to connect with the proper resources required and available. I had zero idea that such entities and outreach existed. I'm amazed with what must be countless and faceless donors and their generosity which makes this all possible. I only wish that i could personally meet shake hands with all who are behind the scenes and give them a huge thanks for all they do. So, mentioning your name (at the Veterans Alliance meeting) was the least I could do. I was speaking off the cuff and from the heart. You deserve recognition for such willingness to help. Thank you and all you do. Very Respectfully, CROD

Suicide Prevention and Stigma Reduction Program

Suicide Prevention and Stigma Reduction

Provider: Suicide Prevention Network

Project Goals

- Increase awareness of mental illness, programs, resources, and strategies.
- Increased linkage to mental health resources.
- Implement activities that are designed to attempt to reduce the number of attempted and completed suicides in El Dorado County.
- Change negative attitudes and perceptions about seeking mental health services.
- Increase access to mental health resources to support individuals and families.

Numbers Served and Cost*(This is currently funded through grant funding and not MHSA)

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$140,000	\$140,000	\$300,000
Total Expenditures	\$69,001	\$93,036	\$0
Unduplicated Individuals Served	unknown		
Cost per Participant	unknown		
Age Group	FY 2021-22	FY 2022-23	FY 2023-24
0-15 (children/youth)			
16-25 (transitional age youth)			
26-59 (adult)			
Ages 60+ (older adults)			
Unknown or declined to state			

Race	FY 2021-22	FY 2022-23	FY 2023-24
American Indian or Alaska Native	0		
Asian	23		
Black or African American	2		
Native Hawaiian or Other Pacific Islander	0		
White	43		
Other	21		
Multiracial	236		
Unknown or declined to state	0		
Ethnicity by Category	FY 2021-22	FY 2022-23	FY 2023-24
Hispanic or Latino			
Caribbean	0		
Central American	4		
Mexican/Mexican-American/Chicano	395		
Puerto Rican	0		
South American	0		
Other	0		
Unknown or declined to state	0		

Non-Hispanic or Latino			
African			
Asian Indian/South Asian			
Cambodian			
Chinese			
Eastern European			
Filipino			
Japanese			
Korean			
Middle Eastern			
Vietnamese			
Other			
Multi-ethnic			
Unknown or declined to state			

Primary Language	FY 2021-22	FY 2022-23	FY 2023-24
Arabic			
Armenian			
Cambodian			
Cantonese			
English			
Farsi			
Hmong			
Korean			
Mandarin			
Other Chinese			
Russian			
Spanish			
Tagalog			
Vietnamese			
Unknown or declined to state			

Sexual Orientation		FY 2021-22	FY 2022-23	FY 2023-24
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>				
Gay or Lesbian	Unknown			
Heterosexual or Straight	Unknown			
Bisexual	Unknown			
Questioning or unsure of sexual orientation	Unknown			
Queer	Unknown			
Another sexual orientation	Unknown			
Declined to State	Unknown			
Gender		FY 2021-22	FY 2022-23	FY 2023-24
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>				
Assigned sex at birth:				
Male	unknown			
Female	unknown			
Declined to answer	unknown			
Current gender identity:				
Male	unknown			
Female	unknown			
Transgender	unknown			
Genderqueer	unknown			
Questioning / unsure of gender identity	unknown			
Another gender identity	unknown			
Declined to answer	unknown			

Disability	FY 2021-22	FY 2022-23	FY 2023-24
Difficulty seeing	Unknown		
Difficulty hearing or having speech understood	Unknown		
Mental disability including but not limited to learning disability, developmental disability, dementia	Unknown		
Physical/mobility	Unknown		
Chronic health condition/chronic pain	Unknown		
Other (specify)	Unknown		
Declined to state	Unknown		
Veteran Status			
<i>*Collection of this information from a minor younger than 12 years of age is not required.</i>	FY 2021-22	FY 2022-23	FY 2023-24
Yes	Unknown		
No	Unknown		
Unknown or declined to state	Unknown		
Region of Residence	FY 2021-22	FY 2022-23	FY 2023-24
West County	Unknown		
Placerville Area	Unknown		
North County	Unknown		
Mid County	Unknown		
South County	Unknown		
Tahoe Basin	Unknown		
Unknown or declined to state	Unknown		

Economic Status	FY 2021-22	FY 2022-23	FY 2023-24
Extremely low income	Unknown		
Very low income	Unknown		
Low income	Unknown		
Moderate income	Unknown		
High income	Unknown		
Health Insurance Status	FY 2021-22	FY 2022-23	FY 2023-24
Private	Unknown		
Medi-Cal	Unknown		
Medicare	Unknown		
Uninsured	Unknown		

**Per the amended PEI regulations, effective July 1, 2018, the Contractor is only required to report on the number of contacts.*

Innovation Projects

Introduction

Innovation Projects are defined as projects that contribute to learning, rather than a primary focus on providing a service. These projects provide the opportunity to “try out” new approaches that can inform current and future community practices. Innovation plans must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to the expenditure of funds.

Pursuant to Title 9 California Code of Regulations Section 3580.010, the Annual Innovation Report shall include: The name of the Innovative Project; whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes; available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to the outcomes; program information collected during the reporting period, including applicable Innovation Projects that serve individuals, number of participants served by age categories, race, ethnicity, primary language, sexual orientation, disability, veteran status, gender, and any other data the County considers relevant. For Innovation Projects that serve children or youth younger than 18 years of age, the demographic information shall be collected only to the extent permissible by Article 5 of Chapter 6.5 of Part 27 of Portability and Accountability Act of 1996 (HIPPA), California Information Practices Act, and other applicable state and federal privacy laws. Further, sexual orientation, current gender identity, and veteran status is not required to be collected for a minor younger than 12 years of age.

This Outcome Measures Report that accompanies the Fiscal Year 2025/26 MHSA Annual Update provides outcome information for the Innovation Projects of Fiscal Year 2023/24:

El Dorado County did not have any active Innovation projects during FY 23-24.

Workforce Education and Training (WET) Projects

Introduction

The Workforce Education and Training (WET) component includes education and training projects and activities for prospective and current public mental health system employees, contractors, and volunteers.

WET Coordinator Project

Project Goals

- Increase participation in regional partnerships
- Identify career enhancement opportunities and variety of promotional opportunities for existing public mental health system workforce
- Increased utilization of WET funding for local trainings
- Increase number of bilingual/bicultural public mental health workforce staff
- Increase number and variety of employment and/or volunteer opportunities available to consumers and their families who want to work in the mental health field

Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$35,000	\$35,000	\$35,000
Total Expenditures	\$7,847	\$22,722	\$18,587

Outcome Measures: WET Coordinator Project

Measurement 1: *Increase the number of training opportunities for the mental health workforce*

In FY 23-24, the WET Coordinator secured contracts with PESI, Inc and the California Institute for Behavioral Health Solutions to provide training to BHD staff on a variety of behavioral health topics. A contract with the California Mental Health Services Authority for the provision of 5150 training was also executed in FY 23-24, and an agreement for the provision of biennial Law & Ethics training that will meet clinicians' annual CEU requirement is currently in development.

The WET Coordinator also disseminates information about publicly available trainings among BHD managers and supervisors, BHD staff, relevant community-based organizations, and the public, depending upon the topic. Additionally, contracts with training vendors continue to be established to ensure training opportunities are available to BHD staff and its contracted providers.

Workforce Development Project

Project Goals

- Increase the number of training opportunities for the public mental health system workforce.
- Identify career enhancement opportunities for existing mental health workforce.
- Increase the retention rates for current mental health workforce staff.
- Increase the number of new staff recruited into the mental health workforce.
- Increase the number of bilingual/bicultural mental health workforce staff available to serve clients.
- Increase the number and variety of positions available to consumers and their family members who want to work in the mental health field.

Cost

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$150,000	\$165,000	\$160,000*
Total Expenditures	\$25,031	\$26,019	\$37,466**
Total Number of Trainings	338***	347***	115

*Budget decreased from FY 22-23 to FY 23-24 because \$5,000 in license and recertification funding was extracted and added to the newly formed Recruitment and Retention project.

**Increased expenditures in FY 23-24 reflects better reporting of staff time spent at off-site trainings and conferences.

*** Data reported here included trainings completed by substance use disorder services, public guardian and mental health services staff, whereas data for FY 23-24 includes training completed by mental health services staff only.

Outcome Measures: Workforce Development Project

Measurement 1*: *Number of Training Opportunities for the Public Mental Health System Workforce (including staff, contractors, volunteers, and consumers)*

Number of Staff Receiving Training: 56
Number of Training Topics: 115 training titles / 17 training categories
Number of Hours of Training: 684 staff hours / 322 training hours

* Data previously reported here included training taken by staff from Substance Use Disorder Services and the Office of the Public Guardian; whereas data for FY 23-24 includes only mental health services staff.

Cultural Competency Training FY 2023-2024			
Training Event	Name of Presenter	Number of Attendees	How Long (hours)
CLAS Matters! Helping People Achieve their Full Potential	UCLA Integrated Substance Abuse Programs	1	3
Cultural Competence: The Immigrant Experience Ethnicity and Families	myLearningPointe.com	1	1
Culture Counts: Mental Health Care for African Americans	myLearningPointe.com	1	2
Culture Counts: Mental Health Care for American Indians and Alaska Natives	myLearningPointe.com	1	2
Culture Counts: Mental Health Care for Asian Americans and Pacific Islanders	myLearningPointe.com	1	2
Culture Counts: Mental Health Care for Hispanic Americans	myLearningPointe.com	2	2
Culture Counts: The Influence of Culture and Society on Mental Health	myLearningPointe.com	2	2
Diversity in the Workplace	myLearningPointe.com	1	1
Ethical Considerations for Rural Communities	The Center for the Application of Substance Abuse Technologies	1	2
Ethical Issues in Rural Communities I	The Center for the Application of Substance Abuse Technologies	1	1.5
Ethical Issues in Rural Communities II	The Center for the Application of Substance Abuse Technologies	1	1.5
Homelessness: Behavioral Health Services for People Who Are Homeless	myLearningPointe.com	1	1
Improving Cultural Competency for Behavioral Health Professionals	U.S. Department of Health & Human Services	1	5
LGBTQ+ Inclusion in a Health Care Setting	Hazelden Betty Ford Graduate School	2	1
Practicing Cultural Competency Mental Health & Substance Use Disorder Treatments for Natives	El Dorado County Substance Use Disorder Services	3	4
Sex, Gender, and Identity	Relias	1	3
Working More Effectively With LGBTQ+ Children & Youth	Relias	1	1.25

Recruitment and Retention Project

Cost

Expenditures	FY 2023-24
MHSA Budget	\$100,000
Total Expenditures	\$1,905
Unduplicated Staff Members Served	7
Cost per Staff Member	\$272

Capital Facilities and Technology (CFTN)

Introduction

Capital Facilities and Technology (CFTN) Projects support the development of an integrated infrastructure and to improve the quality and coordination of care.

Electronic Health Record Project

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$550,000	\$950,000	\$950,000
Total Expenditures	\$243,616	\$351,542	\$560,451

Full implementation of software to increase communication with community-based partners has not yet been completed.

Telehealth Project

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$75,000	\$75,000	\$75,000
Total Expenditures	\$0	\$0	\$0

The Behavioral Health Division continues to explore methods to maximize the use of telehealth (phone and video) to best serve its clients.

Integrated Community Wellness Center

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
MHSA Budget	\$1,000,000	\$1,000,000	\$1,000,000
Total Expenditures	\$0	\$0	\$0

Behavioral Health has not been able to locate a viable location for an integrated Community Wellness Center but continues to explore options in the community.

Appendix

FY 2023-24 Revenue and Expenditure Report (RER)

The FY 2023-24 Revenue and Expenditure Report as submitted to DHCS on January 30, 2025 is included as part of this Outcomes Report.

As a result of California Advancing and Innovating Medi-Cal (CalAIM) FY 23/24 is the first time this report has included MHSA Intergovernmental Transfers (MHSA IGT). This amount is reported as an expenditure, however, it has an equal and opposite offsetting revenue not reported through the RER. As such, MHSA IGT amounts have been excluded from this Outcomes Report as a more accurate reflection of direct service expenditures.

Note: Discrepancies found between this Outcomes Report and RER have been noted and will be corrected as part of the FY 24/25 RER through allowable adjustments.

DHCS 1822 A (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2023-24

Information Worksheet

1	Date:	1/31/2025
2	ARER Fiscal Year (20YY-YY):	2023-24
3	County:	El Dorado
4	County Code:	09
5	Address:	3057 Briw Road
6	City:	Placerville
7	Zip:	95667
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	Jose Sanchez Mendoza
10	Title of Preparer:	Accountant
11	Preparer Contact Email:	jose.sanchezmendoza@edcgov.us
12	Preparer Contact Telephone:	(530) 295-6942

DHCS 1822 B (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Component Summary Worksheet

County:El Dorado

Date:1/31/2025

SECTION 1: Interest		A CSS	B PEI	C INN	D WET	E CFTN	F TOTAL
1	Component Interest Earned	\$272,189.00	\$113,506.00	\$115,078.00	\$1,994.00	\$56,141.00	\$558,908.00
2	Joint Powers Authority Interest Earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION 2: Prudent Reserve		A CSS	B PEI	C TOTAL
3	Local Prudent Reserve Beginning Balance			\$1,655,402.00
4	Transfer from Local Prudent Reserve to CSS or PEI	\$0.00	\$0.00	\$0.00
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00
6	Local Prudent Reserve Adjustments			\$0.00
7	Local Prudent Reserve Ending Balance			\$1,655,402.00

SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		A CSS	B PEI	C WET	D CFTN	E PR	F TOTAL
8	Transfers	-\$550,000.00	\$0.00	\$100,000.00	\$450,000.00	\$0.00	\$0.00

SECTION 4: Program Expenditures and Sources of Funding		A CSS	B PEI	C INN	D WET	E CFTN	F TOTAL
9	MHSA	\$11,764,034.00	\$3,436,678.00	\$0.00	\$76,135.00	\$716,021.00	\$15,992,868.00
10	Medi-Cal FFP	\$9,536,083.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,536,083.00
11	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Other	\$2,199,869.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,199,869.00
14	TOTAL	\$23,499,986.00	\$3,436,678.00	\$0.00	\$76,135.00	\$716,021.00	\$27,728,820.00

SECTION 5: Miscellaneous MHSA Costs, Expenditures, and Transfers		A TOTAL
15	Total Annual Planning Costs	\$63,309.00
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$4,323,816.00
18	Total WET RP	\$0.00
19	Total PEI SW	\$38,212.00
20	Total MHSA HP	\$0.00
21	Total Mental Health Services For Veterans	\$172,500.00
22	Total MHSA IGT Transfer	\$0.00

DHCS 1822 C (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Community Services and Supports (CSS) Summary Worksheet

County:El Dorado

Date:1/31/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CSS Annual Planning Costs	\$63,309.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63,309.00
2	CSS Evaluation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	CSS Administration Costs	\$3,998,616.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,998,616.00
4	CSS Funds Transferred to JPA	\$44,856.00					\$44,856.00
5	CSS Expenditures Incurred by JPA	\$0.00					\$0.00
6	CSS Funds Transferred to CalHFA	\$0.00					\$0.00
7	CSS Funds Transferred to PEI	\$0.00					\$0.00
8	CSS Funds Transferred to WET	\$100,000.00					\$100,000.00
9	CSS Funds Transferred to CFTN	\$450,000.00					\$450,000.00
10	CSS Funds Transferred to PR	\$0.00					\$0.00
11	CSS Program Expenditures	\$7,702,109.00	\$9,536,083.00	\$0.00	\$0.00	\$2,199,869.00	\$19,438,061.00
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$12,314,034.00	\$9,536,083.00	\$0.00	\$0.00	\$2,199,869.00	\$24,049,986.00
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN, and PR)	\$11,764,034.00	\$9,536,083.00	\$0.00	\$0.00	\$2,199,869.00	\$23,499,986.00

SECTION TWO

	A	B	C	D	E	F	G	H	I	J	K
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	09	Children FSP Project		FSP	\$1,010,039.00	\$2,414,101.00	\$4,563,148.00	\$0.00	\$0.00	\$31,169.00	\$8,018,457.00
15	09	Peer Partner Project - Parent Partner		FSP	\$115,455.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$115,455.00
16	09	CASA		FSP	\$23,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,000.00
17	09	Transitional Age Youth (TAY) FSP Project		FSP	\$0.00	\$4,975.00	\$19,798.00	\$0.00	\$0.00	\$1,350.00	\$26,123.00
18	09	Adult and Older Adult FSP Project		FSP	\$934,514.00	\$1,094,231.00	\$2,722,028.00	\$0.00	\$0.00	\$158,934.00	\$4,909,707.00
19	09	FSP Forensic Services Project		FSP	\$0.00	\$117,728.00	\$522,517.00	\$0.00	\$0.00	\$204,892.00	\$845,137.00
20	09	Wellness and Recovery Services/Adult Wellness Centers		Non-FSP	\$1,346,556.00	\$297,966.00	\$1,378,665.00	\$0.00	\$0.00	\$97,090.00	\$3,120,277.00
21	09	Wellness and Recovery Services/TAY Engagement		Non-FSP	\$0.00	\$13,532.00	\$182,462.00	\$0.00	\$0.00	\$456,660.00	\$652,654.00
22		Community Transition and Support		Non-FSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23		Crisis Residential Treatment (CRT) Facility (D)		Non-FSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24		Recreation Therapy Project		Non-FSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	09	Access Services		Non-FSP	\$235,464.00	\$34,352.00	\$129,292.00	\$0.00	\$0.00	\$17,398.00	\$416,506.00
26		PATH		Non-FSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	09	Assisted Outpatient Treatment		Non-FSP	\$0.00	\$1,499.00	\$18,173.00	\$0.00	\$0.00	\$31.00	\$19,703.00
28	09	Lanterman-Petris-Short (LPS) Project		Non-FSP	\$58,697.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,150.00	\$60,847.00
29		Genetic Testing		Non-FSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	09	Mental Health Student Services Act (MHSSA)		Non-FSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,230,195.00	\$1,230,195.00
31											\$0.00
32											\$0.00

DHCS 1822 D (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Prevention and Early Intervention (PEI) Summary Worksheet

County:El Dorado

Date:1/31/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	PEI Evaluation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	PEI Administration Costs	\$151,453.00	\$0.00	\$0.00	\$0.00	\$0.00	\$151,453.00
4	PEI Funds Expended by CalMHSA for PEI Statewide	\$38,212.00					\$38,212.00
5	PEI Funds Transferred to JPA	\$58,253.00					\$58,253.00
6	PEI Expenditures Incurred by JPA	\$0.00					\$0.00
7	PEI Program Expenditures	\$3,285,225.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,285,225.00
8	Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$3,436,678.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,436,678.00



SECTION TWO

		A	B
		Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9	MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	64.38%	



SECTION THREE

#	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	9	Latino Outreach Project		Standalone	Prevention		100%	50%	50.0%	\$281,645.00		\$0.00	\$0.00	\$0.00	\$0.00	\$281,645.00
11	9	Primary Project		Standalone	Prevention		100%	100%	100.0%	\$165,771.00		\$0.00	\$0.00	\$0.00	\$0.00	\$165,771.00
12	9	Wennem Wadati: A Native Path to Healing		Standalone	Prevention		100%	100%	100.0%	\$27,282.00		\$0.00	\$0.00	\$0.00	\$0.00	\$27,282.00
13	9	Clubhouse El Dorado		Standalone	Prevention		100%	0%	0.0%	\$27,894.00		\$0.00	\$0.00	\$0.00	\$0.00	\$27,894.00
14	9	Goods & Services to Promote Positive & Reduce Risk Factor Project		Standalone	Prevention		100%	50%	50.0%	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	9	Older Adult Enrichment Project		Standalone	Early Intervention		100%	0%	0.0%	\$127,770.00		\$0.00	\$0.00	\$0.00	\$0.00	\$127,770.00
16	9	Child 0-5 & Their Families		Standalone	Early Intervention		100%	90%	90.0%	\$383,236.00		\$0.00	\$0.00	\$0.00	\$0.00	\$383,236.00
17	9	Prevention Wraparound Services: Juvenile Services		Standalone	Early Intervention		100%	100%	100.0%	\$488,392.00		\$0.00	\$0.00	\$0.00	\$0.00	\$488,392.00
18	9	Forensic Access and Engagement Project		Standalone	Early Intervention		100%	0%	0.0%	\$138,140.00		\$0.00	\$0.00	\$0.00	\$0.00	\$138,140.00
19	9	National Suicide Prevention Line		Standalone	Early Intervention		100%	75%	75.0%	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	9	TimelyCare MID		Standalone	Early Intervention		100%	25%	25.0%	\$40,000.00		\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00
21	9	Student Wellness Center		Standalone	Early Intervention		100%	100%	100.0%	\$806,297.00		\$0.00	\$0.00	\$0.00	\$0.00	\$806,297.00
22	9	Bridge the Gap Project		Standalone	Early Intervention		100%	100%	100.0%	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	9	Community Stigma Reduction	LGBTQIA Community Education Project	Standalone	Stigma & Discrimination Reduction		100%	50%	50.0%	\$60,000.00		\$0.00	\$0.00	\$0.00	\$0.00	\$60,000.00
24	9	Mental Health First Aid, safeTALK and Other Community Education Projects		Standalone	Stigma & Discrimination Reduction		100%	0%	0.0%	\$2,923.00		\$0.00	\$0.00	\$0.00	\$0.00	\$2,923.00
25	9	Statewide PEI Projects		Standalone	Stigma & Discrimination Reduction		100%	50%	50.0%	\$58,253.00		\$0.00	\$0.00	\$0.00	\$0.00	\$58,253.00
26	9	Community Education		Standalone	Outreach		100%	0%	0.0%	\$68,829.00		\$0.00	\$0.00	\$0.00	\$0.00	\$68,829.00
27	9	Peer Partner Project - Youth Advocate		Combined	Combined Summary	Peer Partner Project	27%	25%	6.8%	\$61,971.00		\$0.00	\$0.00	\$0.00	\$0.00	\$61,971.00
28	9	Mentoring for Youth Project		Standalone	Outreach		100%	100%	100.0%	\$96,000.00		\$0.00	\$0.00	\$0.00	\$0.00	\$96,000.00
29	9	Community-Based Outreach and Linkage		Standalone	Access and Linkage		100%	25%	25.0%	\$278,322.00		\$0.00	\$0.00	\$0.00	\$0.00	\$278,322.00
30	9	Project Access Community Outreach Initiative		Standalone	Access and Linkage		100%	50%	50.0%	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31	9	Veterans Outreach		Standalone	Access and Linkage		100%	0%	0.0%	\$172,500.00		\$0.00	\$0.00	\$0.00	\$0.00	\$172,500.00
32	9	Suicide Prevention and Stigma Reduction		Standalone	Suicide Prevention		100%	50%	50.0%	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33																\$0.00
34																\$0.00



DHCS 1822 E (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Innovation (INN) Summary Worksheet

County:El Dorado

Date:1/31/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	INN Indirect Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	INN Funds Transferred to JPA	\$0.00					\$0.00
4	INN Expenditures Incurred by JPA	\$0.00					\$0.00
5	INN Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	INN Project Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	INN Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
#		County Code	Project Name	Prior Project Name	Project MHSOAC Approval Date	Project Start Date	MHSOAC-Authorized MHSA INN Project Budget	Amended MHSOAC-Authorized MHSA INN Project Budget	Project Expenditure Type	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	A		Partnership Between Senior Nutrition and Behavioral Health		1/23/2020	4/29/2022	\$900,000.00	\$450,000.00	Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	B		Partnership Between Senior Nutrition and Behavioral Health		1/23/2020	4/29/2022	\$900,000.00	\$450,000.00	Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	C		Partnership Between Senior Nutrition and Behavioral Health		1/23/2020	4/29/2022	\$900,000.00	\$450,000.00	Project Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	D		Partnership Between Senior Nutrition and Behavioral Health		1/23/2020	4/29/2022	\$900,000.00	\$450,000.00	Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	A		Nature Therapy for Youth Phase I: Planning						Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	B		Nature Therapy for Youth Phase I: Planning						Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	C		Nature Therapy for Youth Phase I: Planning						Project Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	D		Nature Therapy for Youth Phase I: Planning						Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	A		In-Clinic Certified Therapeutic Recreation Specialist Phase I: Planning						Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	B		In-Clinic Certified Therapeutic Recreation Specialist Phase I: Planning						Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	C		In-Clinic Certified Therapeutic Recreation Specialist Phase I: Planning						Project Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	D		In-Clinic Certified Therapeutic Recreation Specialist Phase I: Planning						Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	A												\$0.00	\$0.00		\$0.00
13	B												\$0.00	\$0.00		\$0.00

DHCS 1822 F (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Workforce Education and Training (WET) Summary Worksheet


County:

El Dorado

Date:

1/31/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	WET Evaluation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	WET Administration Costs	\$18,177.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,177.00
4	WET Funds Transferred to JPA	\$0.00					\$0.00
5	WET Expenditures Incurred by JPA	\$0.00					\$0.00
6	WET Program Expenditures	\$57,958.00	\$0.00	\$0.00	\$0.00	\$0.00	\$57,958.00
7	 Total WET Expenditures (Excluding Transfers to JPA)	\$76,135.00	\$0.00	\$0.00	\$0.00	\$0.00	\$76,135.00

SECTION TWO

	A	B	C	D	E	F	G	H
#	County Code	Funding Category	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	9	Workforce Staffing	\$18,587.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,587.00
9	9	Training/Technical Assistance	\$37,466.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,466.00
10		Mental Health Career Pathways	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11		Residency/Internship	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	9	Financial Incentive	\$1,905.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,905.00

DHCS 1822 G (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Capital Facility Technological Needs (CFTN) Summary Worksheet

County: EI Dorado

Date: 1/31/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CFTN Annual Planning Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	CFTN Evaluation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	CFTN Administration Costs	\$155,570.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155,570.00
4	CFTN Funds Transferred to JPA	\$0.00					\$0.00
5	CFTN Expenditures Incurred by JPA	\$0.00					\$0.00
6	CFTN Project Expenditures	\$560,451.00	\$0.00	\$0.00	\$0.00	\$0.00	\$560,451.00
7	Total CFTN Expenditures (Excluding Transfers to JPA)	\$716,021.00	\$0.00	\$0.00	\$0.00	\$0.00	\$716,021.00

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	9	Electronic Health Record System - Avatar Clinical Workstation		Technological Need	\$560,451.00	\$0.00	\$0.00	\$0.00	\$0.00	\$560,451.00
9		Telehealth Project		Technological Need	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10		Integrated Community Wellness Center		Capital Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11		Community-Wide Clinic Project		Capital Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12										\$0.00
13										\$0.00
14										\$0.00
15										\$0.00
16										\$0.00
17										\$0.00
18										\$0.00
19										\$0.00
20										\$0.00
21										\$0.00
22										\$0.00
23										\$0.00
24										\$0.00
25										\$0.00
26										\$0.00
27										\$0.00

DHCS 1822 H (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
MHSA Adjustments Worksheet

County:

El Dorado

Date

1/31/2025

SECTION ONE

	A	B	C	D	E	F
#	County Code	Account	Adjustment Type	Adjustment to Fiscal Year (20YY-YY)	Amount	Reason
1	9	CSS	Expenditure	FY2022-23	-\$62,397.00	MHSSA reported incorrect as MHSA (CSS). MHSSA should be reported as Other (CSS).
2	9	CSS	Expenditure	FY2022-23	\$62,397.00	MHSSA reported incorrect as MHSA (CSS). MHSSA should be reported as Other (CSS).
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SECTION TWO

	A	B	C	D	E
#	County Code	Account	Adjustment to Fiscal Year (20YY-YY)	Amount	Reason
31		Prudent Reserve			
32		Prudent Reserve			
33		Prudent Reserve			
34		Prudent Reserve			
35		Prudent Reserve			
36		Prudent Reserve			
37		Prudent Reserve			
38		Prudent Reserve			
39		Prudent Reserve			
40		Prudent Reserve			
41		Prudent Reserve			
42		Prudent Reserve			
43		Prudent Reserve			
44		Prudent Reserve			
45		Prudent Reserve			
46		Prudent Reserve			
47		Prudent Reserve			
48		Prudent Reserve			
49		Prudent Reserve			
50		Prudent Reserve			
51		Prudent Reserve			
52		Prudent Reserve			
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56		Prudent Reserve			
57		Prudent Reserve			
58		Prudent Reserve			
59		Prudent Reserve			
60		Prudent Reserve			

DHCS 1822 I (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
FFP Revenue Adjustment Worksheet

County:	El Dorado	Date:	1/31/2025
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SECTION ONE

	A	B	C	D	E	F	G
#	County Code	Adjustment to FY (20YY-YY)	Cost Report Stage	Account	Beginning Balance	Adjustment Amount	Ending Balance
1							\$0.00
2							\$0.00
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00
16							\$0.00
17							\$0.00
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36							\$0.00
37							\$0.00
38							\$0.00
39							\$0.00
40							\$0.00

DHCS 1822 J (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Comments Worksheet

County:

El Dorado

Date:

1/31/2025

	A	B	C
#	Account	Fiscal Year (FY 20YY-YY)	Comments
1	Prudent Reserve	2023-24	The MHSA funds are held in one Fund which includes the Prudent
2			Reserve. The interest earned is based on the total balance in the Fund.
3			The interest is allocated to each of the components (CSS, PEI, INN,
4			WET & CFTN) based on each components balance that is maintained
5			through working documents. The Prudent Reserve interest is reported
6			with the CSS interest.
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