MHSA OUTCOMES

Emerald Bay, Lake Tahoe

EL DORADO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
OUTCOMES
FY 2022-23 YEAR END RESULTS

REPORTED WITH THE FY 2024-2025 MHSA Annual Update

Contents

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 2020-21 – 2022-23 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.

The State has not yet identified standardized outcomes and indicators for CSS programs, however MHSA programs use standard service level indicators and outcome tools utilized by the Behavioral Health Division and its contracted providers:

- Measurement 1: Levels of Care Utilization System (LOCUS) for adults; Child and Adolescent Levels of Care Utilization System (CALOCUS) for children and youth
- Measurement 2: Outcome measurement tools (e.g., Child and Adolescent Needs and Strengths (CANS); Adult Needs and Strengths Assessment (ANSA))

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$3,448,000	$3,499,530	$3,997,440
Total Expenditures	$2,919,060	$3,512,861	$ 4,228,308
Unduplicated Individuals Served	287	491	542
Cost per Participant	$10,171	$7,155	$7,801
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	173	315	443
16-25 (transitional age youth)	114	176	99
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Gender	FY 2020-21	FY 2021-22	FY 2022-23
Female	156	269	286
Male	131	222	256
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	51	97	111
Placerville Area	116	170	207
North County	24	24	33
Mid County	35	68	70
South County	6	15	21
Tahoe Basin	45	106	84
Unknown or declined to state	0	0	0
Out of County	10	11	16
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
American Indian or Alaska Native	5	14	8
Asian	1	9	5
Black or African American	2	11	17
Caucasian or White	239	282	184
Native Hawaiian or Other Pacific Islander	1	4	4
Other Race	11	83	83
Unknown or declined to state	28	88	282

Ethnicity	FY 2020-21	FY 2021-22	FY 2022-23
Hispanic or Latino	22	46	42
Other Hispanic / Latino	15	37	27
Not Hispanic	115	162	160
Unknown or declined to state	135	246	313
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
English	226	343	348
Spanish	4	20	19
Other Language	0	1 *ASL	0
Unknown or declined to state	57	127	175

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: ☐ Sierra ☐ Summitview ☐ New Morning ☐ Stanford ☐ 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

ELIGIBLITY 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 though 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

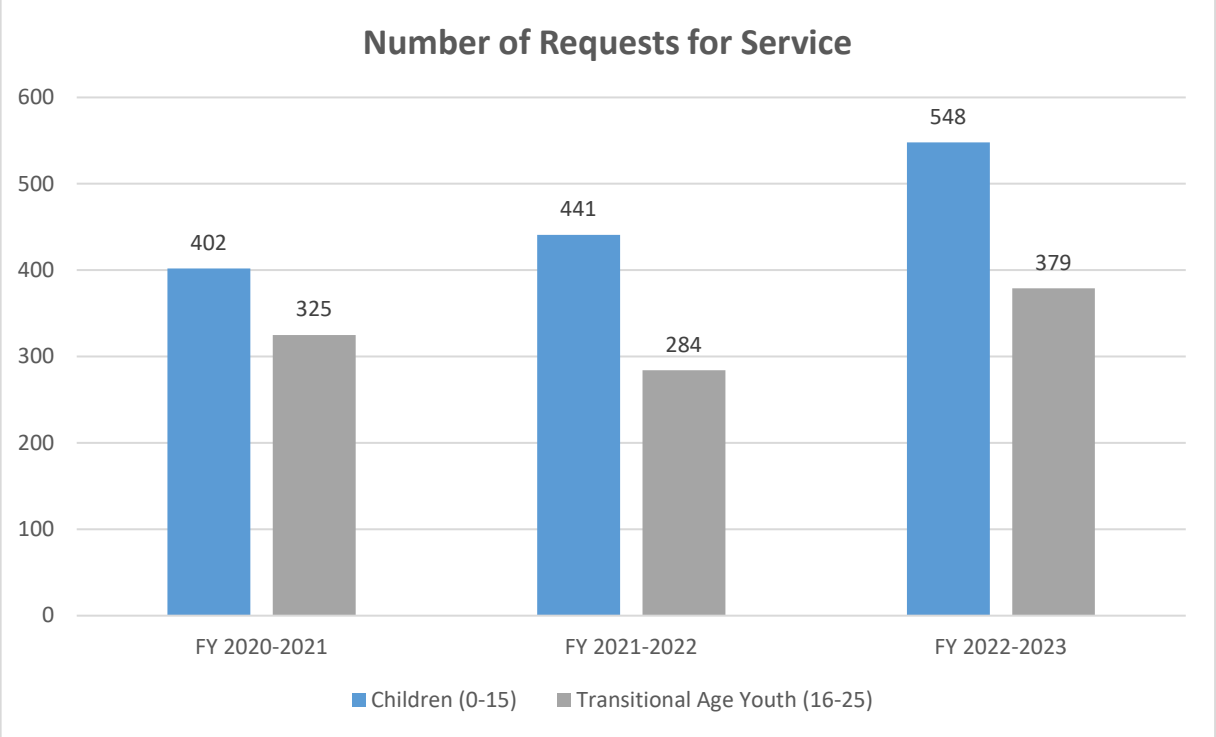
☐**Eligible for ICC and IHBS services through membership of the Katie A. Subclass**

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 2020-21	FY 2021-22	FY 2022-23
Children Enrolled in this Program:			
Unduplicated Children Served	287	491	641
Unduplicated Children Hospitalized	12	6	13
Number of Hospitalizations	16	7	18
Average Length of Stay	12.2 days[1]	19.1 days	5.9 days
All El Dorado County Children Medi-Cal Beneficiaries (under age 18 whether receiving Specialty Mental Services or not):			
Unduplicated Children Hospitalized	55	48	37
Number of Hospitalizations	76	63	52
Average Length of Stay	8.4 days	8.8 days	8.7 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.

[2] Three (3) children were hospitalized for three (3) or more weeks, and one (1) of those 3 children was hospitalized on three (3) separate occasions, each time in excess of 24 days.

CASA

Numbers Served and Cost

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$20,000	$20,000	$20,000
Total Expenditures	$20,000	$20,000	$20,000
Unduplicated Individuals Served	296	205	188

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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 ten children. Program enhancements to help achieve effective services to nearly all children in need of an advocate include:

1. Adding a part-time position in our South Lake Tahoe office
2. Increasing outreach and advocate recruitment efforts
3. Trauma Informed Trainer Certification for three staff members
4. Comprehensive services to better support children by supporting their families
5. Assigning a staff member to advocate and serve all eligible youth in the delinquency system
6. Consistent staffing to help provide seamless services and support to our advocates and the children we serve
7. 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. According to the American Academy of Pediatrics, mental and behavioral health is the largest unmet health need for children and teens in foster care. Nationwide, approximately 80% of foster youth suffer from mental health issues, in comparison to an estimated 20% of children who are not, nor have previously been, 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. 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; are half as likely to reenter the foster care system; and help to slow or stop the pass-down of inter- generational trauma.

Progress

During this reporting period, CASA served 188 children with Advocates. Funding from MHSA, is 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 Child & Family Services; and Live Violence Free.

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

Program Expenditures

Expenditure	Amount	MHSA Grant
Staff Salaries, Taxes, Benefits	$447,853	$20,000
Recruiting, Training, Advocacy Support	$21,877	
Travel	$7,500	
Rent, Utilities, etc.	$34,371	
Legal, Professional	$12,710	
Insurance	$8,979	
Postage, other	$7908	
Volunteer Hours (in kind)	$204,000	
Total	$745,198	$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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget – Total	$323,250	$334,350	$403,200
Total Expenditures	$60,316	$71,623	$321,136
Unduplicated Individuals Served	44	53	65
Cost per Participant	$1,371	$1,351	$4,941

Data for FY 2022-23 includes those served directly by the County though 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 2020-21	FY 2021-22	FY 2022-23
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	44	53	65
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0
Gender	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**

Female	29	30	38
Male	15	23	27

Region of Residence	FY 2020-21	FY 2021-22	FY 2022-23
West County	5	9	7
Placerville Area	19	27	40
North County	1	3	3
Mid County	5	7	7
South County	0	2	2
Tahoe Basin	11	3	3
Unknown or declined to state / out of county	3	2	3
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
American Indian or Alaska Native	1	1	0
Asian	0	1	3
Black or African American	0	1	5
Caucasian or White	39	15	26
Native Hawaiian or Other Pacific Islander	1	0	1
Other Race	2	2	10
Unknown or declined to state	1	11	20
Ethnicity	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino	7	2	4
Other Hispanic / Latino	6	2	8

Not Hispanic	26	27	25
Unknown or declined to state	5	22	28
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
English	41	44	54
Spanish	1	1	1
Other Language	0		0
Unknown or declined to state	2	7	10

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 2020-21	FY 2021-22	FY 2022-23
Unique Clients	70	31	65
Total FSP Episodes	98	32	66
FSP Episodes Opened:			
Total FSP Episodes Opened	84	32	38
New/Returning Client			35
Changed Program (same level of services)			1
Decreased Level of Services			0
Increased Level of Services			2
FSP Episodes Closed:			
Total FSP Episodes Closed	52	19	40
Graduated / Exited Services			33
Changed Program (same level of services)			3
Decreased Level of Services			4
Increased Level of Services			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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$6,357,250	$6, 397,230	$6,001,920
Total Expenditures	$4,346,250	$3,088,065	$4,480,181
Unduplicated Individuals Served	132	184	186
Cost per Participant	$32,678	$16,783	$24,087
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	24	18	12
26-59 (adult)	95	147	140
Ages 60+ (older adults)	13	19	34
Unknown or declined to state	0	0	0

Gender	FY 2020-21	FY 2021-22	FY 2022-23

Female	56	90	75
Male	77	94	111
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	11	16	16
Placerville Area	63	79	96
North County	5	5	6
Mid County	10	17	12
South County	3	6	3
Tahoe Basin	30	41	35
Out of County	11	19	17
Unknown or declined to state	0	1	1
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
American Indian or Alaska Native	1	1	5
Asian	0	5	3
Black or African American	2	6	7
Caucasian or White	129	145	135
Native Hawaiian or Other Pacific Islander	0	1	0
Other Race	1	10	11
Unknown or declined to state	1	16	20

Ethnicity	FY 2020-21	FY 2021-22	FY 2022-23
Hispanic or Latino	4	5	4
Other Hispanic / Latino	3	6	10
Not Hispanic	114	143	137
Unknown or declined to state	12	30	35
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
English	129	170	172
Spanish	2	2	2
Other Language	2	3	2*
Unknown or declined to state	0	9	10

*1 American Sign Language, 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 2020-21	FY 2021-22	FY 2022-23
Unique Clients	133	184	186
Total Episodes	153	225	199
FSP Episodes Opened:			
Total FSP Episodes Opened	153	105	122

New/Returning Client		*102*	88
Changed Program (same level of service)			4
Decreased Level of Services			0
Increased Level of Services			30
FSP Episodes Closed:			
Total FSP Episodes Closed	71	79	106
Graduated / Exited Services			70
Changed Program (same level of service)			5
Decreased Level of Services			31
Increased Level of Services			0

Measurement 3*: Continued Engagement in Services*

Eighty-three (83) adults who were enrolled as an FSP client at any time in FY 2022-23 remained open to SMHS at the end of FY 2022-23.

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 2022-23 outcomes to report for this program. Older Adult FSP clients were provided the full range of FSP services through the Adult FSP program.

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$2,849,000	$3,321,500	$3,701,500
Total Expenditures	$2,402,242	$1,912,178	$2,369,020
Wellness Centers (West Slope & East Slope):			
Wellness Center Visits			6,153
Cost per Visit			$385
Unduplicated Clients			187
Outpatient Wellness Program Clients Served			535
Cost per Client	$		$12,669

Age Group (outpatient Wellness Programs only)	FY 2020-21	FY 2021-22	FY 2022-23
0-15 (children/youth)			0
16-25 (transitional age youth)			45
26-59 (adult)			404
Ages 60+ (older adults)			86
Unknown or declined to state			0
Gender	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Female			262
Male			273
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County			67
Placerville Area			149
North County			27
Mid County			40
South County			18
Tahoe Basin			205
Unknown or declined to state			2
Out of County			27

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native			12
Asian			9
Black or African American			7
Caucasian or White			382
Native Hawaiian or Other Pacific Islander			0
Other Race			52
Unknown or declined to state			73
Ethnicity	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			32
Other Hispanic / Latino			32
Not Hispanic			348
Unknown or declined to state			123
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
English			489
Spanish			3
Other Language			4
Unknown or declined to state			39

Outcome Measures: Wellness Centers & Outpatient Specialty Mental Health Services

Measurement 1: *Number of Participants*

Numbers Served (East Slope Wellness Center)	FY 2020-21	FY 2021-22	FY 2022-23
Wellness Center Visits			1,291
Unduplicated Clients			64

Numbers Served (West Slope Wellness Center)	FY 2020-21	FY 2021-22	FY 2022-23
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 2020-21	FY 2021-22	FY 2022-23
Unique Clients			535
Total Episodes			564
Episodes Opened:			
Total Episodes Opened			331
New/Returning Client			296
Changed Program (same level of service)			0
Decreased Level of Services			35
Increased Level of Services			0
Episodes Closed:			
Total Episodes Closed			276
Graduated / Exited Services			234

Changed Program (same level of services)			6
Decreased Level of Services			6
Increased Level of Services			30

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget – Total	$500,500	$500,500	$328,500
Total Expenditures	$408,006	$372,227	$136,164
Unduplicated Individuals Served		46	32
Cost per Participant	$	$8,092	$4,254
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)		0	0
16-25 (transitional age youth)		46	32
26-59 (adult)		0	0
Ages 60+ (older adults)		0	0
Unknown or declined to state		0	0
Gender	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Female		29	21
Male		17	11

Region of Residence	FY 2020-21	FY 2021-22	FY 2022-23
West County		12	9
Placerville Area		18	14
North County		3	3
Mid County		3	2
South County		2	0
Tahoe Basin		5	3
Out of County			1
Unknown or declined to state		3	0
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
American Indian or Alaska Native		0	0
Asian		0	0
Black or African American		3	0
Caucasian or White		33	20
Native Hawaiian or Other Pacific Islander		0	0
Other Race		3	5
Unknown or declined to state		7	7
Ethnicity	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino		3	2
Other Hispanic / Latino		4	4
Not Hispanic		29	18
Unknown or declined to state		10	8

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
English		45	27
Spanish		0	0
Other Language		0	0
Unknown or declined to state		1	5

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 2020-21	FY 2021-22	FY 2022-23
Unique Clients		46	32
Total Episodes		60	34
Episodes Opened:			
Total Episodes Opened		26	17
New/Returning Client		17	9
Changed Program (same level of service)		9	6
Decreased Level of Services		0	2
Increased Level of Services		0	0
Episodes Closed:			
Total Episodes Closed		29	21
Graduated / Exited Services		26	20
Changed Program (same level of services)			0
Decreased Level of Services		0	0
Increased Level of Services		3	1

Community Transition and Support Team

Due to staffing shortages, 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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$1,000,000	$1,100,000	$1,100,000
Total Expenditures	$1,150,996	$708,875	$537,569
Requests for Services	1,493	1,477	1,956
Cost per Request	$771	$480	$275
Call Intakes (inquiries other than a Request for Service)		717	635

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

Request for Services Source	Total
General (self-refer, doctor, hospital)	1,761
Child Welfare Services Referrals	96
Telecare Corp. (PHF) Referrals	48
Foster Care Presumptive Transfer Referrals	51
Managed Care Plan*[2]	0
Total	1,956

[2] Referrals from Managed Care Plans did not begin until fiscal year 2023-2024

Age Group	FY 2020-21	FY 2021-22	FY 2022-23
0-15 (children/youth)	402	441	548
16-25 (transitional age youth)	325	284	379
26-59 (adult)	675	631	862
Ages 60+ (older adults)	91	121	167
Unknown or declined to state	1	0	0
Gender	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Female	742	767	1037
Male	751	708	919
Transgender	0	2	0
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	251	263	285
Placerville Area	452	462	654
North County	78	43	103
Mid County	157	181	188
South County	55	41	47
Tahoe Basin	403	393	563
Out of County	81	74	96
Unknown or declined to state	12	9	20

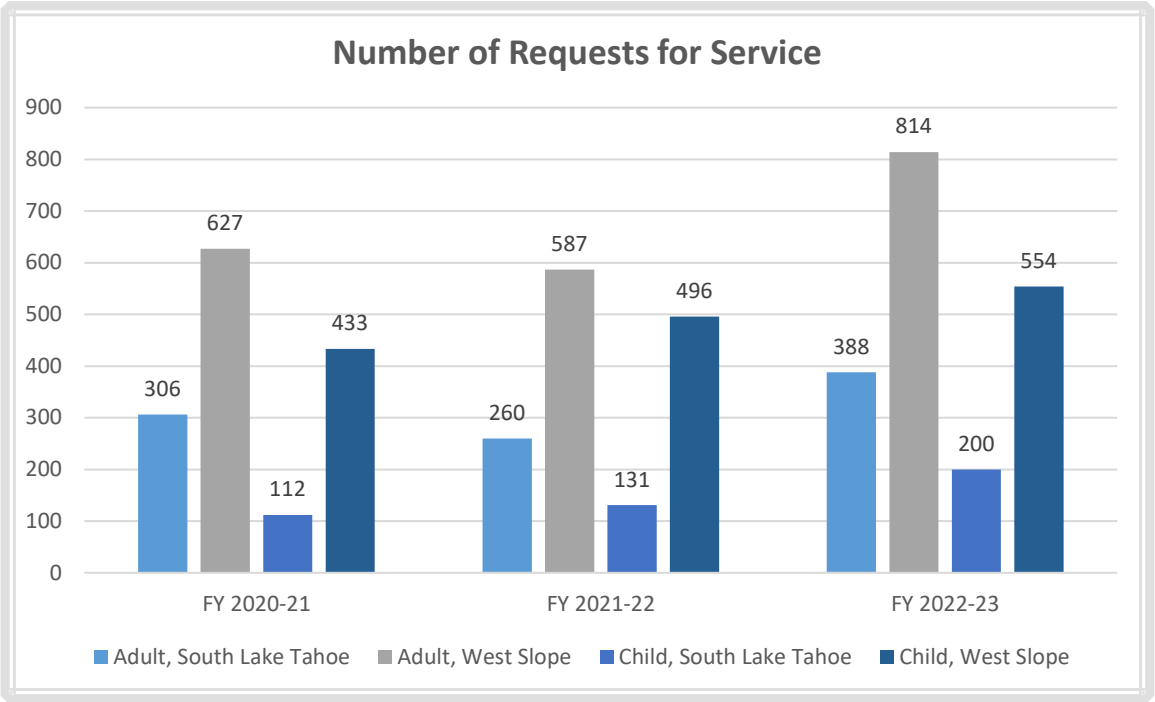
Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native		25	30
Asian		33	21
Black or African American		28	40
Caucasian or White		771	992
Native Hawaiian or Other Pacific Islander		10	2
Other Race		157	217
Unknown or declined to state		453	702
Ethnicity	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino	87	86	99
Other Hispanic / Latino	82	93	129
Not Hispanic	630	691	890
Unknown or declined to state	694	607	838
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
English	1,283	1,177	1,479
Spanish	20	31	50
Other Language	12	8	5
Unknown or declined to state	179	261	422

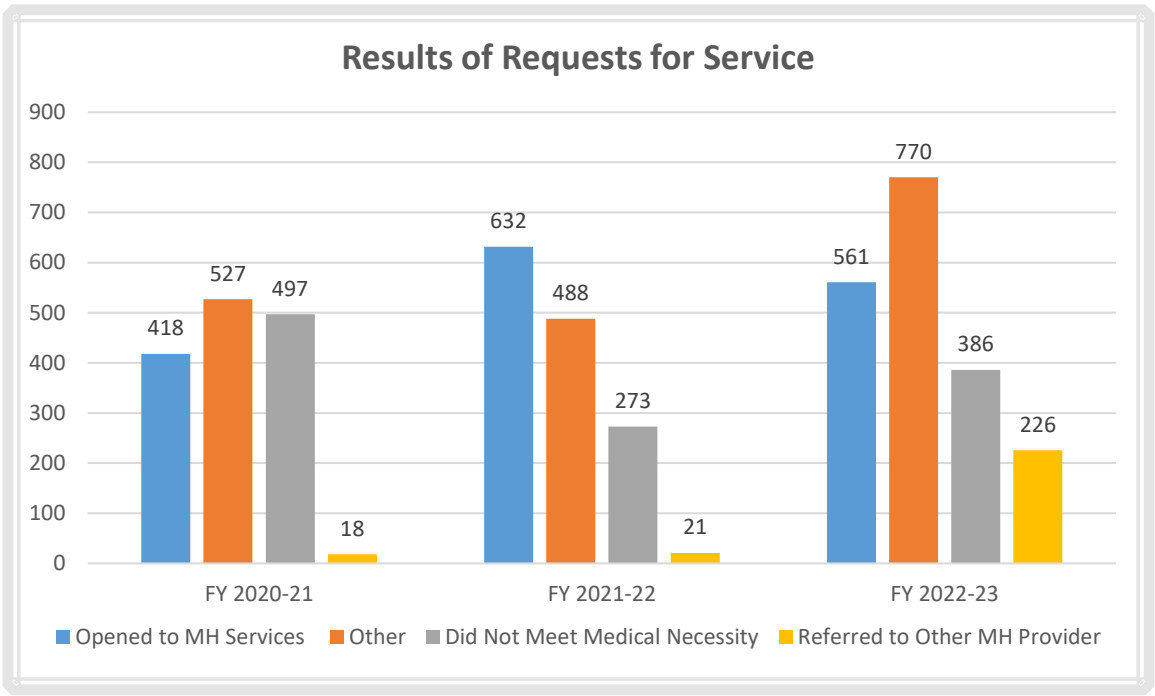
Outcome Measures: Access Service Project

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 2022**	**Aug 2022**	**Sept 2022**	**Oct 2022**	**Nov 2022**	**Dec 2022**
Adult, South Lake Tahoe	46	54	49	46	18	34
Adult, West Slope	44	54	79	84	73	55
Child, South Lake Tahoe	5	20	18	18	17	9
Child, West Slope	28	42	44	46	51	50
Overall	123	170	190	194	159	148

FY 2022-23 Number of Requests for Service							
Age Group and Location	**Jan 2023**	**Feb 2023**	**Mar 2023**	**Apr 2023**	**May 2023**	**June 2023**	**Total FY 2022-23**
Adult, South Lake Tahoe	19	20	25	23	26	28	388
Adult, West Slope	67	54	85	68	73	78	814
Child, South Lake Tahoe	15	24	12	22	14	26	200
Child, West Slope	41	58	53	46	57	38	554
Overall	142	156	175	159	170	170	1956





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.

Student Outreach and Engagement Centers and Mental Health Supports (Student Wellness Centers) Project

Provider: Sierra Child and Family Services

Project Goals

- Provide a dedicated Student Outreach and Engagement Center at each high school. The Center 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 high school staff, faculty, students, and parents.

Numbers Served and Cost

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$260,000	$260,000	$260,000
Total Expenditures	$260,000	$260,000	$259,680
Unduplicated Individuals Served	628	727	914
Cost per Participant	$414	$358	$284

Outcome Measures: Student Outreach and Engagement Centers and Mental Health Supports Project

Measurement 1*: Number of Duplicated and Unduplicated Student Contacts*

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 Unduplicated Student Contacts	914
Total Number of Duplicated Student Contacts	3764
Total Number of Profiles (all time)	1625

Reports from:

Student Profile

Wellness Brief Service 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.

Total Number of Collateral Contacts	1640

Reports from:

Collateral Note

Unique/Crisis Note

Measurement 2: *The Number of Student Mental Health Assessments Performed*

Total Number of Mental Health Assessments Performed	215

Reports from:

CANS CALOCUS

ASQ Screening Tool (Safety Assessment) CRAFFT

PQ16 YPSC35 PSC35

Measurement 3: *Number of Training/Education Opportunities Provided (including target population, number of attendees, and training/education topic)*

Total Number of Student Groups Offered (not sessions)	52

Report from:
Group Note
Group Spreadsheet

Topics Offered:

- DBT
- Executive Functioning Healthy Self Care Habits
- Communication/Peer Interaction
- Anxiety Social Skills Grief
- Housing Insecurity and Community Resources
- Depression Coping DBT Anger

Opportunities provided:
In Person

Target population:
Student

Outreach/Training:

Total Number of Outreach /Training Events	42

Report From:

- Training/Outreach Note Staff Support Note

Topics Offered:

Students

- Peer Connection (Lunch Bunch, Making Conversation, Summer Activities)
- GSA
- Wellness Center Booth at Club Day Presented to ASB/Leadership classes Friday Movie Day
- Wellness Center staff attended and participated in in school events such as:
- What is Wellness (Welcome Orientation)
- Mental Health Club Stress vs. Anxiety
- Posters (DBT, Wellness Center contact information, Summer Activities information, “You Are Not Alone”)
- Wellness Center open to students for “flex time” by sign up

Fentanyl education assemblies, Special Olympics, Cupcake Wars, suicide prevention and substance use education events, Inclusion Week workshops, Open House

Parent Outreach

- Parent Freshman Orientation Night
- Parent Square notifications (Wellness Center services, summer activities)
- City Hall Meeting (Vaping Education)
- Community Night Out hosted by Golden Sierra High School

Staff Outreach

- What is Wellness?
- Wellness Center staff attending school-based leadership meetings
- Direct Service session for school staff
- How to Make a Referral
- Parent Square to school staff offering grief support

Opportunities provided:

In person

In writing

Target population:

Student

Parent Faculty/Staff

Media Outreach:

Website

Total number of website site sessions	6934

Instagram

Total number of Instagram followers	267
Total number of Instagram posts	171

Report from:

- Website
- Instagram

Opportunities provided:
Online

Target population:
Student
Parent Faculty/Staff

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	136
Number of students linked to school-based provider	81
Parent led linkages following contact from Wellness Center staff *Parent led navigation represents the following: - Parents were notified of mental health concern and connected with an established provider - Parents were offered a list of referral names and navigated privately	107
Number of students referred through TUPE Program	177
Number of students referred to FEP Program	5

Community providers utilized by the Wellness Center include:

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

- Summitview Child and Family Services The Anxiety Treatment Center

Stoeffler, LMFT Sutter

- Various primary care providers

General reasons for a referral:

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

Measurement 5: *Implementation Challenges, Successes, Lessons Learned and Relevant Examples*

Successes

- Adjusted Wellness Center Director position to focus solely on program management.
- Added clinicians and mental health advocates to the Wellness Center's team.
- Adjusted referral process to improve communication with IEP teams of students referred.
- Offered continued training on the referral process to school staff.
- Added additional Group Consultation opportunities for Wellness Center staff to receive peer support and clinical supervision.
- Continued growth of presence on campuses, i.e. hosted summer activities, hosted information nights, Wellness Center booths at school events, attended administration/leadership meetings, met with ASB classes to engage/understand student perspective.
- Received an Outstanding Community Partner Award from EDUHSD
- Continued to maintain and improve the environment of Wellness Centers.
- Onboarded new staff using Quality Assurance training to maintain consistency across all schools.
- Educated school Deans (newly added EDUHSD position) about Wellness Center services so that they know how to connect students to support.
- Continued to increase communication with all school staff and continued to develop relationships with school personnel.
- Designated staff as "Navigation Specialists" to streamline connection to community therapeutic services.
- Maintained connections with community providers and identified possible providers for students who need navigation.
- Utilized school FLEX/Priority Periods to increase accessibility to group services.
- Quarterly meeting with electronic recording keeping platform to improve electronic record

keeping systems and capture data more efficiently.

- Successfully implemented an onboarding process for new hires/interns outlined last year.
    - Updated the Handbook
    - Updated Apricot Training
    - Developed clear/consistent onboarding procedures
- Supported ERMHS students over summer break to continue mental health support on an as needed basis.
- Access to Aeries

Implementation Challenges

- Shortage of community providers who accept insurance and provide in-person services.
- Change in appointed Wellness Center Director mid school year.
- Obtaining informed consent was difficult.
- Difficulty in confirming navigation success/status.
    - Parents do not return calls, emails, etc. after navigation referrals are offered.
- There are a limited number of students accessing the Wellness Center in summer months despite increased marketing effort.
- Students reported that they had Wellness Center appointments in order to avoid class, when no appointment was scheduled.
- Staff turnover

Lessons Learned

- Continue to work on obtaining Informed Consents promptly.
- A streamlined onboarding process benefited new hires.
- Groups and skill classes can alleviate demand but can be difficult to coordinate with student's class schedules.
- Designating time for team building leads to more trust and a cohesive team.
- As the program grows there is an increased need for management structure.
- Rotating staff between 2-3 school sites seems to work better than having staff at 1 school site 5 days a week.
- Increased staffing causes complications in terms of physical work space.

Assisted Outpatient Treatment (AOT)

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

Numbers Served and Cost

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$25,000	$50,000	$64,000
Total Expenditures	$866	$5,625	$3,116
AOT Referrals Open at any time During the FY	7	5	14
Cost per Participant	$124	$1,125	$223

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.

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 2020-21 Referrals	FY 2021-22 Referrals	FY 2022-23 Referrals
Adult Housemate/Roommate	0	0	0
Immediate Family Member	5	6	3
Treatment/Care Facility	0	0	0
Hospital	0	0	0
El Dorado County Psychiatric Health Facility (PHF)	0	0	2
Treatment Provider	0	0	2
Law Enforcement/Justice	1	0	0
Court (effective 2021)	1	1	0

Measurement 2: *Number of Referrals Resulting in Engagement in Services*

Status	FY 2019-20	FY 2020-21	FY 2021-22
Voluntarily Engaged with SMHS	2	0	3
Voluntarily Engaged with Mild to Moderate or other Mental Health Services	0	0	1
Engaged via Petition / Petitions Filed	0	0	0
Engaged via Conservatorship	0	1	1
Not Eligible for AOT	4	5	4
Incarcerated Prior to Engagement	1	1	1
Engagement Attempts Continue	0	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 2022-23.

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 2022-23.

Genetic Testing

Provider: Assurex Health

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$100,000	$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 2024/25 MHSA Annual Update provides outcome information for the PEI projects included in the Fiscal Year 2022/23 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, 2024 and is to report the required data from fiscal year 2022/23 (i.e., July 1, 2022 through June 30, 2023). 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 – South Lake Tahoe

Provider: South Lake Tahoe Family Resource Center

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$135,150	$135,150	$135,150
Total Expenditures	$135,150	$135,150	$124,446
Unduplicated Individuals Served	106	104	
Cost per Participant	$1,275	$1,299	$
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	53	31	
16-25 (transitional age youth)	32	60	
26-59 (adult)	18	13	
Ages 60+ (older adults)	3	0	
Unknown or declined to state	0	0	
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**

American Indian or Alaska Native	0	0	
Asian	0	0	
Black or African American	0	0	
Native Hawaiian or Other Pacific Islander	0	0	
White	0	0	
Other	106	104	
Multiracial	0	0	
Unknown or declined to state	0	0	
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	
Central American	0	0	
Mexican/Mexican-American/Chicano	0	0	
Puerto Rican	0	0	
South American	0	0	
Other	0	0	
Unknown or declined to state	106	104	

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

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	
Armenian	0	0	
Cambodian	0	0	
Cantonese	0	0	
English	0	0	
Farsi	0	0	
Hmong	0	0	
Korean	0	0	
Mandarin	0	0	
Other Chinese	0	0	
Russian	0	0	
Spanish	106	104	
Tagalog	0	0	
Vietnamese	0	0	
Unknown or declined to state	0	0	

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	0	0	
Heterosexual or Straight	106	104	
Bisexual	0	0	
Questioning or unsure of sexual orientation	0	0	
Queer	0	0	
Another sexual orientation	0	0	
Declined to State	0	0	
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	33	55	
Female	73	49	
Declined to answer	0	0	
Current gender identity:			
Male	33	55	
Female	73	49	
Transgender	0	0	
Genderqueer	0	0	
Questioning / unsure of gender identity	0	0	
Another gender identity	0	0	
Declined to answer	0	0	

Disability	FY 2020-21	FY 2021-22	FY 2022-23
Difficulty seeing	0	0	
Difficulty hearing or having speech understood	0	0	
Mental disability including but not limited to learning disability, developmental disability, dementia	0	0	
Physical/mobility	0	0	
Chronic health condition/chronic pain	0	0	
Other (specify)	0	0	
Declined to state	0	0	
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	0	0	
No	106	104	
Unknown or declined to state	0	0	
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	0	0	
Placerville Area	0	0	
North County	0	0	
Mid County	0	0	
South County	0	0	
Tahoe Basin	106	104	
Unknown or declined to state	0	0	

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
Extremely low income	0	0	
Very low income	0	0	
Low income	106	104	
Moderate income	0	0	
High income	0	0	
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	0	0	
Medi-Cal	106	104	
Medicare	0	0	
Uninsured	0	0	

*South Lake Tahoe Family Resource Center does not have a current contract with the County and did not submit end-of-year demographic data

Latino Outreach Project – West Slope

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$96,000	$96,000	$96,000
Total Expenditures	$96,000	$96,000	$84,259
Unduplicated Individuals Served	351	247	341
Cost per Participant	$274	$388	$247
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	128	86	100
16-25 (transitional age youth)	65	41	47
26-59 (adult)	150	113	175
Ages 60+ (older adults)	8	7	19
Unknown or declined to state	0	0	0
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
American Indian or Alaska Native	0	0	2
Asian	0	0	0
Black or African American	0	0	4
Native Hawaiian or Other Pacific Islander	0	0	0
White	351	246	74
Other	0	1	2
Multiracial	0	0	1
Unknown or declined to state	0	0	258

Ethnicity by Category	FY 2020-21	FY 2021-22	FY 2022-23
Hispanic or Latino			
Caribbean	0	0	0
Central American	16	10	15
Mexican/Mexican-American/Chicano	329	226	302
Puerto Rican	0	1	0
South American	0	0	3
Other	6	8	12
Unknown or declined to state	0	0	4
Non-Hispanic or Latino			
African	0	0	3
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	0	0	0
Filipino	0	0	0
Japanese	0	0	0
Korean	0	1	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	1	0
Multi-ethnic	0	0	2
Unknown or declined to state	0	0	0
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	159	97	89
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	192	150	249
Tagalog	0	0	0
Vietnamese	0	0	0
Other language	0	0	3
Unknown or declined to state	0	0	0

Sexual Orientation **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	0	1	1
Heterosexual or Straight	350	246	291
Bisexual	0	0	2
Questioning or unsure of sexual orientation	0	0	3
Queer	1	0	3
Another sexual orientation	0	0	1
Unknown or Declined to State	0	0	40
Gender **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	102	73	109
Female	249	174	232
Unknown or Declined to answer	0	0	0
Current gender identity:			
Male	102	73	100
Female	248	174	223
Transgender	0	0	1
Genderqueer	1	0	1
Questioning / unsure of gender identity	0	0	1
Another gender identity	0	0	0
Unknown or Declined to answer	0	0	5
Disability	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Difficulty seeing	1	1	4
Difficulty hearing or having speech understood	4	0	4
Mental disability including but not limited to learning disability, developmental disability, dementia	25	17	41
Physical/mobility	8	10	6
Chronic health condition/chronic pain	34	22	35
Other (specify)	2	1	0
Declined to state	0	0	0

Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2020-21	FY 2021-22	FY 2022-23
Yes	0	0	1
No	351	247	340
Unknown or declined to state	0	0	0
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	80	68	80
Placerville Area	209	120	221
North County	6	3	4
Mid County	56	55	44
South County	0	1	2
Tahoe Basin	0	0	1
Unknown or declined to state	0	0	0
Economic Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Extremely low income	126	81	105
Very low income	161	118	122
Low income	63	48	113
Moderate income	1	0	1
High income	0	0	0
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	8	10	19
Medi-Cal	194	159	230
Medicare	9	5	14
Uninsured	140	73	78

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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, all the referral sources did provide in-person services and supports that allowed our *Promotoras* to accompany their clients. Some major accomplishments were facilitating access to much-needed living quarters for some of our clients.

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. 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. They have been especially sensitive and active in supporting families whose members are expressing suicide ideation and attempts. This is a culturally sensitive issue due to religious beliefs.

Latino Outreach continues to address a variety of needs that effect each family member. However, single parent (mother) households remain at the poverty level. The *Promotoras* remind these households when the food distributions will occur or supplies for babies. Ruth and Angie try to meet their clients at these sites and to assist any other community members. They have completed applications for housing and various grant programs to the El Dorado Community Foundation.

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:

"One of my clients needed assistance with transportation to the Bay Area for his child who required wisdom teeth removal. I made two all day trips, one for oral surgeon to verify that they could help and the second for the operation. Father drives around the area but is afraid to drive any further than El Dorado Hills. The client was very grateful for my help since they are covered by Medi-Cal and this is the closest place for this type of operation that requires full anesthesia."

"Second story Client had a severe accident. Marshall Hospital sent him to central California for a specialist that was able to re-attach tendons. Unfortunately, parts of his surgery did not heal well and needed to go back to his specialist. My client was told to go for surgery on a Monday but didn't have an address where client was supposed to go. My client called on Monday asking for help and the staff members that we spoke to were not able to give any information. The following Friday, client received a call and was told that he needed to show up because the specialist was going on vacation, and he needed to operate (danger of blood poisoning and for gangrene to develop). I assisted in calling back and forth and got an address (then the address was wrong), then verified again with the correct address. I was able to stay in touch with the client throughout the day because the client was not able to make it by the surgery time. The doctor agreed to wait. My last contact with his family was at midnight when they finished surgery. Now I need to collaborate to find a date for cast removal since client just informed me that they didn't give him an appointment…"

Latino Outreach continues to increase services to unserved/underserved populations, especially to engage Latino families' greater access to culturally competent medical and mental health services. Some of the Latinx

community were displaced after the Caldor Fire. Most of them were renting and were not provided housing from home insurance companies. Our *Promotoras* went to great lengths to search out housing and assist clients with applications. They accompanied clients to the El Dorado Community Foundation for assistance.

Again, during the Christmas holiday season, New Morning provided 10 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 had a family from South America (Brazil) that spoke Portuguese. We provided much needed resources for this family. 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 attended an event at the Mexico Consulate in Sacramento that has been cancelled for 2 ½ years due to Covid-19. Over the year, they have attended at least five trainings provided by the National Hispanic and Latino Mental Health Technology Transfer Center. This year's Cultural Competency Training was provided during a Clinical Services Staff Meeting (ThinkCulturalHealth.hhs.gov) and covered: 1). CLAS, cultural competency, and cultural humility; 2). Combating implicit bias and stereotypes; 3). Communication styles; and 4). Organic Dialogues About Culture and Identity with Hispanic/Latino Clients. The attendees included our therapists that provide clinical services to Latino Outreach clients.

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 (8/2/2022) Angie Olmos, Linda Soto, and Carrie Thomas participated with a booth at Sierra Elementary School play field. There were approximately 50 families in attendance. We provided information about our services (Latino Outreach) to the Spanish speaking families.
EDCOE Community Based Organization Breakfast (9/7/2022) Presented our Latino Outreach and Counseling programs to 85 people involved with education and other community organizations on the Western Slope.
Caldor Fire Victims Pumpkin Painting (10/15/2022) Benefit sponsored by El Dorado County to assist and support victims of the Caldor Fire. Eight other non-profit agencies had staff to assist with referrals and direct services. Event was held at the Pioneer Park Community Center in Somerset.
Caldor Fire Relief Distribution (10/16/2022) Angie and a case manager (who resides in the Caldor Fire area) participated in providing support and referrals.
Kiwanis (2/22/2023) Linda Soto made a presentation about NMYFS programs, including the special services of Latino Outreach. Approximately 30 community members were in attendance.
Spirit of Benny 5K Run (3/18/2023) We provided a booth and brochures. Angie gave information to Spanish speaking families about our services that we provide. There were about 100 families and about 8 families were Latinx.

Kids Expo (4/15/2023) Angie and a case manager provided information to approximately 150 families. We dispersed 400 toys/party favors for all ages.
Ashby House Spring Fling (4/22/2023) Event for families to play in bounce house, water games, food, game booths, etc. About 25 families came to the Ashby House. Angie and Ruth encouraged their clients to attend.

The Promotoras have noticed a lack of pre-natal services for pregnant women. Some of the issues have been due to language barriers, but this year it has been because of the transfer of services between counties. One mother had been trying for three months to get services; through the navigation expertise and determination of the *Promotoras,* the client was seen that week – She was 7 months pregnant!

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.**
  95% 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.**
  10 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.

Senior Peer Counseling Project

Provider: EDCA Lifeskills

Project Goals

- Clients demonstrate an increased number of "Therapeutic Lifestyle Changes" over the course of their counseling.
- Clients identify the primary issue of focus (presenting problem) for counseling.
- Clients achieve improvements in their feelings of well-being as shown on the Outcome Rating Scale (ORS) measurement tool.
- Clients are informed about other relevant mental health and support services.
- New volunteer trainings will be provided based on need for both Senior Peer Counselors and Friendly Visitors.
- Through the use of TLCs, clients improve their mental health and self-sufficiency.
- Clients ameliorate their distress as described in their presenting problem.
- Clients' mental health and satisfaction with life is increased as evidenced by scores on the ORS measurement tool.
- Clients know of, and successfully access, other needed mental health services.

Numbers Served and Cost

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$55,000	$55,000	$55,000
Total Expenditures	$39,515	$49,955	$54,940
Unduplicated Individuals Served	71	81	71
Cost per Participant	$556	$617	$774
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	0	0	0
26-59 (adult)	4	5	5
Ages 60+ (older adults)	67	76	66
Unknown or declined to state	0	0	0

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	1	1	0
Asian	0	0	1
Black or African American	0	1	1
Native Hawaiian or Other Pacific Islander	0	0	0
White	70	77	68
Other	0	1	1
Multiracial	0	1	0
Unknown or declined to state	0	0	0
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	1	1
Mexican/Mexican-American/Chicano	0	1	6
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	0	5	0

Non-Hispanic or Latino			
African	0	1	1
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	62
Multi-ethnic	0	0	0
Unknown or declined to state	0	0	0

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	71	79	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	2	2
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	0	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	1	0	0
Heterosexual or Straight	70	81	71
Bisexual	0	0	0
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	0
Declined to State	0	0	0
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	20	19	11
Female	50	62	60
Declined to answer	0	0	0
Current gender identity:			
Male	20	19	11
Female	50	62	60
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 2020-21	FY 2021-22	FY 2022-23
Difficulty seeing	6	8	2
Difficulty hearing or having speech understood	3	7	2
Mental disability including but not limited to learning disability, developmental disability, dementia	4	3	2
Physical/mobility	28	21	16
Chronic health condition/chronic pain	15	23	29
Other (specify)	0	0	0
Declined to state	1	0	0
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	8	9	4
No	63	72	67
Unknown or declined to state	0	0	0
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	11	17	21
Placerville Area	44	44	36
North County	6	8	7
Mid County	8	9	7
South County	0	2	0
Tahoe Basin	2	1	0
Unknown or declined to state	0	0	0

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
Extremely low income	10	14	6
Very low income	22	24	18
Low income	13	21	21
Moderate income	11	10	15
High income	9	10	11
Declined to Answer	6	1	0
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private/VA	7	7	8
Medi-Cal	9	7	6
Medicare	57	69	57
Uninsured	1	0	0

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Please provide the following information for this reporting period:

1) **Briefly report on how implementation of the Senior Peer Counseling 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.**

Senior Peer Counseling continues to be a fully implemented program and has met the MHSA goals set forth for the project. One accomplishment, during this past fiscal year, is that 4 new peer counselors were trained and began providing individual mental health counseling to the community. We started the fiscal year with 12 peer counselors, added 4 and lost 2 due to moving or retirement, so we end this fiscal year with 14 peer counselors. We have been able to provide individual counseling, link clients to community resources and make referrals to all people requesting help. Clients requesting services are contacted withing 24 hours and provided an intake within 1 week. A big accomplishment has been the addition of a weekly support group to address the issues of aging, grief, loss, anxiety, and relationship problems that we see, and is aimed to reduce loneliness and isolation, as well as build a sense of community among this population. Another major accomplishment has been adding another permanent counseling session location in the Placerville area, which has been furnished to provide a welcoming and safe space for clients. The last accomplishment is that Senior Peer Counseling has done twice as much outreach and education in the community, among various forums, than the year before.

Challenges have continued to be working with the reduced main office space at the Senior Center in Placerville and finding enough available space for the counselors to provide sessions to clients. Senior Peer Counseling has overcome these obstacles and has been able to think outside the box with use of space. We have permanent solutions planned for this next fiscal year though. The lingering effects of COVID 19 were a smaller challenge than the year before, but still felt in that some counselors did not feel safe providing in person sessions. We have been slowly transitioning away from use of Zoom for our group supervision weekly meetings, which has been a morale booster for the counselors.

2) **Briefly report on how the Senior Peer Counseling project has improved the overall mental health of the older adult population by addressing the primary negative outcomes that are the focus of the Senior Peer Counseling project (suicide and prolonged suffering). Please include other impacts, if any, resulting from the Senior Peer Counseling 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.**

At the intake with the client, we assess for emotional, mental, and relational suffering as well as suicide, and monitor and measure these throughout the counseling process. Part of how we do so is that at the end of each session, we use an outcome measure to ask the client to report if they are improving in the area of identified concern and to rate their feelings, relationships, and activities along with giving us feedback about what else will be helpful to them. Counselors use interventions with the clients that help them to help themselves reduce prolonged suffering. These may be cognitive behavioral skills, somatic exercises, communication skills, relationship enhancements and facilitating the client to get involved socially or within their community, among other things. Counselors are trained on how to talk to clients about their difficult feelings and thoughts of suicide, and put safety measures in place. Talking about it reduces the stigma around it, prevents it from worsening and monitors any changes. Counselors consult with the Clinical Supervisor on how to work with their clients on this issue and the Supervisor will take the lead in working with the client and counselor on creating a safety plan if needed. Interventions are put in place and monitored closely if suicidal ideation, a plan, or means are present.

Clients are actively referred to their primary care physicians and/or psychiatry, and encouraged to engage with their friends, family, local community support systems and activities in order to reduce prolonged suffering and suicide and improve their overall mental health. 63% of our clients this past year experienced prolonged suffering in the form of chronic health and/or pain issues and physical mobility issues that keep them from enjoying activities of daily living. We believe that mental health involves the whole body and person. Older adults also experience prolonged suffering and are at great risk of suicide when they are isolated from family, friends, and their communities. Loneliness, in addition to isolation, are the greatest risk factors to prolonged suffering and suicide. Senior Peer Counseling functions to eliminate loneliness and isolation, and to empower the individual while facilitating connection with self and others in healthy ways. We use our Lifestyle Hygiene measurement tool as a guideline to help the client to balance themselves within the realms identified therein.

As a means of showing how the SPC project has improved the overall mental health of the older adult population, we look to the data, comments, and feedback we get from clients about the effectiveness of their counseling experience. This year's data from the beginning of counseling shows that shows that 41% of the clients served have been experiencing prolonged emotional, mental and/or relational suffering for more than 2 years, 28% more than 1 year, 7% from 6 months to 1 year, and 24% less than 6 months. This represents 69% of our clients who come to us with prolonged suffering for more than a year. By the end of the counseling episode, the Outcome Survey which clients completed indicated that 84% of this prolonged suffering had been alleviated, while 16% stayed the same, with 0% getting worse. In addition, there have been zero suicides in the clients served by SPC again this year, (according to to www.cdc.gov, adults and older adults account for the highest rates of suicide). Some of the comments from this year's clients on the Outcome Surveys they complete at the end of counseling are as follows:

- ✓ *I really appreciated my counselor's active listening skills, her memory of my situation over time, and that she helped me find my way to continue a full life with many challenges and tools to address the challenges. I can't say enough about the Senior Peer Counseling program. I hope to join the team after my waiting period.*
- ✓ *Thanks so much for this service. My counselor was consistent in her support. I learned multiple techniques to use effectively with my family.*
- ✓ *I really got a lot from my counselor. She was always there with good suggestions for me. I definitely recommend her to anyone needing help attaining goals as well as looking forward to a healthier aging process.*
- ✓ *My counselor was very respectful and a great listener. He was very professional and conversations were helpful! Thank you!*
- ✓ *I really enjoyed my sessions with my counselor. She helped give me insight which helped me a lot. Great program!*
- ✓ *I felt validated and appreciated the understanding my counselor had to the different subjects we shared.*
- ✓ *Talking with my counselor weekly made all the difference in my life. She was very knowledgeable, supportive, and persistent. I will continue to benefit from the counseling because of the things I learned.*
- ✓ *I really enjoyed the experience. I've never had someone sit and listen to my problems. My counselor was a very nice person and very smart.*
- ✓ *My counselor was outstanding and very helpful. I appreciate the time he gave to help me.*
- ✓ *Some of the exchanges and questions really allowed me to get a lot of my feelings out and also allowed me to shed a lot of tears, which helped me. He showed no judgments. I recommended one of my friends to your counseling program.*
- ✓ *My counselor was an excellent listener, gentle and caring when she speaks and able to make suggestions about a different way of perceiving or handling situations and life. The homework she gave me helped open my eyes and mind on how others may perceive and react to life. I learned to stay in my own lane. She really helped me!*
- ✓ *Your counseling has been of great help and I'm thankful to my counselor for her understanding and help.*
- ✓ *I really did enjoy my counseling. It made me feel less alone when I could talk to someone about how I was feeling. Sharing in a confidential way helped me. I wish more people would accept this service.*

3) Provide a brief narrative description of progress in providing services through the Senior Peer Counseling 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."

Senior Peer Counseling provides services to the unserved older adult population in El Dorado County. These people are the ones who are geographically isolated due to the rural nature of the county, have a lack of transportation, or physical mobility or health issues preventing them from leaving their homes easily. We do this by meeting them in their local communities or by phone or telehealth to provide mental health services. In addition, another group of underserved is the low income, on a fixed income, and may not be able to afford gas if they can drive. We had 63% of last year's clients in the extremely low, very low or low-income brackets. We have also found that older adults are unserved or underserved because even though Medi-Care covers mental health therapy, there is an extreme lack of providers and those that do exist in our county are full. Senior Peer Counseling fills a gap here of unmet needs.

Since Senior Peer Counseling is a preventative and early intervention for mental health service, most of our population does not present fitting the underserved definition in the California Code of Regulations. Having said that, we will at times do an intake and discover that the person has a serious or chronic mental illness. We will then refer the person to professional therapy either through their Medi-Care or Private insurance, or refer to El Dorado County Behavioral Health if appropriate. We can and do provide adjunctive peer counseling if the person is actively participating in professional therapy, seeing a psychiatrist and can benefit from additional support.

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

At intake, we gather information about the clients cultural and ethnic background, along with their preferred language. This helps guide the choice of a counselor who is most competent in training and experience. Services are provided in the client's preferred language. We have one fluent Spanish speaking counselor that is also from the Latino culture. Although some of our clients are bilingual, all have chosen services in English. We offer the clients the choice of a counseling modality that would best fit their cultural and personal comfort, such as in person, by phone or online, in the office, in their community or at an outdoor location of their choosing. We invite the client to educate us on how they want to be helped or supported depending on their culture or personal needs or limitations.

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.**

Senior Peer Counseling has attended the Commission on Aging meeting and the Behavioral Health Commission Meeting. We have collaborated with Adult Protective Services, the Placerville Senior Center's variety of programs and services, the El Dorado Community Health Center and Marshall Home Health. We have given informational and educational presentations to the Marshall Auxiliary, the Grandparents Aglow support group, EDCA Lifeskills, the Federated Church, the Cameron Park Community Services District, the Moni Gilmore Center, and others. We have also provided outreach through attending many older adult community fairs, community services fairs, as well as taking our brochures to doctor's offices, public buildings, and community centers.

Clients are provided with a referral and linkage to any medically necessary care they are not yet receiving, they are also referred for professional mental health treatment when they are experiencing moderate to severe mental health problems or symptoms outside the scope of peer counseling, (preventative to moderate).

One of the ways we are working to reduce stigma around getting help for mental health problems is to offer a weekly drop-in support group at the Placerville Senior Center. This is a place that older adults are familiar with and feel a sense of welcome and belonging. The group is focused on client needs instead of designated as a "mental health" support group, where their issues are normalized and they can get support from others going through similar things. This group and location also help reduce the discrimination that older adults experience of agism, and feeling like they do not matter. Another way we reduce stigma is through use of peer counselors who can relate to them on a more informal basis than a traditional professional mental health counselor, and have often experienced the similar issues of the clients.

6) **Provide the outcomes measures of the services provided. Outcome measures for the Senior Peer Counseling project are:**

- **Measurement 1: Contractor will have peer counselors 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, amount of sleep.

Data Results: N= 31 Rating Scale: 0=Deficient, 5=Just Right, 10=Excessive

(Results are shown as pre and post number averages)

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

- **Measurement 2: Volunteers will record the clients' self-reported improvement in the presenting problem selected by each client at the start of the peer counseling.**

This instrument measures the client's self-reported improvement in the presenting problem and goal chosen by them at the outset of counseling. We use it at the end of every session until goals as met and counseling ends. Data results show that overwhelmingly clients made improvements, found solutions to their problems and reached their preset counseling goals. This represents a huge increase in their self-efficacy, reduced suffering and improved mental health.

Data Results: N= 162 sessions
Questions Asked:

1. How well did you feel heard and understood? 0=not at all, 5=well understood
   Actual Scores: Score of 5=159, Score of 4=3, Score of 3=0, Score of 2=0, Score of 1=0, Score of 0=0

2. How helpful was our session today? 0=not helpful, 5=very helpful
   Actual Scores: Score of 5=147, Score of 4=15, Score of 3=0, Score of 2=0, Score of 1=0, Score of 0=0

3. How do you feel after our session today? Better, Same, Worse
   Actual Scores: Better=140, Same=22, Worse=0

- **Measurement 3: Outcome Rating Scale (ORS) measurement tool, which measures the following four psychological categories: Individually (personal well-being), interpersonally (family, close relationships), socially (work, school, friendships), and overall (general sense of well-being)**

This is an outcome tool that is given at the end of the client's counseling to measure four (4) realms of psychological health. The 4 realms are: Individual, Interpersonal, Social, and Overall Wellbeing. It also asks the client to rate how well the volunteer did as their counselor. The results, as stated below, prove that SPC 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=25

Counseling Experience: 0=least helpful, 10=very helpful
Average Score: 8.96

Individually (personal wellbeing): 0=worse, 5=the same, 10=better
Average Score: 8.52

Interpersonally (family, close relationships): 0=poor, 10=excellent
Average Score: 7.4

Socially (work, friends, groups, community): 0=not satisfied, 5=satisfied, 10=very satisfied
Average Score: 6.21

Overall (General Sense of Well-Being): Improved, Stayed the Same, Gotten Worse
Actual Numbers: 20: Improved 5: Stayed the same 0: Gotten Worse

Would You Recommend Senior Peer Counseling to Others: Yes: 23 No: 1 Question Not Answered: 1

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

Please refer to the demographics above and/or previously submitted.

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.

This was addressed in question #2 above, under question #6: Measurement 1 indicator and results, and question #6: Measurement 3 results. There is proof that the increase in personal well-being, increase in quality of relationships with friends and family, increase in activities and community connections, the learning and practicing of self-help skills, and the belief the client held, at the end of counseling, that they were improved overall as a result of counseling are all protective factors. These outcomes are shown by the data.

Decreased risk factors include all those that presented with suicidal ideation at intake were ameliorated of that suffering and found reasons to live. Those that presented with other risk factors including emotional, mental, and relational prolonged suffering were greatly reduced or resolved at the end of treatment. We also noticed that with the increase in protective factors and the decrease in risk factors, that many clients reported an improvement in their physical health or were better able to cope with their chronic illnesses or pain.

9) **If known, provide the number of Clients referred to County Behavioral Health and the type of treatment to which Clients were referred.**
None

10) **If known, the number of individuals who followed through on the referral and engaged in treatment.**
Not applicable

11) **If known, provide the average interval between mental health referral and participation in treatment.**
Not applicable

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

Licensed Clinical Supervision and Program Management	$ 43,770.00
Office Administration	8,115.00
Office Supplies	270.34
Advertisement	581.67
Furniture/Furnishings	595.30
Training	1,028.66
Fingerprinting	194.00
Mileage	263.44
TOTAL EXPENDITURES:	$ 54,818.41

13) **Provide any additional relevant information.**

Senior Peer Counseling provided additional specialty trainings to volunteer peer counselors as follows:

Management of Chronic Pain and Anxiety: The Sedonna Method
Symbol Extraction Technique
Meditation and Grounding Skills
Cognitive Behavioral Strategies

The continuing education of peer counselors enables them to be more effective with helping the clients to alleviate their prolonged suffering in multiple ways. When clients are given a safe, confidential space, a caring and effective listener, taught skills to manage their mental health and pain, given the space to practice those skills, they become empowered to make healthier decisions for themselves and can reconnect socially. Through the work of the peer counselors, with ongoing clinical supervision, clients recover. Senior Peer Counseling is proud to be able to serve the adults and older adults in this way.

Senior Link

Senior Link is a partner program to the “Partnership Between Senior Nutrition and Behavioral Health” Innovation project, which was approved by the Mental Health Services Oversight and Accountability Commission in January 2020. This project was delayed by the COVID-19 pandemic, therefore there is no data to report for the Senior Link project in FY 22/23.

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 violance 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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$88,000	$88,000	$88,000
Total Expenditures	$79,630	$82,404	$75,250
Unduplicated Individuals Served	46	63	65
Cost per Participant	$1,731	$1,308	$1,158
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	46	63	65
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 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	3	7	5
Asian	0	0	1
Black or African American	3	2	0
Native Hawaiian or Other Pacific Islander	0	0	1
White	39	54	50
Other	0	0	0
Multiracial	1	0	0
Unknown or declined to state	0	0	8
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	0	6
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	3	2	1

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	0	1
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	43	61	57

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	45	62	61
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	1
Spanish	1	1	3
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	0	0

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian			
Heterosexual or Straight			
Bisexual			
Questioning or unsure of sexual orientation			
Queer			
Another sexual orientation			
Unknown or Declined to State			
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	29	38	41
Female	17	25	24
Declined to answer	0	0	0
Current gender identity:			
Male			
Female			
Transgender			
Genderqueer			
Questioning / unsure of gender identity			
Another gender identity			
Unknown or Declined to answer			

Disability	FY 2020-21	FY 2021-22	FY 2022-23
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 **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes			
No			
Unknown or declined to state			
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	0	0	0
Placerville Area	0	0	0
North County	46	64	65
Mid County	0	0	0
South County	0	0	0
Tahoe Basin	0	0	0
Unknown or declined to state	0	0	0

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
Extremely low income	unknown	unknown	unknown
Very low income	unknown	unknown	unknown
Low income	unknown	unknown	unknown
Moderate income	unknown	unknown	unknown
High income	unknown	unknown	unknown
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	unknown	unknown	unknown
Medi-Cal	unknown	unknown	unknown
Medicare	unknown	unknown	unknown
Uninsured	unknown	unknown	unknown

Annual Report FY 2022-2023

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 4 part-time Aides served three elementary schools: Georgetown School of Innovation (six days per week), Northside STEAM School (three days per week), and American River Charter School (one day per week). We served a total of sixty-five students over two semesters.

Accomplishments: This year our program has hired an additional part-time child aide, as well as adding a second playroom at Georgetown School. This playroom allowed us to serve an increased number of students needing support on Georgetown's campus. We added an office location at Georgetown School with new technology to assist with program management. We also began serving students in a new playroom at American River Charter School.

We are also excited that Primary Project is expanding within El Dorado County! Our Coordinator advised and consulted with other schools and agencies that are implementing Primary Project.

Challenges: Our District was challenged by a six day closure due to evacuations from the Mosquito Fire, and another seven days from a record snowstorm that closed several of our major roads and widespread power outages.

Teacher staffing was not stable. One teacher left mid-year due to medical reasons leaving the principal responsible for classroom duties as well as school management. The County-wide shortage of substitute teachers and teacher hires meant that classroom routines were disrupted over many months. The PP staff was pressed to go beyond their scope of duties to help with recess supervision, and other student and staff support. The district suffered a variety of tragedies, most notably a suicide of a 6th grade student at Georgetown. The Primary Project staff worked diligently to ensure success for the students, and provide support by any means necessary.

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, ect. The Primary project staff supported these students by providing snacks, referrals to counseling services, and referrals to FASST. The PP 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.**

Increasing PP services to unserved and underserved populations is addressed in answers to Question 5, below.

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 predominately White 87%, followed by Hispanic/Latino at 8%, and American Indian/Alaskan Native at 3%. All of the students served by PP have been English speaking. If a parent is not fluent in English we have staff on site who can 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.**

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. PP helps to alleviate this problem by identifying issues when students are still young and serving them before there is a need for more intense

intervention. Since PP is offered on school campuses, during the school days, there is no transportation involved.
PIP also introduces parents to mental health interventions that are less stigmatized and easier to accept than therapeutic models. For a family, PP 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 that may be 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 staff provided referrals to individual counseling services, FAAST coordinator, and Community HUB services on the Georgetown Divide.

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

- **Measurement 1: Administer Walker Assessment Scale (WAS) tool to students at the time student is selected to enter the program and again when the student exits the program.**

2022-23 PIP WAS Scores (BOMUSD)

Identifying Number	WAS Start	WMA End	% change
G1	67	86	+28%
G2	52	48	-8%
G3	55	62	+13%
G4	53	58	+9%
G5	59	42	-29%
G6	N\A	N/A	N/A
G7	43	38	-11%
G8	56	N/A	N/A
G9	56	38	-32%
G10	55	57	+4%
G11	62	N/A	N/A

G12	64	65	+2%
G13	59	60	+2%
G14	51	77	+51%
G15	57	N/A	N/A
G16	83	N/A	N/A
G17	58	52	-7%
G18	57	N/A	N/A
G19	72	66	-8%
G20	N/A	N/A	N/A
G21	67	66	-1%
G22	N/A	N/A	N/A
G23	51	51	0%
G24	78	69	-11%
G25	46	64	+40%
G26	74	65	-12%
G27	67	79	+18%
G28	49	49	0%
G29	N/A	N/A	N/A
G30	N/A	N/A	N/A
G31	53	51	-4%
G32	55	72	+44%
G33	68	N/A	N/A
G34	57	51	-10%
G35	57	N/A	N/A
G36	35	66	+89%

G37	61	55	-10%
G38	51	N/A	N/A
G40	60	74	+23%
G41	70	64	-8%
G42	61	81	+33%
G43	45	56	+24%
G44	N/A	N/A	N/A
N1	56	65	+16%
N2	55	64	+16%
N4	43	81	+88%
N5	51	67	+31%
N6	51	63	+23%
N8	71	82	+15%
N11	53	55	+4%
N12	61	84	+38%
N13	57	58	+1%
N14	83	93	+12%
N15	57	N/A	N/A
N16	48	59	+23%
N17	60	62	+3%
N18	49	55	+12%
N19	79	88	+11%
N20	63	70	+11%
N21	79	75	-5%
N22	N/A	55	N/A

N23	N/A	N/A	N/A
A1	N/A	N/A	N/A
A2	N/A	N/A	N/A
A3	N/A	N/A	N/A

- **Measurement 2: Completion of service delivery report to the County on a PP semester basis showing number of students served.**
  Submitted in separate documents
- **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.**

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

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

14) Provide any additional relevant information.

1. Some WAS scores were not available because of disruptions in teacher staffing. We are reconsidering our Survey collection methods so we can have more complete data in the future.

Confidential Teacher Survey

N=10

Question	Yes	Mostly	No
Were the students picked up and returned on time?	8	2	
Did the students seem to enjoy the program?	10		
Were you involved in the selection of students for Primary Project?	10		
Did you feel you needed more information about the program?	1		9
Would you like to meet with someone to discuss the program?		1	9

Comments from Teachers:

The kids love it and want to be in PP, and the Aides are great with the kids!

It is especially helpful when the PP Aides can take a student and work with them when they're having a particularly hard day/meltdown.

I know that these kids are getting special, positive time with people who love kids – BIG FAN!

I appreciate how flexible the PP gals appear to be – very helpful.

The program provides a positive experience to students who are shy, or having a difficult time being at school.

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$88,000	$40,000	$40,000
Total Expenditures	$5,804	$21,733	$49,556
Unduplicated Individuals Served	3	24	46
Cost per Participant	$1,935	$906	$1,077
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	3	24	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 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	0	2	0
Asian	0	0	1
Black or African American	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	1
White	3	15	25
Other	0	0	0
Multiracial	0	0	6
Unknown or declined to state	0	7	13
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	7	0
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	15
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	0	15	0
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	2	0
Multi-ethnic	0	0	0
Unknown or declined to state	3	0	31

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	3	23	37
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	5
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	8	0	4

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
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 ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	3	9	31
Female	0	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 2020-21	FY 2021-22	FY 2022-23
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 **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	unknown	unknown	unknown
No	unknown	unknown	unknown
Unknown or declined to state	unknown	unknown	unknown
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
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	3	24	46
Unknown or declined to state	0	0	0

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
Extremely low income	unknown	unknown	3
Very low income	unknown	unknown	3
Low income	unknown	unknown	7
Moderate income	unknown	unknown	18
High income	unknown	unknown	3
Unknown or Declined to Answer	unknown	unknown	12
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	unknown	unknown	unknown
Medi-Cal	unknown	unknown	unknown
Medicare	unknown	unknown	unknown
Uninsured	unknown	unknown	unknown

Annual Report FY 2022-2023

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 one-third of the children who participated in the program lived in families who reported low, very low, of extremely low income; 11% 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.

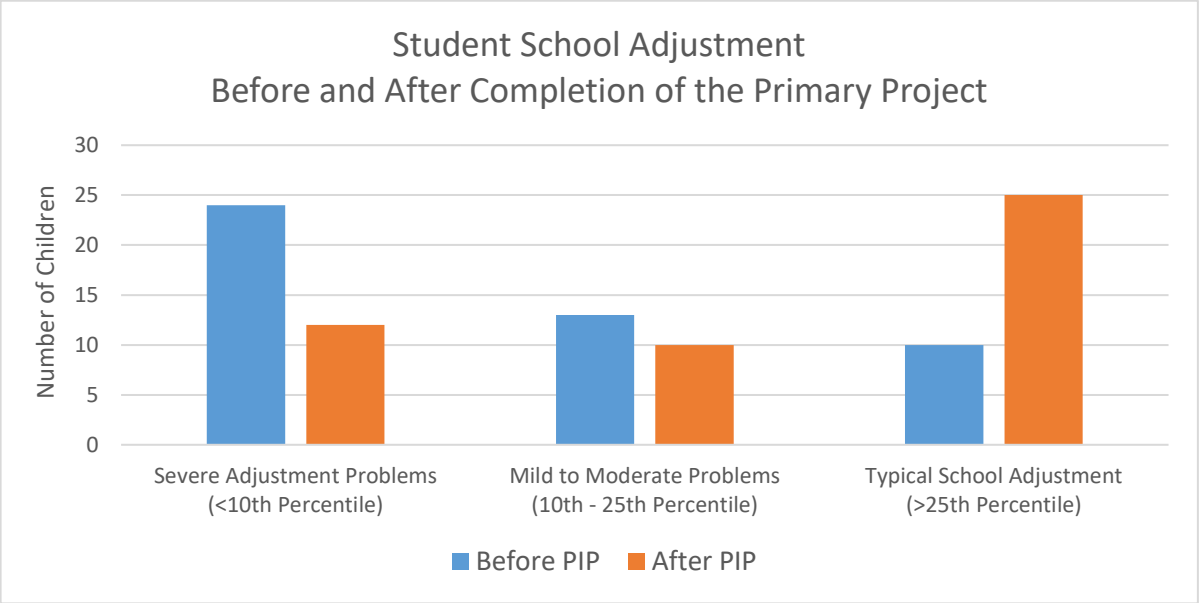
Following referral, teachers completed a screening survey (the Walker Survey Instrument, or WSI) for each student identified as at-risk, and parents were contacted for their consent. Referrals during the 2022-23 academic year were significantly higher than in prior years, and accommodating the identified 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 were (1) Difficulty staffing the Primary Project Aide positions; and (2) 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
91	17	36	16	31

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 2022-23 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.

Children who completed the Primary Project attended an average of 11.8 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 2022-23 school year demonstrated a higher-than-expected level of school adjustment issues. Slightly more than half of this group tested below the 10^{th} 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.



Summary of WSI scores (N=47)

	Score	**Pre-Test**	**Post-Test**
Severe Adjustment Problems	<10th Percentile	24	12
Mild to Moderate Adjustment Problems	Between 10th – 25th Percentile	13	10
Typical School Adjustment	>25th Percentile	10	25

	Pre-Test	**Post-Test**	**Change**
Mean Percentile Score	14.4	30.5	+16.1

Early Intervention Programs

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$300,000	$300,000	$300,000
Total Expenditures	$299,981	$299,893	$299,988
Unduplicated Individuals Served	237	218	187
Cost per Participant	$1,266	$1,376	$1,604

Age Group	FY 2020-21	FY 2021-22	FY 2022-23
0-15 (children/youth)	42	59	41
16-25 (transitional age youth)	12	27	27
26-59 (adult)	91	120	108
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	82	12	11

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	2	0	0
Asian	0	0	2
Black or African American	1	1	2
Native Hawaiian or Other Pacific Islander	0	2	0
White	116	128	112
Other	19	31	26
Multiracial	3	4	6
Unknown or declined to state	96	52	39

Ethnicity by Category	FY 2020-21	FY 2021-22	FY 2022-23
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	25	33	24
Puerto Rican	0	4	0
South American	0	0	4
Other	0	0	0
Unknown or declined to state	0	0	0
Non-Hispanic or Non-Latino			
African	0	0	2
Asian Indian/South Asian	0	0	2
Cambodian	0	0	0
Chinese	0	0	0
European	110	122	112
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	2	2	0
Multi-ethnic	3	5	7
Unknown or declined to state	97	52	36

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	140	198	182
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	5	14	5
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	92	6	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	0	0	0
Heterosexual or Straight	100	91	99
Bisexual	4	8	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	133	119	81
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	34	82	44
Female	111	136	143
Unknown or declined to answer	92	0	0
Current gender identity:			
Male	34	82	44
Female	111	136	143
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	92	0	0

Disability	FY 2020-21	FY 2021-22	FY 2022-23
Difficulty seeing	0	0	1
Difficulty hearing or having speech understood	0	1	1
Mental disability including but not limited to learning disability, developmental disability, dementia	8	18	15
Physical/mobility	0	1	0
Chronic health condition/chronic pain	0	0	2
Other (specify)	0	0	1
Declined to state or none	229	198	167
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	12	10	9
No	121	150	136
Unknown or declined to state	104	58	42
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	42	31	39
Placerville Area	58	66	38
North County	5	14	11
Mid County	21	18	23
South County	3	6	2
Tahoe Basin	14	13	20
Unknown or declined to state	94	70	54

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
Extremely low income	7	13	11
Very low income	12	23	10
Low income	69	84	61
Moderate income	53	47	56
High income	3	2	1
Unknown or Declined to Answer		49	48
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	64	46	65
Medi-Cal	81	111	69
Medicare	0	0	0
Uninsured	2	5	5
Unknown or Declined to Answer			48

Annual Report 2022-2023

Project Progression:

The Infant Parent Center (IPC) provided therapeutic services to **399** new individuals this year (clients and family members) with the support of MHSA funding. We expanded services this year with a new larger facility, increased services in our most isolated areas (Georgetown Divide and South County) and increased leadership and collaboration with community partners for overall family enhancement and community development. We will use these new avenues to strengthen families and other programs this coming year. Our hope is to find even more innovative ways to prevent harm to our most vulnerable population: infants and toddlers.

Major Accomplishments:

1. **Increased awareness and referrals for perinatal women and men:** IPC worked diligently this year to increase community connection and greater understanding for our perinatal population. Consequently, referrals for men significantly grew this year with **147 women and 10 men; with 30 self referrals.** The most referrals we have ever received and to have 10 men request perinatal services is a huge breakthrough. This speaks to the courage of these parents and the growing acceptance of psychotherapy as wellness rather than negative identification.

2. **Perinatal Substance Use Treatment Collaborative:** This past year a group of providers came together to collaborate and create action plans to identify, support and prevent substance use for perinatal women and their partners. Collaboration with Public Health, Marshall Hospital, Mother Teresa's Shelter for Women, Early Head Start, El Dorado County Substance Use Disorder Services, Commuity Health Center STEPS program, Child Abuse Prevention Council, Tribal Health, and Recovery In Action has not only increased collaboration and more effective referral linkage, but brought forth trainings and plans to identify specific barriers and create more options of services to women using during and after pregnancy.

   This is a significant resource for our community as often the "open window" for service engagement is very brief and consequently as noted in our challenges below, many people change their minds and sadly substance use continues which in turn often leads to removal of infants where we are then called again with a baby in foster care. Our goal in this collaborative is to increase engagement numbers thus shrinking our devastating foster care detainment number for infants in El Dorado County.

3. **Classroom stabilization with first round pandemic born preschoolers:** Using leveraged funds as well as this MHSA contract, The Infant Parent Center was able to provide individual Reflective Practice to 12 teachers and 4 coordinators, 17 teachers in classrooms and group Reflective Practice for 14 0-3 home based teachers. ***This provider based support inturn provided support to over 560 additional children this year.***

   We found this service particularly successful and greatly needed as teachers reported high levels of burnout and overwhelm due to the anomaly effect of this cohort of preschoolers. Teachers reported extreme cases in every classroom of significant developmental delays including speech and especially noted in social-emotional development. Sadly this group of small children exhibits high levels of violence and resistance to social contact. By going into the classrooms and supporting teachers, we were able to provide validation, normalization of this intense stress, and also create successful strategies to create co-regulation and hopefully enhance some school success for transition to transitional kindergarten.

Challenges:

As noted above, our biggest challenge this year has been the decline of services via provider referrals. 77 families or individuals were referred by a provider and did not respond to services or did not follow up on the intake appointment. We always honor anyone's right to choose therapy or supportive services when the time is right. However, the reality that our highest removal rate of children is the 0-2 population and cross reference of provider referrals to us has shown over the years that many of these declining parents are referred by multiple providers (often Marshall OB, Public Health, and Early Head Start) and then sadly referred again after the baby has been detained by Child Protective Services.

The creation of the Perinatal Substance Use Treatment Collaborative offers a new hope to building an effective bridge between provider identification of need and service engagement. Using true Harm Reduction and collective service will hopefully bring a greater sense of safety and welcoming to identified families rather than the fear of judgment or punishment.

The other significant challenge that we want to focus on next year is the high rate of suicidal ideation and active suicidality with our perinatal clientele. ***Last year we served a staggering rate of 45 women and thankfully, this year has gone down but still a high rate with 30 women and 2 men.*** Our goal this next year is to work closer with Marshall Hospital's new OB/GYN staff of doctors and midwives to help identify and support these parents faster with hopes to lessen the suffering for caregivers and their babies.

Overall Mental Health Improvements:

We approach our work with families with the recognition and sensitivity that many of the caregivers come into our care with Complex Multigenerational Trauma, severe mental illness, substance dependence, domestic violence and other intense needs. Our program offers individual, couples, family therapy as well as a specialized individual parenting program to bring the many generations of pain into a fully welcomed space, achieve corrective experiences and new definitions of their suffering. This in turn provides new opportunities for a healthier attachment with their infants and toddlers. We also provide therapy directly to infants and toddlers to assess their regulation and relational needs; as those are the critical foundations for brain development and later learning. Understanding the baby's cues of regulation, temperament, and needs helps remove helplessness, stress and resentment that far too often lead to neglect or Abusive Head Trauma (Shaken Baby Syndrome).

Specific to the PEI Project areas of focus, IPC reports the following:

Suicide:

As noted above, we had a decrease in suicidal incidences for our clients this year. **32** parents reported suicidal ideation or active suicidality with **2** perinatal clients being held under a psychiatric hold. All clients were followed throughout this intense time with collaboration with medical staff as appropriate and referrals/linkage to additional services.

Prolonged Suffering:

We saw a decline in Prolonged Suffering in our families. **98** families were identified with intense long term hardships. This change in statistic can imply that we are connecting to families with greater support and long term wellness, but with the higher rate of need and continued high rate of suicidal behavior, we also need to stay focused and sensitive to the level of intensity this season of life brings. Clearly families with and without sustainable basic needs, support systems, and resilience endure struggle and even suffering during the perinatal journey. This may be a point of communication in our collaboratives to not overlook men and women if they "appear" healthy.

Risk of Removal:

Twenty-one (**21**) children with the potential risk of being taken into foster care were served. This is a continued decrease from last year. We again attribute this to the increase of perinatal services, greater collaboration and effective engagement with additional services like Public Health, Marshall Cares, Early Head Start and others. Our goal is to increase even earlier identification and engagement in pregnancy and more linkage to supportive programs that support sustainable wellness.

Incarceration to Mainstream:

Twenty **(20)** families we served were involved with the legal system this year. This nearly doubles the rate from last year. IPC works closely with families to help support transition and stabilization during these challenging situations, decreasing stress and potential trauma that often occurs during separation between caregivers and children during incarceration as well as reunification services after release.

Homelessness/Unemployment:

This year has sadly continued the housing crisis for families. ***We served the same high rate of 19 homeless families.*** This is particularly difficult as our population serves infants and toddlers. Reports of constant couch surfing, living in tents and cars increases stress, suffering and risk for their children being removed. Most of these clients report they

were born and want to stay in El Dorado County. We must find new opportunities for more affordable housing for these families.

22 families endured employment stress. Continued collaboration with McKinney Vinto, CalWorks, Catalyst and other agencies helped link families to employment opportunities and subsidized child care.

School Dropout/Failure:

As stated, prior, IPC provided intensive stabilization services to many teachers and classrooms this year. More than even before. Our leadership also provided Compassion Fatigue and Vicarious Trauma trainings to many teachers and other providers to support these great service agents and in turn, care for them provides greater co-regulation and engagement in the classroom. This of course increases success and lowers academic failure.

Underserved and Unserved Population:

As noted in the beginning we increased our services in our most remote areas this year: Georgetown Divide and South County. We also have two additional bilingual and bicultural therapists with years of 0-3 background, home visits and El Dorado County's Latin community coming this year.

Also stated prior, we were very excited to engage 10 men during the perinatal period. Men in general attend therapy much less than women. This is greatly multiplied for men during the perinatal season. Our male therapist has been a key in opening doors to other men. He has committed to staying with the Infant Parent Center and we are excited to expand father's services.

Cultural Sensitivity:

IPC continued to honor each family with their unique story and culture. We also make a point each year to enhance our education and integration through professional trainings. Specifically this year we increased training on pregnant women struggling with substance addiction and complexities to become sober, Ableism and families fighting with the documentation process.

Effective Collaboration, Outreach, Linkage, Medically Necessary Care, Stigma Reduction, Discrimination Reduction:

This has been a great year in collaboration. The creation of the Perinatal Substance Use Treatment Collaboration as well as increased leadership with the Child Abuse Prevention Council has provided more opportunities to enhance provider connection, easier linkage to services and support stigma and discrimination reduction. Knowing providers closely creates a safer connection to our clients which in turn increases successful engagement and overall wellness for families.

Outcomes measures are as follows:

Measurement 1

- **260** families served: 194 new families and 66 returning
- **198** families engaged in services: 132 new families
- **179** families achieved treatment success in at least two areas of concern
- **22** families are currently in services
- **399 new clients and family members and clients were served**

We provided a total of two hundred forty-six (**246**) assessments for the entire year.

Marschak Interaction Method (MIM) - IPC conducted fifty-seven (**57**) 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 thirty (**30**) 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 fifteen (**115**) perinatal assessments during this period with client 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

Forty-four (**44**) additional written assessments (Parent Stress Index, Becks Scales, etc) were conducted.

Evidence Based Parent Education - We provide this program individually to support each caregiver's relationship with his/her child(ren). This evidence-based practice enhances awareness, attunement, connection, and consistent containment which are essential components for a secure attachment and optimal development for children. Many of our families receive parent support in addition to their therapeutic services and were also provided Parent Education and Support through additional services.

Measurement 2

Client Survey Data - We received twenty-three (23) client satisfaction survey responses. Families continue to identify IPC as a significant resource in the community. We strive to receive more responses next year.

Collaborative Partner Survey - IPC received ten (10) surveys with supportive responses. Partners continue to find IPC an essential service to the community.

Measurement 3

Our self referrals doubled this year with thirty-five (**35**) families reaching out on their own to request therapy. This is a great increase and we hope will continue as we strive to support the shift of the mental health stigma. More families are recognizing therapy as a wellness and preventative support rather than a negative label. This is a great success!

Measurement 4

The Infant Parent Center worked successfully with twenty-four (24) infants who were at risk of Abusive Head Trauma (formerly known as Shaken Baby Syndrome). Because of the intense multigenerational trauma, we recognize the complexity of this risk and the sensitivity to caregivers' stress yet also the essential need of safety for the infants. IPC has had significant success through collaboration with Public Health, Early Head Start and Child Protective Services to increase safety measures and effective services for families.

Measurement 5

IPC served thirty-two (32) caregivers who reported suicidal ideation or active suicidality. Two of these parents needed hospitalization and were provided care by IPC throughout their stay. All caregivers were effectively linked to crisis intervention services that included collaboration with medical and psychiatric services.

Referrals to Behavioral Health:

IPC provided four (8) referrals to County Behavioral Health, Community Health and other facilities taking insurance for caregivers and older children. We are committed to tracking all referrals to Behavioral Health going forward.

Duration of Untreated Mental Health (Client Self Report):

IPC does not track the duration of untreated mental health issues for adults. IPC works diligently to identify, collaborate, and to encourage clients to access individual therapy and services as soon as possible. Some caregivers recognize needs for individual therapy and recovery services, however, we have also had many who have been untreated for PTSD, Bipolar, Personality Disorders, and Psychotic Disorders. Unfortunately, some of these caregivers struggle in connecting or following through with medication or their own treatment. However, IPC has been providing an increase in individual services for parents, especially during the perinatal period to provide greater opportunity for stabilizing and safety for the family. Infant Parent Center provides family services for many adults with co-occurring disorders such as mental illness and substance use.

Referrals and Participation:

IPC does not track the time span between referrals we provide to a family and the time it takes for them to receive the service.

All potential clients are contacted by the Infant Parent Center within 24 hours with a therapist assignment offered within 48 hours. We do find that frequently referrals do not respond very quickly and may take as long as a month to respond. IPC is sensitive to the stigma of mental health and resistance at times, particularly for the perinatal families. IPC, therefore, makes the effort to follow up on referrals several times. We also follow up with referring agencies to ensure best practices and collaboration.

BHD Referral and Participation:

IPC does not track this data.

Client Access and Linkage to Referrals:

As stated prior, the increased collaboratives have created better avenues for personal connection when linking families to another provider. We hope to expand these to all agencies serving the 0-5 population. We want families to have as many options as possible to receive the support and care they wish.

Total Project Expenditures:

IPC used all funds allocated in conjunction with additional contracts.

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 thechild 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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$500,000	$400,000	$345,000
Total Expenditures	$242,585	$257,037	$345,000
Unduplicated Individuals Served	24	39	40
Cost per Participant	$10,108	$6,591	$8,625
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	13	28	30
16-25 (transitional age youth)	11	11	10
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	1	0	0
Asian	0	3	0
Black or African American	2	4	4
Native Hawaiian or Other Pacific Islander	0	1	0
White	19	21	29
Other	1	0	0
Multiracial	1	9	6
Unknown or declined to state	0	1	1

Ethnicity by Category	FY 2020-21	FY 2021-22	FY 2022-23
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	1	2	1
Puerto Rican	0	0	0
South American	0	0	0
Other	2	0	1
Multi-ethnic	0	4	5
Unknown or declined to state	1	0	0
Non-Hispanic or Latino			
African	2	4	4
Asian Indian/South Asian	0	1	0
Cambodian	0	0	0
Chinese	0	0	0
European	11	9	14
Filipino	0	1	0
Japanese	1	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	1	0
Other	2	3	5
Multi-ethnic	0	8	7

Unknown or declined to state	4	6	3

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	23	35	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	0	0
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	4	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	0	1	0
Heterosexual or Straight	18	21	18
Bisexual	2	4	5
Questioning or unsure of sexual orientation	0	0	6
Queer	0	0	0
Another sexual orientation	0	1	1
Unknown or declined to state	4	12	10
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	11	17	23
Female	13	22	17
Unknown or declined to answer	0	0	0
Current gender identity:			
Male	11	17	23
Female	12	19	14
Transgender	0	0	0
Genderqueer	1	3	2
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Unknown or declined to answer	0	0	0

Disability	FY 2020-21	FY 2021-22	FY 2022-23
Difficulty seeing	1	3	0
Difficulty hearing or having speech understood	0	2	1
Mental disability including but not limited to learning disability, developmental disability, dementia	3	9	2
Physical/mobility	0	1	0
Chronic health condition/chronic pain	0	2	1
Other (specify)	0	0	0
Declined to state	0	0	0
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	0	1	1
No	24	38	39
Unknown or declined to state	0	0	0
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	6	17	13
Placerville Area	8	15	18
North County	3	2	1
Mid County	3	4	2
South County	0	0	1
Tahoe Basin	0	0	1
Unknown or declined to state	4	1	4

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
Extremely low income	5	4	5
Very low income	1	0	5
Low income	7	11	12
Moderate income	7	10	10
High income	3	11	5
Unknown or declined to state	1	3	3
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	14	25	19
Medi-Cal	10	10	18
Medicare	0	0	0
Uninsured	0	1	0
Unknown or declined to state	0	3	3

Annual Report FY 2022-23

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. Our census is primarily filled with CPS youth, specifically focused on the emergency response CPS calls for families needing additional support to prevent CPS involvement. In addition to CPS youth, we have also seen an increase in probation and family referrals with the addition of ACCESS referrals. With the partnership with ACCESS, we can provide a more streamlined coordination and linkage to more appropriate services when youth are referred through CPS/Probation and are presenting with needs that meet criteria for Specialty Mental Health Services. We have continued to meet monthly with our system partners to discuss potential referrals and the progress families in services. Out of 60 referrals received in the last year, 14 youth were referred by probation, 6 youth were referred by the ACCESS team, and 40 youth were referred by child welfare.

Challenges: Our main challenge this year was managing referrals in relation to the budget. Our team has worked closely with MHSA partners to ensure referrals are managed more effectively to ensure we do not have concerns regarding the drawdown of the contract in the future.

Accomplishments: During the current review period, out of 31 youth who engaged in services, 94% maintained or decreased the number of needs according to the CANS assessment. 100% of youth served maintained or improved their strengths, per the CANS assessment. Our program has been able to link youth to community resources and specialty mental health services when appropriate, which has supported youth and families towards sustainable change.

Opportunities: If schools were able to refer this might increase the level of youth/families able to be served in a preventative manner through meeting their global needs versus youth already experiencing system involvement.

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 referrals for youth who qualify for Specialty Mental Health Services, but due to Medi-Cal ineligibility could not access the level of services offered by County Behavioral Health. We have partnered with several youth who require intensive services but due to lack of in-county resources or offered services by primary insurance providers, families are despite for additional support from the prevention team. Over the last review period, we have worked with these underserved families in identifying strengths, creating a plan to support addressing underlying needs, stabilizing placement, thus minimizing out-of-home placement or hospitalization.

4) **Provide a brief narrative description of the number of youth 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 31 youth engaged in services, only 2 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, 29 youth made some progress while in services, reducing the number of contacts with system providers. Our team has seen 27 families successfully close services with child welfare and juvenile justice system partners.

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

Out of 31 youth who discharged from services after completing services, 29 youth were able to remain or transition into a lower level of care (family-based setting). The 2 youth who transitioned to a higher level of care either re-offended resulting in an arrest or were linked to residential placement due to safety concerns.

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. At this time, we have had no need for language accommodation. 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 complete a Child Health Questionnaire (CHQ) to identify any needed linkage/support medically, 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 8 youth with county behavioral health for youth who qualify for Specialty Mental Health Services. We did have 2 youth who were connected to juvenile justice placement due to safety concerns and 1 family who was connected with Alta Regional Services to better support families long term needs.

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

Many other youth either self-reported or caregiver(s) reported history of untreated or relapsed mental illness and did qualify for EPSDT/SMHS or unable to access treatment through insurance provider.

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

Information regarding mental health referral to date of open when youth are referred out is unknown. The average time between referral to prevention wraparound to intake averaged 26 days; this is with a couple of outliers due to communication around scheduling and engagement concerns. Once the initial intake assessment appointment occurs, depending on family needs support can begin immediately.

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

Upon receiving referral, our clinician calls the identified caregiver on the referral and provides information about the program and the roles within the team. At this time they explain the intake assessment and planning process in order to answer any questions the caregiver may have and they set up a time for intake. Our team also provides a reminder call or text (depending on caregiver's preference) prior to the appointment. We have a streamlined intake and assessment process in order to be able to develop a plan for services with the family's voice and choice at the forefront by the second or third appointment, typically with the treatment plan signed and active services occurring by week three. During the last review period, our team completed 40 intakes from 60 referrals.

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

The opening clinician 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. The opening clinician 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.). The opening clinician 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, the clinician 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, and a quarterly total can be provided when it becomes available.

16) Provide any additional relevant information.

No additional information provided.

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

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

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

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

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**		
Gay or Lesbian	5		
Heterosexual or Straight	59		
Bisexual	7		
Questioning or unsure of sexual orientation	1		
Queer	6		
Another sexual orientation	4		
Unknown or declined to state	171		
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**		
Assigned sex at birth:			
Male	111		
Female	133		
Unknown or declined to answer	9		
Current gender identity:			
Male	86		
Female	101		
Transgender	6		
Genderqueer	5		
Questioning / unsure of gender identity	1		
Another gender identity	4		
Unknown or declined to answer	50		

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

Region of Residence	FY 2022-23		
West County	37		
Placerville Area	122		
North County	0		
Mid County	85		
South County	1		
Tahoe Basin	0		
Unknown or declined to state	8		
Economic Status	**FY 2022-23**		
Extremely low income	6		
Very low income	8		
Low income	28		
Moderate income	58		
High income	13		
Unknown or declined to state	140		
Health Insurance Status	**FY 2022-23**		
Private	43		
Medi-Cal	36		
Medicare	0		
Uninsured	3		
Unknown or declined to state	171		

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

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

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

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

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

Disability	FY 2021-22	FY 2022-23	
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 or none	137	137	
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2021-22**	**FY 2022-23**	
Yes			
No			
Unknown or declined to state	137	137	

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

Annual Report FY 2022-23

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.**

   The MHSA Project Goals (per Exhibit A of the MHSA Year-End Progress Report) are listed below, along with the outcomes for each point:

   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.

   Goal: Decreased isolation that results from unmet mental health needs
   Outcome: Goal met. From August 2022 – April 2023, there were 263 Digital Self-Care Sessions by 96 unique users reported on TimelyCare. The Self-Care Sessions saw the highest usage with sessions regarding stress, healthy relationships, healthy eating, anxiety, depression, and sleep. Additionally, there was increased use of the Peer Community feature 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 anxiety.

   Goal: Decreased peer and family problems that result from unmet health needs
   Outcome: Goal met. From August 2022 – April 2023, 71.4% of users stated a mental health improvement score. 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 2022-2023 academic year, the following ethnicities utilized TimelyCare's counseling services (in descending order): White – 50.7%, Hispanic or Latino – 41.9%, Asian or Asian American – 4.33%, Biracial or Multiracial – 2.48%, Middle Eastern/North African or Arab Origin – 0.93%. In the 2022-2023 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 largest age group was between 0-24 years old, with the 2nd largest age group being 20-26 years old, and the 3rd largest group being 36 and older. 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 19 referrals from TimelyCare to community prevention programs and local providers.

   Goal: Reduction in college failure or dropouts
   Outcome: ***Unknown.*** LTCC did see a 1% increase in persistence and an increased headcount in 2022- 2023 compared to the previous year.

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).**

In the Spring 2023 Partnership Meeting, TimelyCare provided the following statistics for LTCC :

a) 2 in 5 students would have gone to the hospital if TimelyCare wasn't available
b) 70.75% of students reported mental health improvement.
c) There were 30 reported Basic Needs Requests (to include students facing housing insecurity, loss of transportation and housing – all of which can contribute to school failure, dropout and homelessness).

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 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.

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.

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.
   280 requested scheduled counseling visits with 223 completed. While we don't have the length of the actual visit, we can measure that the average visit rating was 4.8 out of 5.

   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
   Scheduled counseling by gender: female = 63.23%, male = 29.15%, self-select = 7.62 %
   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 having stress related to my workplace, and talking about it to someone has been helpful."

   "I really appreciate that each therapist had a bio that reflected their specialties. This helped pick a therapist that would best suit me and my needs. Denise was very helpful and her schedule was flexible so it made it easier to book a session together. The website was easy to navigate as well."

Stigma and Discrimination Reduction Program

Mental Health First Aid 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 us 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

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$113,000	$113,000	$113,000
Total Expenditures	$10,378	$10,039	$22,499
Unduplicated Individuals Served	29	171	216
Cost per Participant	$358	$59	$104
Number of Classes			
Youth	1	1	5
Adult	2	9	12
Veterans	0	0	0
Cost per Class	$3,459	$1,004	$

LGBTQIA Community Education Project

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

Project Goals:

- Reduction of stigma and discrimination associated with being lesbian, gay, bisexual, transgender, or questioning.
- Education, in the form of presentations/discussions, to the general public regarding sexual orientation.

Numbers Served and Cost

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$10,000	$50,000	$50,000
Total Expenditures	$0	$519	$0

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$60,000	$60,000	$65,000
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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$100,000	$100,000	$100,000
Total Expenditures	$45,710	$47,145	$40,281
Unduplicated Individuals Served	54	49	71
Cost per Participant	$846	$962	$567
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	3	6	6
26-59 (adult)	43	42	65
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	8	1	0
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
American Indian or Alaska Native	2	4	2
Asian	0	0	0
Black or African American	0	2	4
Native Hawaiian or Other Pacific Islander	0	0	0
White	40	39	63
Other	2	1	1
Multiracial	2	0	0
Unknown or declined to state	8	3	1

Ethnicity by Category	FY 2020-21	FY 2021-22	FY 2022-23
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	1	3
Mexican/Mexican-American/Chicano	1	0	1
Puerto Rican	2	1	0
South American	0	0	0
Other	6	2	0
Unknown or declined to state	0	2	0
Non-Hispanic or Non-Latino			
African	0	0	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	1	0
Eastern European	2	1	2
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	22	7	5
Multi-ethnic	0	0	0
Unknown or declined to state	21	34	60

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	49	49	71
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	5	0	0

Sexual Orientation **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	0	0	0
Heterosexual or Straight	28	17	18
Bisexual	1	2	1
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	1	1	0
Declined to State	24	29	52
Gender **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	21	26	28
Female	27	23	43
Declined to answer	6	0	0
Current gender identity:			
Male	22	26	28
Female	27	23	43
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	5	0	0
Disability	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Difficulty seeing	4	0	0
Difficulty hearing or having speech understood	3	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	3	3	0
Physical/mobility	1	2	0
Chronic health condition/chronic pain	2	1	0
Other (specify)	2	0	0
Declined to state	43	44	71

Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2020-21	FY 2021-22	FY 2021-22
Yes	0	0	1
No	41	19	6
Unknown or declined to state	13	30	64
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	6	6	13
Placerville Area	14	13	25
North County	4	3	6
Mid County	6	5	7
South County	1	2	2
Tahoe Basin	11	4	5
Unknown or declined to state	12	16	13
Economic Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Extremely low income	6	4	0
Very low income	1	2	1
Low income	17	8	3
Moderate income	5	3	0
High income	0	0	0
Unknown or declined to state			
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	6	2	2
Medi-Cal	19	33	13
Medicare	1	0	1
Uninsured	0	4	2
Unknown or declined to state	28	10	53

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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.**

We began this fiscal year emerging from the global pandemic in a community recovering from the impacts of the Caldor fire. 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. Additionally this eased the burden 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. In addition to the Nurturing Parenting Group, we delivered the

Parent Engagement Group throughout the year. This group was designed to assist participants entering our system in understanding: 1) why they are involved in Child Protective Services (CPS), 2) CPS dynamics and the court process, 3) parent responsibility for what has occurred and 4) how parents can receive support and advocate for their needs.

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.

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.

Our class 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 participant 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. 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 then 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 though 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 Agency involvement. 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:**

Identifying a customer satisfaction survey has proven challenging. However, CPS staff are all trained to use Child and Adolescent Needs and Strengths (CANS) assessment tool. We are exploring the implications of using this tool as one possible outcome measure. In May 2021, we began administering and Adverse Childhood Experiences assessment (ACE) to all new participants to help us more effectively identify past trauma which, in turn, allows facilitators to make appropriate referrals to our community partners. Lastly, our return rate for the participant survey is poor thereby effectively skewing any data we did collect. We designed a survey monkey and were in the process of deciding how we should distribute it to ensure confidentiality. This did not come to fruition as we could not find a way to ensure confidentiality. Currently we are trying to regroup and come up with a way to gather and assess this information.

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

We served 71 new individuals this fiscal year.

8) 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. 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 60 but could be as high as 100 or more as we work with a minimum of two responders per client.

9) 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 and emails.

10) 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 information signed.

11) 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 0, suspected 4, referred for treatment through behavioral health for a total of 4. 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.

12) If known, the number of individuals who followed through on the referral and engage in treatment. Unknown

- **a. If known, the average duration of untreated mental illness.** Unknown
- **b. If known, the interval between the 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.

14) Provide any additional relevant information

It is important to note that due to an internal time study issue, we unfortunately under-represented the amount of time CPS staff worked in this program area. Consequently, we were unable to maximize our funding. We are actively working to resolve this issue and we anticipate the current fiscal year will see an increase in total expenditures which accurately reflects staff effort and hours.

Community Education and Parenting Classes Project

Provider: Summitview Child and Family 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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$19,500	$19,500	$19,500
Total Expenditures	$13,000	$16,937	$18,125
Unduplicated Individuals Served	59	79	54
Cost per Participant	$220	$214	$336
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	2	1	1
26-59 (adult)	42	50	39
Ages 60+ (older adults)	14	11	3
Unknown or declined to state	1	17	11
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**

American Indian or Alaska Native	1	0	0
Asian	0	2	1
Black or African American	4	1	0
Native Hawaiian or Other Pacific Islander	1	0	1
White	51	54	33
Other	0	0	0
Multiracial	2	4	0
Unknown or declined to state	0	18	19
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	1	0
Mexican/Mexican-American/Chicano	1	1	1
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	0	2	3
Non-Hispanic or Non-Latino			

African	1	1	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	1
Eastern European	0	0	1
Filipino	1	2	0
Japanese	0	0	0
Korean	0	0	1
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	8	32
Multi-ethnic	2	4	0
Unknown or declined to state	54	60	15
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**

Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	58	62	52
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	1	17	2
Sexual Orientation **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	1	3	0

Heterosexual or Straight	55	54	44
Bisexual	3	2	1
Questioning or unsure of sexual orientation	0	0	
Queer	0	1	0
Another sexual orientation	0	1	1
Declined to State	0	18	8
Gender **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 218021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	9	13	11
Female	50	47	37
Declined to answer	0	19	6
Current gender identity:			
Male	9	13	11
Female	50	45	34
Transgender	0	0	0
Genderqueer	0	1	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	0	20	9
Disability	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**

Difficulty seeing	0	0	0
Difficulty hearing or having speech understood	0	1	1
Mental disability including but not limited to learning disability, mental health, developmental disability, dementia	10	20	19
Physical/mobility	5	3	2
Chronic health condition/chronic pain	5	6	5
Other (specify)	7	1	0
Declined to state	32	17	27
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	3	4	1
No	54	25	20
Unknown or declined to state	2	50	33
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	23	16	14
Placerville Area	20	21	18
North County	2	3	4
Mid County	2	6	2
South County	0	0	1
Tahoe Basin	1	1	1
Unknown or declined to state	11	32	14
Economic Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**

Extremely low income	0	3	0
Very low income	6	2	4
Low income	9	3	6
Moderate income	40	40	29
High income Unknown or declined to state	4	8 23	7 8
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	31	49	39
Medi-Cal	7	8	6
Medicare	8	5	2
Uninsured Unknown or declined to state	0 13	0 17	0 7

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Implementation

- This program offered parents and caregivers a presentation on the Nurtured Heart Approach, a methodology which helps caregivers facilitate challenging children learning to use their intensity in successful ways and reducing problematic behaviors at home, at school, and in the community. Following the presentation, titled "Transforming the Intense Child or Teen," parents and caregivers were offered 6 phone coaching sessions regarding using the approach. This allowed individualized application of the approach and coaching regarding using the approach to address a variety of behaviors. They were also offered handouts summarizing the approach and a workbook on it which provided additional opportunities to deepen their understanding of the approach and provided guidance on applying it.

Fiscal

- Total expenditures during the 2022-23 fiscal year were $18,812.50
- There were no leveraged resources or in-kind contributions.
- Cost per participant was $348.38

Underserved Populations

- There has been some success in reaching underserved populations in terms of socioeconomic status. Nineteen percent of attendees who provided demographic information indicated that they are in low to very low income brackets.

- Many participants (50%) reported having some kind of disability. The most common category indicated was "mental disability including but not limited to learning disability, mental health, developmental disability, dementia" reported by 35% of participants.

Cultural Competency

- The presenter Jennifer Lotery, Ph.D. (who is also the provider of follow-up Nurtured Heart Approach coaching sessions) is a Clinical Psychologist who was trained at UCLA, where she received specialty training in the areas of developmental and community psychology. (Community psychology training is focused on providing psychological tools and support in a culturally sensitive manner and empowering community members to be agents of positive change in improving mental health and the functioning of their families and communities). The presenter has worked with El Dorado County residents from various ethnic groups and socioeconomic backgrounds for over thirty years.

- The Nurtured Heart Approach materials and the examples which are given during the training are designed to be applicable to a variety of cultures and backgrounds. The videos shown of the approach in action feature people of various races and ethnicities.

- The follow-up phone coaching sessions provide the opportunity to individualize feedback and suggestions in a manner sensitive to the participant's cultural background.

Outreach Activities

- The availability of Nurtured Heart Approach trainings was communicated to a variety of agencies and organizations throughout El Dorado County including medical practices, therapists, mental health agencies, the head of Foster and Kinship Education, Community Hub leaders, and educators (teachers, counselors, and school administrators) who can share the information with students' parents and caregivers.

- There has been outreach to the El Dorado Community Health Center and Marshall Pediatrics staff so that they can publicize the trainings to the families they treat.

- Flyers regarding upcoming trainings were posted at the Placerville post office, at cafes in the county, and at other locations which have bulletin boards for publicizing community events.

- Information about the training was posted on Facebook on a community page.

- Data provided by participants in terms of how they heard about the Nurtured Heart Approach training during the 2022-23 fiscal year broke down as follows:

School or school district: 24%
Therapist or mental health agency: 40%
Work colleague or supervisor 7%
Flyer posted in the community: 9%
Friend: 9%
Social media: 11%

Linkage with other services

- Parents and caregivers who attend trainings are provided with information about services available in the county which provide support and/or parent education and/or counseling. Those parents who participate in follow-up phone coaching receive additional personalized help identifying resources as needed.

Stigma Reduction

- Regarding stigma reduction, the Nurtured Heart Approach effectively re-frames the qualities that often get children and teens diagnosed with mental illness as potentially effective, adaptive qualities when successfully channeled. For example, the stubbornness and resistance that gets diagnosed as Oppositional Defiant Disorder can reframed and developed as determination and persistence. The Nurtured Heart Approach helps bring out the positive aspects of young people and helps their parents see them as less mentally ill. In turn, young people see themselves as less disordered and feel less stigmatized and their behavior improves.

Outcomes

Participant Surveys following the presentation:

- Participants rated the presentation materials on a scale of 1 to 10. The average score was 8.8
- Participants rated the presenter's delivery on a scale of 1 to 10. The average score was 8.5
- Participants were asked to indicate Yes or No regarding whether the presentation met or exceeded their expectations and 100% of respondents replied Yes.
- Participants were asked to indicate Yes or No regarding whether they would recommend the Nurtured Heart Approach to family or colleagues and 100% of respondents replied Yes.
- Participants were asked to indicate whether they were interested in additional training in the Nurtured Heart Approach and 95% responded Yes.

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$275,000	$275,000	$275,000
Total Expenditures	$262,347	$243,247	$231,633
Unduplicated Individuals Served	44	80	79
Cost per Participant	$5,962	$3,041	$2,932
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	3	2	6
16-25 (transitional age youth)	12	16	12
26-59 (adult)	29	61	59
Ages 60+ (older adults)	0	1	2
Unknown or declined to state	0	0	0

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	2	3	3
Asian	0	0	0
Black or African American	0	1	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	39	57	56
Other	2	0	6
Multiracial	1	3	2
Unknown or declined to state	0	16	12
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	1
Central American	0	0	0
Mexican/Mexican-American/Chicano	4	4	6
Puerto Rican	0	0	0
South American	0	0	0
Other	3	2	2
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	2	5	12
Filipino	0	0	0
Japanese	0	0	1
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	32	51	41
Multi-ethnic	2	1	2
Unknown or declined to state	1	17	14
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	44	59	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	1
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	21	18
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	0	1	0
Heterosexual or Straight	42	62	58
Bisexual	2	2	2
Questioning or unsure of sexual orientation	0	0	1
Queer	0	0	1
Another sexual orientation	0	0	3
Unknown or declined to state	0	15	14
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	12	18	17
Female	32	62	61
Unknown or declined to answer	0	0	1

Current gender identity:			
Male	11	18	16
Female	28	46	45
Transgender	1	1	0
Genderqueer	1	0	1
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	2
Unknown or declined to answer	3	15	15
Disability	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Difficulty seeing	12	17	12
Difficulty hearing or having speech understood	0	7	6
Mental disability including but not limited to learning disability, developmental disability, dementia	10	13	17
Physical/mobility	2	3	4
Chronic health condition/chronic pain	6	11	13
Other (specify)	0	1	6
Declined to state	0	1	4
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	2	1	1
No	42	64	65
Unknown or declined to state	0	15	13

Region of Residence	FY 2020-21	FY 2021-22	FY 2022-23
West County	9	26	13
Placerville Area	18	36	27
North County	5	3	5
Mid County	3	6	7
South County	1	4	2
Tahoe Basin	1	3	2
Unknown or declined to state	7	13	23
Economic Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Extremely low income	20	37	41
Very low income	8	8	13
Low income	8	12	11
Moderate income	8	7	4
High income	0	1	1
Unknown or declined to state	0	15	9
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	3	3	1
Medi-Cal	38	58	67
Medicare	1	2	1
Uninsured	2	2	1
Unknown or declined to state	0	15	9

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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 wo 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 **(50)** clients who discharged from the Parent Partner program in 22-23 FY. Of those **(50)** discharges, **(11)** of those clients never engaged, and thus their outcomes will not be reported below in the measurements. Of the **(39)** parents who discharged and completed the program:
Measurement 1: **(25)** clients were on the family reunification track, and **(14) (67%)** reunified with their youth.
Measurement 2: **(14)** clients were on the family maintenance track, and **(11) (79%)** maintained their family unit.
Measurement 3: **(39)** clients reduced child abuse and maltreatment risk factors.

Youth Advocate Outcomes: There was 1 youth who discharged from Youth Advocacy program in 22-23 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.**

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$75,000	$75,000	$75,000
Total Expenditures	$66,165. 33	$75,556.25	$74,935
Unduplicated Individuals Served	79	80	106
Cost per Participant	$837.53	$937.50	$707.55
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	63	65	89
16-25 (transitional age youth)	16	15	17
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0
Race	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
American Indian or Alaska Native	2	3	4
Asian	0	0	0
Black or African American	7	9	5
Native Hawaiian or Other Pacific Islander	1	1	0
White	58	55	66
Other	3	12	13
Multiracial	0	0	17
Unknown or declined to state	0	0	1

Ethnicity by Category	FY 2020-21	FY 2021-22	FY 2022-23
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	7	9	11
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	1
Unknown or declined to state	0	0	3
Non-Hispanic or Non-Latino			
African	0	0	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	0	55	66
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	16	26
Multi-ethnic	0	0	13
Unknown or declined to state	0	0	1
Primary Language	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	77	78	93
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	13
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	0	0

Sexual Orientation **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	0	0	0
Heterosexual or Straight	0	0	0
Bisexual	0	0	0
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	1
Another sexual orientation	0	0	0
Declined to State	79	80	105
Gender **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Male	39	38	53
Female	40	42	52
Transgender	0	0	0
Genderqueer	0	0	1
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	0	0	0
Disability	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Difficulty seeing	0	0	0
Difficulty hearing or having speech understood	1	1	0
Mental disability including but not limited to learning disability, developmental disability, dementia	45	46	25
Physical/mobility	0	0	0
Chronic health condition/chronic pain	0	0	0
Other (specify)	7	7	0
Unknown or declined to state	8	27	81
Veteran Status **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	0	0	0
No	79	80	106
Unknown or declined to state	0	0	0

Region of Residence	FY 2020-21	FY 2021-22	FY 2022-23
West County	41	43	41
Placerville Area	23	23	50
North County	3	3	0
Mid County	8	7	10
South County	0	0	2
Tahoe Basin	4	4	3
Unknown or declined to state	0	0	0
Economic Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Extremely low income	14	14	10
Very low income	26	26	19
Low income	24	25	48
Moderate income	13	13	29
High income	2	2	0
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	15	15	8
Medi-Cal	63	65	98
Medicare	0	0	0
Uninsured	0	0	0

Annual Report FY 2022-2023

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.**

The implementation of the Mentoring for Youth project has made remarkable progress, exceeding our expectations during the 22-23 fiscal year and throughout the three-year contract period, aligning closely with the objectives outlined in the Memorandum of Understanding (MOU). Notably, we successfully reached and served 106 youth, experiencing a substantial increase of 26 compared to the previous fiscal year. This achievement demonstrates the effectiveness of our program in fostering the mental well-being of young individuals by reducing stigmas and enhancing resilience through the invaluable support of positive adult mentors.

Furthermore, our dedication to program innovation and expansion of existing formats has allowed us to extend our services to even more young people. We take pride in continuously adapting to meet the evolving needs of our community and ensuring that our impact grows year after year.

While we celebrate these accomplishments, we remain committed to addressing the challenges that arise. One ongoing difficulty involves engaging the more remote regions of our service area, including North County, Mid County, South County, and the Tahoe Basin. Despite these obstacles, we have taken proactive steps to mitigate the disparities by launching a new site-based program specifically designed to serve these areas. Although progress has been gradual, we have been

actively building relationships with school partners in these regions to ensure that our services reach those who need them the most.

Additionally, we acknowledge the challenges related to parent engagement. Many of the families we work with are experiencing transitions, crises, or are otherwise difficult to reach, which limits our ability to provide comprehensive services and, unfortunately, results in match closures due to non-compliance. However, we remain steadfast in our commitment to finding solutions to these issues, recognizing the critical role parents play in the success of our mentoring program.

In conclusion, the Mentoring for Youth project has achieved significant milestones and has proven its effectiveness in positively impacting the lives of youth. We remain dedicated to overcoming challenges, expanding our reach, and ensuring that our program continues to provide invaluable support to young individuals in need.

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.**

The Mentoring for Youth project has made a profound impact on the overall mental health and well-being of children, adults, older adults, families, and communities by addressing the primary negative outcomes that are the focus of the project, such as suicide, prolonged suffering, school failure or dropout, and removal of children from their homes. Additionally, the project has shown positive effects on other negative outcomes, including incarceration, unemployment, and homelessness, which are also addressed through our PEI activities.

At BBBS, we diligently track youth outcomes over time, administering surveys annually from the point of intake. These surveys measure various aspects of social-emotional health, quality of relationships, and academic achievement, specifically highlighting the influence of adult mentorship on these developmental domains. Based on the data collected during the 22/23 fiscal year, we have observed significant positive changes in several crucial areas.

First and foremost, there has been notable improvement in academic performance and educational expectations among the mentored youth. By having a supportive adult mentor, these young individuals have gained a sense of competence and motivation, resulting in enhanced academic outcomes.

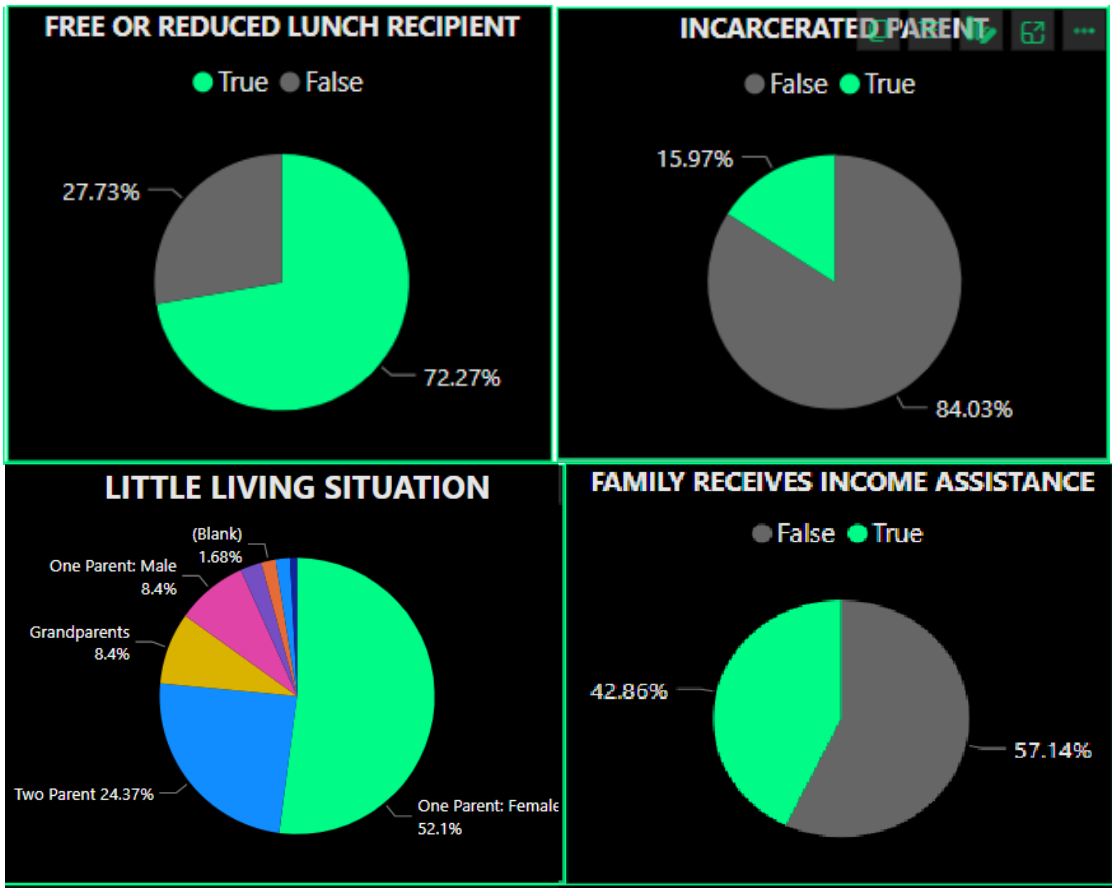
Furthermore, the Mentoring for Youth project has contributed to the development of social competence among the mentees. They have shown improved social skills, greater self-confidence, and an increased understanding of the importance of having a trusted adult in their lives. This positive change in social competence has a ripple effect on their overall well-being and future success.

In addition to academic and social improvements, we have witnessed a decrease in depressive symptoms and risky behaviors/school discipline among the mentored youth. By providing a consistent and stable mentorship relationship, we have created a safe space where they can openly express their emotions and receive guidance, leading to a reduction in negative behaviors and an improvement in mental health.

It is important to highlight that BBBS serves youth from diverse backgrounds and walks of life, considering their Adverse Childhood Experiences (ACE) scores. Alongside mentorship, we offer professional case management to address any family needs that may arise during the mentorship journey. We collaborate with various community organizations to ensure that youth and families receive the necessary support, including assistance with housing, mental and behavioral health services, food security, transportation, unemployment, and more.

By providing a healthy, consistent, safe, and stable mentorship relationship through our professionally managed matches, BBBS becomes a valuable resource for youth and families. Mentored youth can explore new opportunities with a trusted confidant outside their immediate family circle, while also having an additional caring adult to guide and support them. BBBS works closely with mentors and parents to maximize the potential outcomes for the youth, including educational goals, relationship skills, mental health, and overall well-being.

With the continued support and funding, the Mentoring for Youth project can further expand its positive impact, empowering more young individuals to overcome challenges, unlock their potential, and thrive in all aspects of their lives.



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 identify with other marginalized groups.

To ensure that our services reach even more individuals from unserved and underserved populations, BBBS remains dedicated to expanding our reach and developing innovative programs. We continuously explore new avenues to engage and build trust with participants from these communities, recognizing the importance of establishing meaningful connections to facilitate positive mentorship experiences.

Our efforts to serve diverse populations are reflected in the current demographic breakdown of the youth we serve, which closely aligns with the population census data of El Dorado County. This demonstrates our commitment to inclusivity and the equitable distribution of our services throughout the county.

By continuing to expand our reach, foster relationships with underserved communities, and adapt our programs to meet their specific needs, BBBS aims to create lasting positive impacts in the lives of those who have been historically overlooked or underserved.

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.**

In our commitment to providing culturally and linguistically competent services, the Mentoring for Youth program ensures that all volunteers undergo thorough training before being matched with a mentee. This training covers a wide range of important topics, including child safety, trauma-informed care, substance use awareness, cultural competency, child development, healthy relationship development, and other DEI themes. By equipping our volunteers with this comprehensive knowledge prior to being matched, we ensure that they are well-prepared to engage with youth from diverse backgrounds in a sensitive and understanding manner. Additionally, BBBS provides ongoing opportunities for continued education in a myriad of subjects whilst a volunteer is matched in our program.

Furthermore, we understand the significance of addressing racial/ethnic disparities and promoting inclusivity within our program. To achieve this, we offer training sessions for parents/guardians and youth, known as *Your Child's Personal Safety* and *Pre-Match Training for Youth*, respectively. These trainings are available in both English and Spanish, ensuring accessibility for participants who speak either language. By providing training materials in the native languages of our participants, we strive to eliminate language barriers and ensure that everyone can fully engage and benefit from our program.

To further support our culturally and linguistically diverse participants, all matches are closely supervised and guided by a professional BBBS staff member. These dedicated staff members, fluent in the native languages of the participants, provide personalized coaching and guidance. This ensures that the mentoring relationships are nurtured and supported in a manner that aligns with the cultural and linguistic backgrounds of the participants.

Through our emphasis on cultural competence, language accessibility, and professional case management, we create an inclusive environment where all participants can thrive and experience the transformative power of mentorship.

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.**

Big Brothers Big Sisters actively engages in collaborative efforts with various community and government agencies to ensure the effective delivery of our programs and services to the children we serve. A significant number of youth referrals are received through our partnerships with the El Dorado County Office of Education and local school districts, where teachers and administrators play a vital role in identifying and connecting us with children who could benefit from mentorship. These established relationships grant us continuous access to children during their time at school, allowing us to monitor their progress, track relationship development, ensure their safety, and provide valuable resources and support to families in need.

To further strengthen our impact, BBBS actively participates in county-wide resource meetings and collaboratives that are instrumental in addressing critical issues affecting children and families. We are proud to contribute to initiatives such as Georgetown Ready by 5, the Western Slope Community Strengthening Coalition funded by Ready by 5, ACE's collaborative efforts, the School Attendance Review Board (SARB), and the Early Education Planning Council. These collaborations enable us to leverage shared resources, align our efforts, and maximize positive outcomes for the children in our program.

Additionally, we actively engage with the community through our involvement in organizations such as Kiwanis, Rotary, Tahoe Young Professionals, and local chambers of commerce. These affiliations provide us with invaluable networking opportunities and foster community partnerships that further enhance our ability to reach and support more children and families.

Recognizing the importance of parent engagement, we organize various activities throughout the year to encourage families to seek out available resources in a supportive and pressure-free environment. These events serve as platforms for families to connect with community resources, access vital information, and build a stronger support network.

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.

Upon receiving youth referrals, we carefully assess each child and family to ensure that our program aligns with their needs and expectations. While it is rare for children to be turned away, there are instances where individual needs require professional support beyond what a mentor can provide. In such cases, our dedicated Enrollment Manager and Associate Director go the extra mile to connect the youth and their family with accessible services within the county, prioritizing their well-being and growth.

b. **Volunteer Enrollment: Contractor will assess potential volunteers for acceptance into program.**

We place the utmost importance on child safety, and as such, every potential volunteer undergoes a thorough screening and assessment process before they can engage with a child. Our exhaustive volunteer intake process involves an in-person interview conducted at their residence, verification of diverse references by our professional staff, a comprehensive background check through the Department of Justice and Sterling Volunteers, and mandatory online training. These stringent

measures ensure that only the most suitable and qualified mentors are eligible to be matched with a "Little."

c. **Child Assessment: Contractor will use completed pre-match and annual behavior evaluations and monthly volunteer match support of all enrolled children.**

We are committed to assessing the progress and well-being of every child enrolled in our program. All children matched with PEI funding receive pre-match and annual behavior evaluations. These evaluations are reviewed and revised annually to adapt goals or establish new ones. Throughout the first year of the match, we provide monthly match support to foster healthy relationship development, ensure child safety, and track progress towards their goals.

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.**

To measure the impact of our program, we administer the Child Outcome Survey (COS) or Youth Outcome Survey (YOS) at intake and annually thereafter. The COS is specifically designed for children aged 10 and under, while the YOS is tailored for youth aged 11 and older. These surveys evaluate outcomes across seven key categories, including social acceptance, scholastic competency, educational expectations, grades, risky behavior attitudes, parental trust, and truancy. Prior to being matched, 100% of youth complete a baseline COS or YOS survey.

During this funding period, we are proud to report that the youth we served demonstrated significant positive changes. On average, we observed a 4% increase in educational expectations, 22% decrease in depressive symptoms, a 23% decrease in bullying, and an impressive 41% in risky behaviors (resulting in school discipline). Notably, 97% of participants identified their Big Brother/Big Sister as a "very important adult" in their life, highlighting the profound impact of our program.

e. **Contractor will administer Big Brothers Big Sisters "Strength of Relationship" survey to volunteer mentors.**

To gauge the strength of the mentor-mentee relationship, we administer the Strength of Relationship (SOR) survey at the 3-month mark and annually throughout the match duration. This survey measures the level of relational closeness and intimacy between the Big and Little. The annual SOR survey data revealed an average score of 4.6 reported by youth, indicating a high level of closeness and predicting long-lasting matches. Moreover, recipients consistently reported that they never feel ignored, mad, bored, or disappointed while with their "Big," reflecting the positive impact of the mentorship.

We also value the perspective of our mentors and their connection with their Littles. The SOR survey administered to Bigs showed a median response of 4 out of 5, indicating positive change and further validating the strong bond between mentors and mentees.

f. **Contractor shall provide testimonials, as appropriate, from parents, mentors and children.**

Roger said that "Sebastian has really grown and matured." Cursing used to be a problem for Sebastian

but "it's no longer a thing!" Roger stated that his own children “really look up to Sebastian and enjoy hanging out with him.”

-Big Brother

“We couldn't have asked for a better Big Brother." Linda related that her grandson’s Big is “an answered prayer.” She and her husband emphasized how much Arthur loves his Big Brother, Mathew (and vice versa), stating that Mathew has already "unofficially" adopted him into his family--intimating the closeness of their relationship.

-Parent of Little

Joe finds Greyson’s presence “delightful,” he is “always amazed by his witty remarks and connections.” Greyson’s ability to make Joe laugh demonstrates the positive impact he has on Steven's life, fostering a mutual sense of joy and camaraderie.

-Big Brother

**All names have been changed to protect the privacy of participants.*

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

This fiscal year, we proudly supported 106 matches, catering to a diverse range of individuals. Among them, 84% were children and youth, while 16% fell into the Transitional Age Youth category. We maintained a balanced representation of genders, with an equal number of males and females served (53 each), and one youth identifying as Genderqueer, highlighting our commitment to inclusivity.

When it comes to geographic distribution, our impact reaches various regions. Our services extended to 2% of individuals in South County, 39% in West County, 47% in the Placerville Area, 3% in the Tahoe Basin, and 9% in Mid County, ensuring that we cover a wide spectrum of communities within our county.

We are dedicated to serving individuals from different socio-economic backgrounds. Within our program, 9% (10 youth) come from families categorized as "Extremely Low" SES, 18% (19) from "Very Low," 45% (48) from "Low," and 27% (29) from moderate-income households. It is worth noting that less than 1% of the families we serve have private health insurance, highlighting the need for our services in underprivileged communities.

Our commitment to embracing diversity is reflected in the racial and ethnic demographics of those we serve. Among the individuals in our program, 4% (4) identify as African, 62% (66) as European, 12% (13) as having multiple ethnicities, and 25% (26) as belonging to other ethnicities not listed. Furthermore, our efforts to reach specific racial and ethnic groups have led to 5% of Black/African American youth and 14% of Hispanic youth being represented. Additionally, 16% identified as multiracial, emphasizing our inclusive approach.

By serving a wide array of individuals and communities, we are proud to foster a diverse and inclusive environment that supports the unique needs and aspirations of each individual we serve.

8) The number of potential responders reached by this program.

BBBSNS has supported 106 matches through El Dorado County's MHSA PEI plan, which equates to 106 youth and 106 volunteers, totaling: 212 responders (not including parents/guardians ~ which would constitute an additional 106 participants).

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.)**

BBBS offers dynamic programming options, including Community-Based and Site-Based programs, to ensure flexibility and maximize opportunities for engagement. In our Community-Based program, matches have the freedom to meet in various community settings, providing unlimited possibilities for meaningful interactions. Alternatively, our Site-Based program allows matches to convene in predetermined venues such as schools, after-school sites, Boys & Girls Clubs, workplaces, churches, and public libraries. By offering both options, we cater to the unique needs and preferences of our participants.

We continuously seek innovative ways to expand our reach and engage potential responders. Through our Site-Based Facilitated Programs, we have successfully removed barriers to engagement, creating new avenues for individuals to make a direct impact. For instance, we have established strategic partnerships with local law enforcement agencies, resulting in the recruitment of over 30 "Bigs with Badges." This collaboration not only helps reduce mental health stigma among youth and families but also reshapes the perception of first responders through the power of relationships and mentorship. To further extend our influence, we are actively working on introducing an additional BWB site in El Dorado Hills, strengthening our presence and impact in the community.

Recognizing the importance of sports in fostering relationships, BBBSNS will soon launch the Sports Buddies Program in collaboration with District Church in El Dorado Hills. This exciting initiative harnesses the power of sports to create lasting connections and provide additional opportunities for engagement.

While we receive youth referrals from a diverse network of community partners throughout the county, our strong collaboration with local school districts stands out. These partnerships play a crucial role in identifying and referring youth who could benefit from our services. Additionally, we maintain close relationships with organizations such as CPS, New Morning Youth and Family Services, Sierra Child and Family Services, SARB, local churches, law enforcement departments, and other social service agencies, further expanding our referral network.

Through our extensive network of partners and diverse program offerings, we strive to enhance our ability to reach and serve a wide range of individuals and communities in need.

10) **The types of potential responders engaged in each setting (e.g., nurses, principles, parents).**

We have developed a robust recruitment strategy that engages potential responders from diverse sectors and populations, ensuring a wide range of individuals are involved in our programs. Our volunteer mentors come from various backgrounds, including law enforcement agencies, educators, counselors, working professionals,

elected officials, students, and retirees. This intentional approach allows us to match each child with a mentor who can provide the most suitable support, making our programs highly individualized and effective. Our commitment to tailored mentoring experiences, appropriate program placement, and ongoing professional case management requires us to have a broad selection of volunteers.

In addition to recruiting volunteers, we place great emphasis on building strong collaborations with community partners and agencies. Our close relationships with local schools, including administrators, teachers, counselors, and the county office, have proven to be invaluable. By working hand in hand with educational institutions, we can identify and support youth who would greatly benefit from our mentoring programs. This collaborative approach enables us to maximize our reach and provide the necessary support to those who need it most.

We understand the importance of engaging a diverse range of potential responders and maintaining strong partnerships with key stakeholders. By doing so, we can ensure that our mentoring programs continue to have a positive and lasting impact on the lives of the children we serve.

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

While BBBS strives to create an open and supportive environment for families to disclose any presence of mental illness during the enrollment process, we understand that parents/guardians may choose not to share this information. We respect their decision, and it does not affect their eligibility for our services. However, during the course of our program, we remain attentive to the potential need for mental/behavioral health treatment that may arise.

In situations where youth or families enrolled in our program express a need for treatment, we are dedicated to supporting them in accessing the appropriate resources. Through our case management approach, we can connect participants to community services that may be available to them. Our aim is to provide a warm hand-off or referral when it is deemed necessary and beneficial. It is important to note that among the children served with PEI funding this fiscal year, only one child has received treatment for serious mental illness. It is worth mentioning that the parent independently initiated these services, and our Big Brother mentor has played a crucial role in supporting the child's case plan.

At BBBS, our primary focus is on building strong mentorship relationships and providing a supportive framework for children and families. When the need for mental health treatment arises, we are committed to assisting and guiding them towards the appropriate resources within the community.

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

In most cases, BBBS receives referrals from community partners who are already actively involved with a family and implementing a treatment plan, such as counseling or therapy. As a result, many of the youth we serve are already connected to vital resources at the time of enrollment and primarily require additional support in the form of a mentor. Throughout the course of our mentoring program, if any mental health concerns arise, BBBS may refer the family to one of our trusted community partners for further care.

Following the referral, it becomes the family's decision whether to pursue treatment. However, BBBS remains committed to providing ongoing support by maintaining contact with the participant and monitoring their progress and outcomes. It is important to note that among the children in our program, there are only a handful

of youth who have been connected to mental health resources that were not already engaged in services.

At BBBS, our approach focuses on complementing and augmenting the existing support systems that families have in place. By collaborating with community partners and offering mentorship, we strive to enhance the overall well-being of the youth we serve.

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

In the fiscal year 2022/2023, the total investment in our project amounted to $77,024, primarily funded through the generous support of PEI. These funds were utilized to cover various essential aspects of our program, including staff salaries, mileage expenses, program equipment, and impactful marketing initiatives. We deeply value the resources provided by PEI, which have enabled us to deliver high-quality services to the youth and families we serve. Moving forward, we are committed to seeking additional funding opportunities to continue expanding our reach and making a lasting difference in the lives of those we support.

14) **Provide any additional relevant information.**

As we conclude another successful year, we want to express our heartfelt gratitude for your unwavering support and commitment to our mission. Your partnership has been instrumental in empowering us to make a meaningful difference in the lives of countless youth in our community. Through your generous contributions, we have been able to provide vital services to unserved and underserved populations, creating a lasting impact on their well-being and future prospects. The achievements we have accomplished together are a testament to the power of collaboration and shared vision. Together, we have matched volunteer mentors with youth from diverse backgrounds, fostering positive relationships and empowering them to overcome challenges and reach their full potential. Our culturally and linguistically competent approach ensures that we provide inclusive and equitable support to every participant, reducing disparities and promoting social cohesion. The outcomes we have witnessed are nothing short of remarkable. The testimonials from participants and their families are evidence of the transformative power of our programs.

Looking ahead, we are excited about the possibilities that lie before us. We are determined to expand our reach, amplify our services, and make an even greater difference in the lives of those we serve.

We are humbled to continue receiving generous funding from MHSA to sustain our vital work. Thank you for partnering with us in this journey of empowerment and hope. Together, we can build a brighter future for our community, one mentorship at a time. We sincerely appreciate your dedication and trust in our organization.

Respectfully submitted: Chelsea Jolly, Associate Director

Big Brothers Big Sisters of Northern Sierra

Access and Linkage to Treatment

Psychiatric Emergency Response Team (PERT) 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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$500,000	$500,000	$500,000
Total Expenditures	$290,949	$201,411	$182,971
Unduplicated Individuals Served	233	88	
Cost per Participant	$1,249	$2,289	$
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	25	15	
16-25 (transitional age youth)	32	22	
26-59 (adult)	104	34	
Ages 60+ (older adults)	44	17	
Unknown or declined to state	28	0	

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	3	0	
Asian	4	0	
Black or African American	2	2	
Native Hawaiian or Other Pacific Islander	2	0	
White	158	68	
Other	5	0	
Multiracial	0	3	
Unknown or declined to state	61	15	

Ethnicity by Category	FY 2020-21	FY 2021-22	FY 2022-23
Hispanic or Latino			
Caribbean	0	0	
Central American	0	0	
Mexican/Mexican-American/Chicano	4	3	
Puerto Rican	1	0	
South American	0	1	
Other	96	0	
Unknown or declined to state	0	2	
Non-Hispanic or Latino			
African	1	1	
Asian Indian/South Asian	1	3	
Cambodian	0	0	
Chinese	0	0	
Eastern European	5	5	
Filipino	0	0	
Japanese	0	0	
Korean	0	0	
Middle Eastern	1	0	
Vietnamese	0	0	
Other	11	0	
Multi-ethnic	1	3	
Unknown or declined to state	112	70	

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	
Armenian	0	0	
Cambodian	0	0	
Cantonese	0	0	
English	198	86	
Farsi	0	1	
Hmong	0	0	
Korean	0	0	
Mandarin	0	0	
Other Chinese	0	0	
Russian	0	0	
Spanish	1	1	
Tagalog	0	0	
Vietnamese	0	0	
Unknown or declined to state	34	0	

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	2	0	
Heterosexual or Straight	77	63	
Bisexual	2	0	
Questioning or unsure of sexual orientation	0	0	
Queer	0	3	
Another sexual orientation	0	1	
Declined to State	152	21	
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	97	52	
Female	113	36	
Declined to answer	23	0	
Current gender identity:			
Male	97	52	
Female	113	34	
Transgender	0	1	
Genderqueer	0	0	
Questioning / unsure of gender identity	0	0	
Another gender identity	0	1	
Declined to answer	23	0	

Disability	FY 2020-21	FY 2021-22	FY 2022-23
Difficulty seeing	0	0	
Difficulty hearing or having speech understood	1	0	
Mental disability including but not limited to learning disability, developmental disability, dementia	19	8	
Physical/mobility	5	0	
Chronic health condition/chronic pain	7	7	
Other (specify)	0	0	
Unknown or declined to state	201	73	
Veteran Status ***Collection of this information from a minor Younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	8	7	
No	180	81	
Unknown or declined to state	45	0	
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County:	48	14	
Placerville Area:	48	27	
North County:	16	4	
Mid County:	25	18	
South County:	7	0	
Tahoe Basin:	0	0	
Unknown or Declined to State	89	25	

Economic Status	FY 2020-21	FY 2021-22	FY 2022-253
Extremely low income	14	13	
Very low income	22	9	
Low income	74	31	
Moderate income	64	33	
High income	6	1	
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	52	30	
Medi-Cal	55	41	
Medicare	19	6	
Uninsured	75	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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$150,000	$150,000	$150,000
Total Expenditures	$150,000	$150,000	$149,998
Unduplicated Individuals Served	79	116	91
Cost per Participant	$1,899	$1, 293	$1,648

Age Group	FY 2020-21	FY 2021-22	FY 20223-23
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	2	1	0
26-59 (adult)	38	47	46
Ages 60+ (older adults)	39	68	45
Unknown or declined to state	0	0	0

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	4	7	3
Asian	0	0	0
Black or African American	3	3	1
Native Hawaiian or Other Pacific Islander	0	0	0
White	70	103	84
Other	0	0	0
Multiracial	1	2	2
Unknown or declined to state	1	1	1
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	3	3	2
Puerto Rican	0	0	0
South American	0	0	0
Other	4	0	1
Unknown or declined to state	7	8	4

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

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	79	116	82
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	0	9

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	1	1	1
Heterosexual or Straight	73	105	80
Bisexual	0	0	0
Questioning or unsure of sexual orientation	0	0	0
Queer	0	1	0
Another sexual orientation	1	1	10
Declined to State	4	8	0
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gender assigned at birth			
Male	67	100	77
Female	12	16	14
Declined to answer	0	0	0
Current Gender identity			
Male	65	92	69
Female	9	12	10
Transgender	1	2	1
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	4	10	11

Disability	FY 2020-21	FY 2021-22	FY 2022-23
Difficulty seeing	19	33	24
Difficulty hearing or having speech understood	36	49	39
Mental disability including but not limited to learning disability, developmental disability, dementia	13	16	15
Physical/mobility	30	55	50
Chronic health condition/chronic pain	41	67	46
Other (specify)	11	17	23
Declined to state	0	0	0
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	78	112	86
No (Family Member)	1	4	5
Unknown or declined to state	0	0	0
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	17	12	11
Placerville Area	35	55	45
North County	5	7	4
Mid County	11	13	9
South County	4	5	1
Tahoe Basin	17	9	9
Unknown or declined to state	0	15	12

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
Extremely low income	49	73	58
Very low income	18	24	16
Low income	10	17	14
Moderate income	1	1	3
High income	1	1	0
Health Insurance Status	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Private / Other	1	10	57
Medi-Cal	27	42	32
Medicare	13	27	16
Uninsured	5	7	5
VA	87	48	

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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 resuming after the changes that Covid-19 brought. However, not all outreach events are resuming in the same manner, and there are Veteran service groups which have not, and may never, return to the level of service provided pre-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 remain: 1) the number of homeless Veterans who have been housed through this and other leveraged funding, 2) the collaborative success of the El Dorado County Coordinated Entry System in engaging and including homeless Veterans and connecting all Veteran service providers through a bi-weekly case conferencing so that we are all better able to provide services. 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 two 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. In this way, 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 Veteran service providers have not, and may never, return to the level of service

provided pre-Covid. El Dorado Veteran Resource (EDVR) office was closed for most of 2020 and 2021, and in 2022 began to open with minimal hours. Volunteers of American (VoA) has resumed intake in person but also continues to allow intake by internet or phone. 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. 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 staff and volunteers when it is available to help reduce any stigma and discrimination that we may be unconsciously holding. As an active member of the El Dorado County Continuum of Care (EDOK), we remain informed and connected to all local homeless service providers. Through participation in the El Dorado County Coordinated Entry System (CES), we can advocate for a Veteran to receive mental health supports and provide referrals to veteran service providers not active in the CES.

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)	**Number Referrals Made to Treatment**
4 Paws 2 Freedom	2
Behavior Modification Classes (ie: DUI Wet and Reckless)	0
Community Based Substance Use Disorder Services (Tahoe Turning Point, Progress House, New Beginnings, Treehouse)	1
Community Based Support Groups	9
DV Services (The Center, LVF, Batterers programs, etc.)	0
EDC Mental Health	8
Hospital or Private Healthcare Providers	10
Mather Behavior Health/Mental Health/Alcohol Recovery	24
NAMI	0
Other	12
Private Counselor working with Veterans	4
Skilled Nursing Facilities	0
Soldiers Project (closed)	0
VA Based Residential Recovery Programs (Walters House, Martinez)	0
VA Medical Center	31
Veteran Centers (Citrus Heights, Reno, etc)	2
Veteran Resource Centers (SVRC, etc)	10
Windows to My Soul, Equine Therapy	0
Total	**113**

- **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 multiple 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 transfer and take a great deal of time.

	MEASUREMENT 3
Referral Type (Kind of Treatment)	**Number of Referrals that Clients Followed Through With**
4 Paws 2 Freedom	0
Behavior Modification Classes (ie: DUI Wet and Reckless)	0
Community Based Substance Use Disorder Services (Tahoe Turning Point, Progress House, New Beginnings, Treehouse)	0
Community Based Support Groups	2
DV Services (The Center, LVF, Batterers programs, etc.)	0
EDC Mental Health	1
Hospital or Private Healthcare Providers	1
Mather Behavior Health/Mental Health/Alcohol Recovery	5
NAMI	0
Other	3
Private Counselor working with Veterans	0
Skilled Nursing Facilities	0
Soldiers Project (closed)	0
VA Based Residential Recovery Programs (Walters House, Martinez)	0
VA Medical Center	7
Veteran Centers (Citrus Heights, Reno, etc)	1
Veteran Resource Centers (SVRC, etc)	0
Windows to My Soul, Equine Therapy	0
Total	**20**

- **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	
LessthanOneYear	6
OnetoTwoYears	7
ThreetoFiveYears	9
SixtoTenYears	13
MorethanTenYears	41

- **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)	29.7

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

  Implementation challenges include transportation obstacles, a Veterans resistance to mental health support. Successes are the number of previous homeless Veterans now safely housed and the collaboration with

other veteran service providers through El Dorado County's Coordinated Entry System.
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	2022.2023
Benefit Assistance	2
Budgeting Assistance	3
Document Processing or ID Assistance	1
Housing Placement Assistance	2
Housing Searches	0
Rental Application Assistance	0
Service Related Disability Application	0
Social Security Disability Application	0
Transportation to Health Provider	0
Total Services - Case Management	8
Service Category - Communication	
Assurance Wireless Phones	0
Minutes on Existing Phone Plans	2
Pre-Paid Cellular Phones	0
Total Services - Communication	2
Service Category - Emergency Needs Fulfillment	
Duffle Bags or Sea Bags	0
Hygiene Supplies for Emergency Needs	0
Pre-Paid Food Cards for Emergency Needs	23
Tents/Sleeping Bags/Tarps	0
Toiletries for Emergency Needs	0
Total Services - Emergency Needs Fulfillment	23
Service Category - Health Services	
Mental Health Assistance	13
Physical Health Assistance	0
Total Services - Health Services	13
Service Category - Household Needs Fulfillment	
Cleaning Supplies	0
Cooking Utensils	0
Hygiene Supplies	0
Pre-Paid Food Cards for Household Needs	4
Toiletries	0
Total Services - Household Needs Fulfillment	4
Service Category - Housing	
Campground Fees	0
Emergency Lodging	403

Mortgage Assistance	0
Rents	9
Security Deposits	3
Utility Deposits	0
Utility Payments	4
Total Services - Housing	419
Service Category - Transportation	
Auto Payments	0
Fuel	2
Insurance and/or Registration	3
Pre-Paid Fuel Cards	12
Public Transportation	0
Smog Certificates	1
Vehicle repairs and maintenance	11
Total Services - Transportation	29
Service Category - Other	
Other	18
Total Services Provided	503

5/23/23 Veteran Thank you Voicemail

Hey, here. Still have my beautiful apartment here in downtown Sacramento. Life is wonderful. This is a thank you phone call for all that you (Only Kindness Veteran Outreach Project) did, and I really do appreciate it. So have a great day. If you could get a message to Gilmore Hero to (thank them for their help with the car). I will not be charged for that felony; it is being expunged. I appreciate you so much for the hotels, the gas cards, the food cards. You guys were great and I so appreciate you. If you could get a message to Gilmore and to Tim (Whalen, Citrus Heights Vet Center) to let them know I am doing great and my life is wonderful. Okay, have a great day.

11/1/22

Sent by text and then edited to remove all PPI

Veteran HMIS#9226

Jennifer,

I sent you an email a while. last night I was brought into session and to my shocking discovery the children's counselor was able to finally get my daughter to open up about something which caught us all by surprise... My little girl has been feeling depressed and worthless but been keeping to herself- she tried cutting herself! The counselor okayed for my daughter to have her direct number and reach out so she can assess what my daughter is experiencing.

We are hopeful that we can correct this.

Again, thank you for this invaluable service that Only Kindness provides. I haven't the resources to pay for this.

God Bless you ,yours and everyone at Only Kindness Veteran Outreach Project.

Respectfully,

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*

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$70,000	$140,000	$140,000
Total Expenditures	$71,324	$69,001	$93,036
Unduplicated Individuals Served	1310	unknown	
Cost per Participant	$54	unknown	
Age Group	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
0-15 (children/youth)	360		
16-25 (transitional age youth)	300		
26-59 (adult)	623		
Ages 60+ (older adults)	27		
Unknown or declined to state	0		

Race	FY 2020-21	FY 2021-22	FY 2022-23
American Indian or Alaska Native	23	0	
Asian	53	23	
Black or African American	36	2	
Native Hawaiian or Other Pacific Islander	2	0	
White	637	43	
Other	47	21	
Multiracial	512	236	
Unknown or declined to state	0	0	
Ethnicity by Category	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Hispanic or Latino			
Caribbean	0	0	
Central American	0	4	
Mexican/Mexican-American/Chicano	33	395	
Puerto Rican	4	0	
South American	0	0	
Other	0	0	
Unknown or declined to state	237	0	

Non-Hispanic or Latino			
African	36		
Asian Indian/South Asian	53		
Cambodian	0		
Chinese	8		
Eastern European	0		
Filipino	39		
Japanese	4		
Korean	2		
Middle Eastern	0		
Vietnamese	48		
Other	103		
Multi-ethnic	743		
Unknown or declined to state	0		

Primary Language	FY 2020-21	FY 2021-22	FY 2022-23
Arabic	0		
Armenian	0		
Cambodian	0		
Cantonese	0		
English	1310		
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 ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Gay or Lesbian	unknown	Unknown	
Heterosexual or Straight	unknown	Unknown	
Bisexual	unknown	Unknown	
Questioning or unsure of sexual orientation	unknown	Unknown	
Queer	unknown	Unknown	
Another sexual orientation	unknown	Unknown	
Declined to State	unknown	Unknown	
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Assigned sex at birth:			
Male	unknown	Unknown	
Female	unknown	Unknown	
Declined to answer	unknown	Unknown	
Current gender identity:			
Male	unknown	Unknown	
Female	unknown	Unknown	
Transgender	unknown	Unknown	
Genderqueer	unknown	Unknown	
Questioning / unsure of gender identity	unknown	Unknown	
Another gender identity	unknown	Unknown	
Declined to answer	unknown	Unknown	

Disability	FY 2020-21	FY 2021-22	FY 2022-23
Difficulty seeing	Unknown	Unknown	
Difficulty hearing or having speech understood	Unknown	Unknown	
Mental disability including but not limited to learning disability, developmental disability, dementia	Unknown	Unknown	
Physical/mobility	Unknown	Unknown	
Chronic health condition/chronic pain	Unknown	Unknown	
Other (specify)	Unknown	Unknown	
Declined to state	Unknown	Unknown	
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Yes	Unknown	Unknown	
No	Unknown	Unknown	
Unknown or declined to state	Unknown	Unknown	
Region of Residence	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
West County	Unknown	Unknown	
Placerville Area	Unknown	Unknown	
North County	Unknown	Unknown	
Mid County	Unknown	Unknown	
South County	Unknown	Unknown	
Tahoe Basin	Unknown	Unknown	
Unknown or declined to state	Unknown	Unknown	

Economic Status	FY 2020-21	FY 2021-22	FY 2022-23
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 2020-21**	**FY 2021-22**	**FY 2022-23**
Private	Unknown	Unknown	
Medi-Cal	Unknown	Unknown	
Medicare	Unknown	Unknown	
Uninsured	Unknown	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. By providing the opportunity to "try out" new approaches that can inform current and future practices/approaches in communities, an Innovation project contributes to learning. Innovation plans must be approved ty the Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to the expenditure of funds in this component.

This Outcome Measures Report accompanying the Fiscal Year 2024/25 MHSA Annual Update provides outcome information for the Innovation projects in Fiscal Year 2022/23.

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.

Partnership Between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services Project:

Older adults comprise a majority of El Dorado County's population. However, for a variety of reasons, this group tends to be isolated from support systems, including mental health supports. However, older adults do participate in the County's home-delivered and congregate meal programs, which led to the development of a project idea to combine the two. Unfortunately, this project has been delayed due to the COVID-19 pandemic and the Public Health Emergency. No services have been provided as of the end of the 2022-23 fiscal year.

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$25,000	$35,000	$35,000
Total Expenditures	$14,197	$7,847	$22,722

Outcome Measures: WET Coordinator Project

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

Information about upcoming trainings applicable to Behavioral Health is distributed to the Behavioral Health Division managers and supervisors, and to community-based organizations or the public depending upon the topic of the training. Additionally, contracts with training vendors continue to be established to ensure training can be scheduled when needed.

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 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$100,000	$150,000	$165,000
Total Expenditures	$19,024	$25,031	$26,019
Total Number of Trainings	423	338	347

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:	111
Number of Training Topics:	347 training titles / 29 training categories
Number of Hours of Training:	1,716 staff hours / 585.5 training hours

Cultural Competency Training FY 2022-2023			
Training Event	**Name of Presenter**	**Number of Attendees**	**How Long (hours)**
Addressing Cultural Identity in Substance Use Treatment among American Indians / Alaska Natives	UCLA Integrated Substance Abuse Programs	1	2
Addressing OUD in BIPOC Communities Part 3: Treatment and Recovery for Native American Populations	National Council for Mental Wellbeing	1	1
California Cultures and the Social and Psychological Implications of Socioeconomic Position Part 1	Jessie Timmons, LCSW; CE4Less	1	5
CLAS Part I - History & Purpose of CLAS Standards	Perluigi Mancini, PhD; National Council for Mental Wellbeing	1	1
CLAS Standards Session One: Introduction to the CLAS Standards	Health Equity, Governor's Interagency Council on Health Disparities	1	1
CLAS Standards Session Four: Engagement Continuous Improvement & Accountability	Health Equity, Governor's Interagency Council on Health Disparities	1	1
Community Based and Culturally Responsive Approaches to SUD Prevention	SUD Integrated Care Conference	1	1.5
CommUnity Connections: Bridging Best Practices and Cross-Cultural Care	UCLA Integrated Substance Abuse Programs	1	3.5
Cultural Humility Series Part I: Understanding SUD Disparities Among LGBTQIA People	De'An Roper, PhD, CSW-S; The Association for Addiction Professionals	1	1.5
Cultural Humility Series Part II: Social Class Bias and the Negative impact on Treatment Outcomes	Anthony Rivas, EdD; The Association for Addiction Professionals	1	2
Culturally and Linguistically Appropriate Interventions & Services	CineMed	2	1

Culture Counts: Mental Health Care for African Americans	MyLearningPointe.com	2	2
Culture Counts: Mental Health Care for American Indians and Alaska Natives	MyLearningPointe.com	3	2
Culture Counts: Mental Health Care for Hispanic Americans	MyLearningPointe.com	50	2
Culture Counts: The Influence of Culture and Society on Mental Health	MyLearningPointe.com	19	2

Training Event	Name of Presenter	Number of Attendees	How long (hours)
Diversity Equity Inclusion (DEI): Health Equity Within the Crisis Continuum of Care	National Training & Technical Assistance Center	1	1.5
Empowered Southeast Asian and LatinX Youth SUD Prevention	SUD Integrated Care Conference, CSU Sacramento	1	1.5
Exploring Cultural Awareness: Sensitivity and Competence v.2	MyLearningPointe.com	70	1
Guidance for the Systematic Infusion of Culture and Diversity into Suicide Prevention	CARE: Crisis and Recovery Enhancement	2	3
Historical Intergenerational Trauma & Resilience	Terence Fitzgerald, PhD, EdM, MSW/PsychU	3	1.5
Healing Trauma in African American Urban Youth through Support & Care	California Association of Marriage & Family Therapists	1	3
Impact & Trauma of Racism	Napoleon Higgins, MD et al; PsychU	1	1
Improving Cultural Competency for Behavioral Health Professionals	U.S. Department of Health & Human Services	45	5
Lifting LatinX: A Primer About Working Effectively with Hispanic and Latino Population	Victor Flores, LAC; Clearly Clinical	1	1
Providing Affirming and Supportive Care to Transgender Individuals in Integrated Care Settings	Tamar Carmel, MD	1	1
Providing Care for LGBTQ+ Adolescents	Cristina Patterson, Ph.D.; Center for the Application of Substance Abuse Technologies	1	3
Providing Culturally Competent and Lesbian, Gay, Bisexual and Transgender Affirmative Care	Philip T McCabe, CSW, CAS, CDVC, DRCC; The Association for Addiction Professionals	1	1.5
Reclaiming Native Psychological Brilliance	Jeff King, Holly Echo-Hawk; UCLA Integrated Substance Abuse Programs	1	2
Recognizing the Inner Barrier: Breaking the LGBTQIA+ Conversation Barrier	Tamar Carmel, MD et al; PsychU	4	1

Training Event	Name of Presenter	Number of Attendees	How long (hours)
SOGI: Train the Trainer	Alex Filipelli, MSW; Community Mental Health Equity Project	5	5
Suicide & Black Americans	Jonathan Singer, PhD; PsychU	1	1
Suicide Prevention within the LGBTQ+ Community	Dustin Jepkema, LMS; Social Justice Leadership Academy	2	1.5
Supporting America's LGBTQ+ Youth: Approaches Strategies and Opportunities	Substance Abuse and Mental Health Services Administration	10	1.5
The Effects of Racism on the Mental Healthcare Community: How Marginalized Patients & Providers are Impactive	Napoleon Higgins, MD et al; PsychU	1	7
The Impact of Systematic Racism on Black Americans' Wellness	Napoleon Higgins, MD et al; PsychU	3	1
Tribal/Urban Indian Provider Training: Addressing Cultural Identity in Substance Use Treatment Among American Indians/Alaska Natives	Dan Dickerson, DO, MPH et al; UCLA Integrated Substance Abuse Programs	2	2
White Supremacist Violence: Clinically Understanding the Resurgence and Stopping the Spread	Elizabeth Irias, LMFT; Clearly Clinical	1	1
QPR Training with Indigenous Considerations	UCLA Integrated Substance Abuse Programs	2	2

Capital Facilities and Technology (CFTN)

Introduction

The Capital Facilities and Technology (CFTN) Projects are items necessary to support the development of an integrated infrastructure and to improve the quality and coordination of care.

Electronic Health Record Project

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$250,000	$550,000	$950,000
Total Expenditures	$132,701	$243,616	$351,542

Full implementation of software to increase communication with community-based partners has not yet been completed.

Telehealth Project

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
MHSA Budget	$75,000	$75,000	$75,000
Total Expenditures	$4,839	$0	$0

With the continuing public health emergency, Mental Health continued to explore methods to maximize the use of telehealth (phone and video) to continue to serve its clients.

Integrated Community Wellness Center

Expenditures	FY 2020-21	FY 2021-22	FY 2022-23
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 2022-23 Revenue and Expenditure Report (RER)

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Community Services and Supports (CSS) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2024

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**	$82,401.00	$0.00	$0.00	$0.00	$0.00	$82,401.00
2	**CSS Evaluation Costs**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	**CSS Administration Costs**	$2,880,930.00	$0.00	$0.00	$0.00	$0.00	$2,880,930.00
4	**CSS Funds Transferred to JPA**	$0.00					$0.00
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**	$0.00					$0.00
9	**CSS Funds Transferred to CFTN**	$0.00					$0.00
10	**CSS Funds Transferred to PR**	$0.00					$0.00
11	**CSS Program Expenditures**	$3,569,065.00	$8,828,114.00	$0.00	$0.00	$1,184,626.00	$13,581,805.00
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$6,532,396.00**	**$8,828,114.00**	**$0.00**	**$0.00**	**$1,184,626.00**	**$16,545,136.00**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)**	**$6,532,396.00**	**$8,828,114.00**	**$0.00**	**$0.00**	**$1,184,626.00**	**$16,545,136.00**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	**County Code**	**Program Name**	**Prior Program Name**	**Program Type**	**Total MHSA Funds (Including Interest)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
14	09	Children's FSP Project	Children's Full Service Partnership	FSP	$2,158,897.00	$2,126,524.00	$0.00	$0.00	$115,346.00	$4,400,767.00
15	09	CASA		FSP	$20,000.00	$0.00	$0.00	$0.00	$0.00	$20,000.00
16	09	TAY FSP Project	Transitional Age Youth (TAY)	FSP	$486,406.00	$81,028.00	$0.00	$0.00	$16,286.00	$583,720.00
17	09	Adult and Older Adult FSP	Adult and Older Adult Full Service Partnership	FSP	$0.00	$3,691,363.00	$0.00	$0.00	$788,818.00	$4,480,181.00
18	09	FSP Forensic Services	Full Service Partnership Forensic Services	FSP	$0.00	$572,290.00	$0.00	$0.00	$150,894.00	$723,184.00
19	09	Wellness and Recovery Services/Adult Wellness Centers		Non-FSP	$514,448.00	$1,770,616.00	$0.00	$0.00	$83,956.00	$2,369,020.00
20	09	Wellness and Recovery Services/TAY Engagement		Non-FSP	$0.00	$130,532.00	$0.00	$0.00	$5,632.00	$136,164.00
21		Community Transition and Support Team		Non-FSP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
22		Crisis Residential Treatment (CRT)		Non-FSP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Community Services and Supports (CSS) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2024

23	09	Access Services		Non-FSP	$58,114.00	$455,761.00	$0.00	$0.00	$23,694.00	$537,569.00
24	09	PATH		Non-FSP	$6,007.00	$0.00	$0.00	$0.00	$0.00	$6,007.00
25	09	Mental Health Student Services Act (MHSSA)		Non-FSP	$62,397.00	$0.00	$0.00	$0.00	$0.00	$62,397.00
26	09	Student Wellness Centers and Mental Health Supports		Non-FSP	$259,680.00	$0.00	$0.00	$0.00	$0.00	$259,680.00
27	09	Assisted Outpatient Treatment		Non-FSP	$3,116.00	$0.00	$0.00	$0.00	$0.00	$3,116.00
28		Genetic Testing		Non-FSP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
29										$0.00
30										$0.00
31										$0.00
32										$0.00
33										$0.00
34										$0.00
35										$0.00
36										$0.00
37										$0.00
38										$0.00

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Prevention and Early Intervention (PEI) Summary Worksheet

County:	El Dorado	El Dorado	Date:	1/31/2024

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**	$157,902.00	$0.00	$0.00	$0.00	$0.00	$157,902.00
4	**PEI Funds Expended by CalMHSA for PEI Statewide**	$0.00					$0.00
5	**PEI Funds Transferred to JPA**	$0.00					$0.00
6	**PEI Expenditures Incurred by JPA**	$0.00					$0.00
7	**PEI Program Expenditures**	$2,566,558.00	$0.00	$0.00	$0.00	$0.00	$2,566,558.00
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$2,724,460.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,724,460.00**

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**	**63.53%**	

SECTION THREE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
#	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)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	9	Latino Outreach Project		Standalone	Prevention		100%	50%	50.0%	$208,706.00	$0.00	$0.00	$0.00	$0.00	$208,706.00
11	9	Older Adults Enrichment Project		Standalone	Prevention		100%	0%	0.0%	$54,820.00	$0.00	$0.00	$0.00	$0.00	$54,820.00
12	9	Primary Project		Standalone	Prevention		100%	100%	100.0%	$124,975.00	$0.00	$0.00	$0.00	$0.00	$124,975.00
13	9	Wennem Wadati: A Native Path to Healing Project		Standalone	Prevention		100%	100%	100.0%	$93,066.00	$0.00	$0.00	$0.00	$0.00	$93,066.00
14	9	Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project		Standalone	Prevention		100%	50%	50.0%	$3,447.00	$0.00	$0.00	$0.00	$0.00	$3,447.00
15	9	Children 0-5 and Their Families Project		Standalone	Early Intervention		100%	90%	90.0%	$299,988.00	$0.00	$0.00	$0.00	$0.00	$299,988.00
16	9	Prevention Wraparound Services: Juvenile Services Project		Standalone	Early Intervention		100%	100%	100.0%	$345,000.00	$0.00	$0.00	$0.00	$0.00	$345,000.00
17	9	Forensic Access and Engagement Project		Standalone	Early Intervention		100%	0%	0.0%	$157,665.00	$0.00	$0.00	$0.00	$0.00	$157,665.00
18	9	Expressive Therapies Project		Standalone	Early Intervention		100%	0%	0.0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
19	9	National Suicide Prevention Line Project		Standalone	Early Intervention		100%	75%	75.0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
20	9	TimelyMD Project		Standalone	Early Intervention		100%	25%	25.0%	$40,000.00	$0.00	$0.00	$0.00	$0.00	$40,000.00
21	9	Strudent Wellness Center - Middle School		Standalone	Early Intervention		100%	100%	100.0%	$539,619.00	$0.00	$0.00	$0.00	$0.00	$539,619.00
22	9	Mental Health First Aid, safe TALK and Other Community Education Projects		Standalone	Stigma & Discrimination Reduction		100%	0%	0.0%	$22,499.00	$0.00	$0.00	$0.00	$0.00	$22,499.00
23	9	LGBTQIA Community Education project		Standalone	Stigma & Discrimination Reduction		100%	50%	50.0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
24	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
25	9	Community Education and Parently Classes Project		Standalone	Outreach		100%	0%	0.0%	$58,406.00	$0.00	$0.00	$0.00	$0.00	$58,406.00
26	9	Peer Partner Project - Youth Advocate		Standalone	Outreach		100%	25%	25.0%	$59,174.00	$0.00	$0.00	$0.00	$0.00	$59,174.00
27	9	Mentoring for Youth Project		Standalone	Outreach		100%	100%	100.0%	$74,935.00	$0.00	$0.00	$0.00	$0.00	$74,935.00
28	9	Community-Based Outreach and Linkage Project/PERT		Standalone	Access and Linkage		100%	42%	42.0%	$182,971.00	$0.00	$0.00	$0.00	$0.00	$182,971.00
29	9	Veterans Outreach Project		Standalone	Access and Linkage		100%	0%	0.0%	$149,998.00	$0.00	$0.00	$0.00	$0.00	$149,998.00
30	9	Suicide Prevention and Stigma Reduction Project		Standalone	Suicide Prevention		100%	50%	50.0%	$93,036.00	$0.00	$0.00	$0.00	$0.00	$93,036.00
31															$0.00
32															$0.00

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Prevention and Early Intervention (PEI) Summary Worksheet

County:	El Dorado	El Dorado	**Date:**	1/31/2024

33																$0.00
34																$0.00

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Innovation (INN) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2024

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**	$10,918.00	$0.00	$0.00	$0.00	$0.00	$10,918.00
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**	$26,867.00	$0.00	$0.00	$0.00	$0.00	$26,867.00
8	**INN Project Subtotal**	$26,867.00	$0.00	$0.00	$0.00	$0.00	$26,867.00
9	**Total Innovation Expenditures (Excluding Transfers to JPA)**	**$37,785.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$37,785.00**

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N
#		**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)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
10	A		Community-Based Engagement & Support Services Project (/community Hubs)	Community-Based	8/15/2016	9/19/2016	$672,375.00	$0.00	Project Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10	B		Community-Based Engagement & Support Services Project (/community Hubs)	Community-Based	8/15/2016	9/19/2016	$672,375.00	$0.00	Project Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10	C		Community-Based Engagement & Support Services Project (/community Hubs)	Community-Based	8/15/2016	9/19/2016	$672,375.00	$0.00	Project Direct	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10	**D**		**Community-Based Engagement & Support Services Project (/community Hubs)**	**Community-Base**	**8/15/2016**	**9/19/2016**	**$672,375.00**	**$0.00**	**Project Subtotal**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
11	A		Partnership Between Senior Nutrition and Behavioral Health	Partnership Betwe	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
11	B		Partnership Between Senior Nutrition and Behavioral Health	Partnership Betwe	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
11	C		Partnership Between Senior Nutrition and Behavioral Health	Partnership Betwe	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
11	**D**		**Partnership Between Senior Nutrition and Behavioral Health**	**Partnership Betw**	**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**
12	A	9	Data Driven /recovery Project - Cohort 2 (MHSOAC Multi-county Collaborative)			8/20/2023		$0.00	Project Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	B	9	Data Driven /recovery Project - Cohort 2 (MHSOAC Multi-county Collaborative)			8/20/2023		$0.00	Project Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	C	9	Data Driven /recovery Project - Cohort 2 (MHSOAC Multi-county Collaborative)			8/20/2023		$0.00	Project Direct	$26,867.00	$0.00	$0.00	$0.00	$0.00	$26,867.00
12	**D**	**9**	**Data Driven /recovery Project - Cohort 2 (MHSOAC Multi-county Collaborative)**			**8/20/2023**		**$0.00**	**Project Subtotal**	**$26,867.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$26,867.00**
13	A														$0.00
13	B														$0.00
13	C														$0.00
13	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
14	A														$0.00

DHCS 1822 F (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Workforce Education and Training (WET) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2024

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**	$38,926.00	$0.00	$0.00	$0.00	$0.00	$38,926.00
4	**WET Funds Transferred to JPA**	$0.00					$0.00
5	**WET Expenditures Incurred by JPA**	$0.00					$0.00
6	**WET Program Expenditures**	$36,501.00	$0.00	$0.00	$0.00	$0.00	$36,501.00
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$75,427.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$75,427.00**

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	$17,232.00	$0.00	$0.00	$0.00	$0.00	$17,232.00
9	9	Training/Technical Assistance	$19,269.00	$0.00	$0.00	$0.00	$0.00	$19,269.00
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		Financial Incentive	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

DHCS 1822 G (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2024

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**	$117,488.00	$0.00	$0.00	$0.00	$0.00	$117,488.00
4	**CFTN Funds Transferred to JPA**	$0.00					$0.00
5	**CFTN Expenditures Incurred by JPA**	$0.00					$0.00
6	**CFTN Project Expenditures**	$351,542.00	$0.00	$0.00	$0.00	$0.00	$351,542.00
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$469,030.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$469,030.00**

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 Project	Electronic Health Record Project	Technological Need	$351,542.00	$0.00	$0.00	$0.00	$0.00	$351,542.00
9		Telehealth Project	Telehealth Project	Technological Need	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10		Integrated Community-Based Wellness Center Project	Integrated Community-Based Wellness Center Project	Capital Facility	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
11										$0.00
12										$0.00
13										$0.00
14										$0.00
15										$0.00
16										$0.00
17										$0.00