MHSA OUTCOMES

EL DORADO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
OUTCOMES
FY 2021-22 YEAR END RESULTS

REPORTED WITH THE FY 2023-26 MHSA Three-Year Plan

Contents

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic:

Fiscal Year 2021/22 Outcomes

Beginning in March, 2020 California was faced with a new dilemma of how to continue to provide vital mental health services in the face of the Public Health Emergency associated with the Coronavirus Pandemic. El Dorado County's Behavioral Health and our contracted service providers recognized the importance of continuing to provide services and did their best to adapt, and if necessary, transition to new and innovative service models.

It is also important to note that due to the various gathering and interaction restrictions as a result of the Public Health Emergency, some Outcome demographic data may represent "*contact* with individuals". Counties across the State agreed that while it is important to gather as much meaningful data as possible, during this unique time it was crucial to have contact with individuals to assess their needs and resiliency. At times, that may have meant collecting the myriad of required data was not practical.

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 2023/26 MHSA Three-Year Program and Expenditure Plan provides outcome information for the PEI projects included in the Fiscal Year 2021/22 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, 2023 and is to report the required data from fiscal year 2021/22 (i.e., July 1, 2021 through June 30, 2022). 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.

Additionally, with the Public Health Emergency related to the Coronavirus Pandemic, some PEI service providers had to record number of "contacts" versus capturing all the required demographics.

Prevention Programs

MHSA Year-End Progress Report FY 2021/2022

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$135,150	$135,150	$135,150
Total Expenditures	$135,150	$135,150	$135,150
Unduplicated Individuals Served	369	106	104
Cost per Participant	$366	$1,275	$1,299
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	152	53	31
16-25 (transitional age youth)	31	32	60
26-59 (adult)	178	18	13
Ages 60+ (older adults)	8	3	0
Unknown or declined to state	0	0	0
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**

American Indian or Alaska Native	0	0	0
Asian	0	0	0
Black or African American	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	0	0	0
Other	369	106	104
Multiracial	0	0	0
Unknown or declined to state	0	0	0

Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	0	0
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	369	106	104

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	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	0	0
Multi-ethnic	0	0	0
Unknown or declined to state	0	0	0

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	0	0	0
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	369	106	104
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 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	0	0	0
Heterosexual or Straight	369	106	104
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 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	129	33	55
Female	240	73	49
Declined to answer	0	0	0
Current gender identity:			
Male	129	33	55
Female	240	73	49
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 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	0	0	0
Difficulty hearing or having speech understood	0	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	0	0
Physical/mobility	0	0	0
Chronic health condition/chronic pain	0	0	0
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 2019-20	FY 2020-21	FY 2021-22
Yes	0	0	0
No	369	106	104
Unknown or declined to state	0	0	0

Region of Residence	FY 2019-20	FY 2020-21	FY 2021-22
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	369	106	104
Unknown or declined to state	0	0	0

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	0	0	0
Very low income	0	0	0
Low income	369	106	104
Moderate income	0	0	0
High income	0	0	0
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	0	0	0
Medi-Cal	369	106	104
Medicare	0	0	0
Uninsured	0	0	0

Annual Report FY 2021/2022

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.**

    - *The Latino Outreach project continues to benefit the Latino residents of the South Lake Tahoe Community. The challenges our community continues to face are high cost of living coupled with historically low wages. This situation increases stress in the community. The Latino community has been adversely impacted during the COVID-19 pandemic due to the close contact with the general public in the predominantly service industry jobs.*

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).**

    - *Through the funding of the Latino Engagement project we have been able to provide meaningful therapy and communication means for parents to engage in furthering their understanding of how to be a better parent, communicator etc.*

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

    - *The Latino population in the South Lake Tahoe community is underserved in their ability to seek bilingual - bicultural therapy in their native language of Spanish. The South Lake Tahoe Family Resource Center focuses on this community.*

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.**

- *All services provided by the South Lake Tahoe Family Resource Center are by bilingual and bicultural staff. We continue to provide translation for local information that impacts the community. We advocated for bilingual communication during the Caldor Fire and subsequent evacuation of the entire south shore community.*

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

- *The South Lake Tahoe Family Resource Center collaborates on a regular basis with all of our partners such as; City of South Lake Tahoe, Lake Tahoe Community College, Lake Tahoe Unified School District, Tahoe Regional Planning Agency, St. Joseph's Land Trust, Barton Community Hospital's Community Health Access Committee.*

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.**
- **Measurement 2: Client outcome improvement measurements.**
- **Measurement 3: Increased engagement in traditional mental health services.**

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

- *N/A*

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

- *N/A*

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

- *N/A*

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

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$96,000	$96,000	$96,000
Total Expenditures	$93,445	$96,000	$96,000
Unduplicated Individuals Served	433	351	247
Cost per Participant	$216	$274	$388
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	150	128	86
16-25 (transitional age youth)	66	65	41
26-59 (adult)	199	150	113
Ages 60+ (older adults)	18	8	7
Unknown or declined to state	0	0	0
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
American Indian or Alaska Native	0	0	0
Asian	0	0	0
Black or African American	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	421	351	246
Other	8	0	1
Multiracial	0	0	0
Unknown or declined to state	4	0	0

Ethnicity by Category	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino			
Caribbean	0	0	0
Central American	10	16	10
Mexican/Mexican-American/Chicano	422	329	226
Puerto Rican	0	0	1
South American	1	0	0
Other	0	10	8
Unknown or declined to state	0	0	2
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	0
Japanese	0	0	0
Korean	0	0	1
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	0	1
Multi-ethnic	0	0	0
Unknown or declined to state	0	0	0
Primary Language	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	196	159	97
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	237	192	150
Tagalog	0	0	0
Vietnamese	0	0	0
Other language	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 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	0	0	1
Heterosexual or Straight	433	350	246
Bisexual	0	0	0
Questioning or unsure of sexual orientation	0	0	0
Queer	0	1	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 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	114	102	73
Female	319	249	174
Declined to answer	0	0	0
Current gender identity:			
Male	114	102	73
Female	319	248	174
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	0	0
Disability	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Difficulty seeing	0	1	1
Difficulty hearing or having speech understood	2	4	0
Mental disability including but not limited to learning disability, developmental disability, dementia	6	25	17
Physical/mobility	4	8	10
Chronic health condition/chronic pain	3	34	22
Other (specify)	0	2	1
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 2019-20	FY 2020-21	FY 2021-22
Yes	0	0	0
No	433	351	247
Unknown or declined to state	0	0	0
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	102	80	68
Placerville Area	221	209	120
North County	8	6	3
Mid County	102	56	55
South County	0	0	1
Tahoe Basin	0	0	0
Unknown or declined to state	0	0	0
Economic Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Extremely low income	159	126	81
Very low income	134	161	118
Low income	135	63	48
Moderate income	5	1	0
High income	0	0	0
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	7	8	10
Medi-Cal	248	194	159
Medicare	7	9	5
Uninsured	171	140	73

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, 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, some referral sources did provide in-person services and supports that allowed our *Promotoras* to accompany their clients. In some circumstances, when interpretive services are needed for special cases, *Promotoras* abide by social distancing and masks. As always, the *Promotoras* have encouraged their clients to receive Covid vaccines.

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. 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. Angie Olmos has attended the Fentanyl Awareness nights at Union Mine and Ponderosa High Schools in May. Furthermore, Angie has been assisting the El Dorado County Opioid Coalition.

Latino Outreach continues to address a variety of needs that effect each family member. During this period, Latinos were worried that any public assistance they received would be reported under the new "public charge" rule published under the Department of Homeland Security. This new rule went into effect in February 2020, but many Latinos had already declined services in advance. Even more concerning, due to the Coronavirus pandemic the Latino population that do not have insurance are not seeking medical assistance due to the cost and fear of being reported.

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

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. Another act of nature was the snow closures and loss of electrical power to many of our *Latinx* families.

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.

The *Promotoras* continued to provide vaccination information regarding the mobile clinic dates through emails and texts messages. They emailed fliers to clients regarding the new Covid-19 guidelines starting June 15, 2021.

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. NMYFS provides information through social media to reduce racial/ethnic disparities.

The *Promotoras* attended community events per Zoom hosted by non-profit organizations and county departments to increase cultural awareness and reduce racial/ethnic disparities. Over the year, they have attended at least ten training 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). How to better understand different social identities. 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:

Medi-Cal Application Assistance (7/1 to 12/31/2021) Outreach and contact with Latino Outreach clients that were listed as 'no insurance or unknown' to assist them in completing Medi-Cal applications for health and dental coverage. We contacted over 130 *latinx* clients and submitted about 13 completed applications.

Opioid Coalition Committee (1/5/2022) Angie Olmos participation was requested to address the higher rate of Hispanic overdoses in the area. The coalition has provided community partners with a survey

National Night Out (8/6/2021) Angie Olmos and our Victim Advocate had a booth at the Grocers Outlet parking lot providing information about our services (Latino Outreach)

Local Assistance Center – El Dorado County (8/27 to 8/31/2021) provided crisis care and support for victims of the Caldor Fire. Event was at the Placerville Folsom Lake College Campus.

Placerville Christmas Parade (12/5/2021) We had a Christmas float and 8 volunteers that passed out 800 bags full of toys/candy and NMYFS brochures with information on Latino Outreach.

Caldor Fire Victims (4/30/2022) benefit sponsored by El Dorado Community Foundation and El Dorado Food Bank to assist and support victims of the Caldor Fire. Eight other non-profit agencies had staff to assist with referrals and direct services. The event was covered by KCRA News. Over 300 people attended.

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 5 to 7 clients a month that are referred to mental health services.

- **Measurement 4 Number of Clients referred to County Behavioral Health, if known.**

  8 to 10 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 willing to provide services in-person)

- **Measurement 7 A description of the methods Contractor used to encourage Client access to services and follow-through on referrals.**

  The *Promotoras* prefer to accompany their clients to the resources because of language barriers and biases. If for any reason (COVID-19) they are not able to accompany their clients, the *Promotoras* contact the resource to obtain specific instructions that client will need to know when client arrives at resource. Every client continues to receive follow-up and support until client has resolution.

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.

Sadly, Elena VonGortler, was our Spanish speaking therapist, but she has retired as of March 1, 2022. We have been advertising for a bi-lingual therapist for Latino Outreach.

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$48,000	$55,000	$55,000
Total Expenditures	$44,973	$39,515	$49,955
Unduplicated Individuals Served	69	71	81
Cost per Participant	$652	$556	$617
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	0	0	0
26-59 (adult)	5	4	5
Ages 60+ (older adults)	64	67	76
Unknown or declined to state	0	0	0

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	3	1	1
Asian	2	0	0
Black or African American	0	0	1
Native Hawaiian or Other Pacific Islander	0	0	0
White	63	70	77
Other	0	0	1
Multiracial	1	0	1
Unknown or declined to state	0	0	0
Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	1	0	0
Central American	0	0	1
Mexican/Mexican-American/Chicano	0	0	1
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	1	0	5

Non-Hispanic or Latino			
African	0	0	1
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	62	1	1
Filipino	0	0	0
Japanese	0	0	0
Korean	1	0	0
Middle Eastern	0	0	0
Vietnamese	1	0	0
Other/ North American	1	0	72
Multi-ethnic	3	0	0
Unknown or declined to state	0	0	0

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	68	71	79
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	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 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	1	1	0
Heterosexual or Straight	67	70	81
Bisexual	1	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 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	14	20	19
Female	55	50	62
Declined to answer	0	0	0
Current gender identity:			
Male	14	120	19
Female	55	50	62
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 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	5	6	8
Difficulty hearing or having speech understood	16	3	7
Mental disability including but not limited to learning disability, developmental disability, dementia	2	4	3
Physical/mobility	33	28	21
Chronic health condition/chronic pain	14	15	23
Other (specify)	0	0	0
Declined to state	0	1	0
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	2	8	9
No	43	63	72
Unknown or declined to state	0	0	0
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	14	11	17
Placerville Area	34	44	44
North County	12	6	8
Mid County	8	8	9
South County	1	0	2
Tahoe Basin	0	2	1
Unknown or declined to state	0	0	0

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	10	10	14
Very low income	19	22	24
Low income	12	13	21
Moderate income	12	11	10
High income	1	9	10
Declined to Answer	0	6	1
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private/VA	4	7	7
Medi-Cal	6	9	7
Medicare	61	57	69
Uninsured	2	1	0

Annual Report FY 2021-2022

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 is a fully implemented program and is on target in terms of reaching its goals in the MHSA Plan. In addition, major accomplishments during this fiscal year include providing services to more clients than the previous year and despite the COVID19 pandemic, expanding our platform of service provision from solely in person to adding phone and telehealth sessions, providing "One Time" counseling sessions as needed, filling the position of Office Administrator with a qualified candidate, and provision of additional continuing education trainings for counselors. The end of this fiscal year has been busy with recruitment activities for new volunteer counselors. We will be training a new batch of volunteers starting in the beginning of August 2022.

We were a bit challenged with continuing to provide the level and quality of services while implementing protocols for COVID19 in order to keep both counselors and clients safe from the spread of the virus, innovating new ways to do business via Zoom and the internet and supporting the volunteer counselors through the array of social crisis our country faced, along with experiencing Zoom fatigue during our weekly meetings. Another challenge has been adjusting our business operations and counseling services to accommodate the Senior Center's downsizing of our office space and use from 40 to 20 hours per week, although we managed to provide more services than the prior year and continue to grow our numbers served.

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 prolonged suffering and suicide, so we measure it from start to finish. We use a weekly outcome measure to ask the client to report if they are improving in the area of identified concern and their overall mental health. Counselors use interventions with the clients that help them to help themselves reduce prolonged suffering. Counselors are trained in an ongoing way on how to talk to clients about their difficult feelings and thoughts of suicide. 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 and means are present.

Clients are actively referred and encouraged to engage with their local community support systems and activities as a means to reduce prolonged suffering and suicide and improve their overall mental health. We believe that mental health involves the whole body and person. Older adults suffer prolonged suffering and are at great risk of suicide when they are isolated from family, friends and their communities. Loneliness is the greatest risk factor to prolonged suffering and suicide. Senior Peer Counseling functions to eliminate loneliness and facilitate connection with self and others in healthy ways.

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 and the comments and feedback we get from clients about the effectiveness of their counseling experience. Data from the beginning of counseling shows that shows that 32 % of the clients have been experiencing prolonged emotional, mental and/or relational suffering for more than 2 years, 30% more than 1 year, 9% 6 months to 1 year, and 29% less than 6 months. By the end of the counseling episode, the Outcome Survey which clients completed indicated that 99% of this prolonged suffering had been alleviated. In addition, there have been zero suicides in the clients served by SPC. Some of the comments from this year's clients on the Outcome Surveys they complete at the end of counseling are as follows:

- *Was very helpful through COVID and a little beyond. Thanks to him in a large part I made it through the isolation.*
- *Helped me find myself and like myself again. She has excellent tools to help in transitions, understanding, caring and knowledge in all aspects of journeys good and bad, happy or sad. I am so grateful for her guidance.*
- *My counselor was wonderful and a blessing to my mom and me for many months while health and family changes were occurring.*
- *My counselor and I developed a good relationship and he helped me through some tough times with talking to me.*
- *I so appreciate my awesome counselor and your organization.*
- *Really appreciated my counselor letting me know about my people pleasing tendencies which caused a light bulb to go on for me and changed my life.*

- *I felt very comfortable with my counselor and she was great.*

- *I was in bad shape until I came to see my counselor. I don't know what she did but I was very comfortable with her. She is my angel and I can't thank her enough. My family said I'm back to my old self.*

- *The program is very good and I thank Senior Services for providing it.*

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 is funded through the Prevention and Early Intervention section of MHSA, so by definition we do not serve clients who fall into the definition of the California Code 3200.300 as unserved or underserved who have been diagnosed with "serious mental illness and /or serious emotional disturbance". Having said that, we do conduct intakes on some adults who we assess to likely fall into this category of diagnosis and will refer then either to El Dorado County Mental Health or to a professional therapist within the community and their health insurance network.

We do however provide services to an unserved and underserved population, which is the older adults in El Dorado County. We are the only program in the county to provide free counseling to people who are 55+. This population is underserved because of a variety of reasons including lack of financial resources to pay out of pocket for counseling, lack of insurance coverage and available providers when there is coverage, lack of transportation, lack of mobility and other health obstacles, mental health stigma and fear, lack of county run or community based mental health services for the designated mild to moderate mental health needs of consumers.

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.

SPC's consistent adult and older adult client population is 99% white, North American so we have very little racial diversity to address. Our counselors are primarily White North American as well. We do have 1 counselor who is originally from South America and speaks fluent Spanish and is able to provide services in a culturally and linguistically competent manner to any Spanish speaking clients. Within the white racial population there is some ethnic variations and diversity that we are aware of and address. We are also willing to meet with clients in locations other than our office or a clinical setting, in parks, or in their chosen community. This year the Clinical Supervisor has attended and then provided training on the impact of white privilege and racial disparities on ethnic communities. Some peer counselors have also attended the National Council on Aging Symposium which addressed activities to reduce racial/ethnic disparities in mental health care. We continually work to be aware of meeting the client where they are at and actively learning about the culture that they come from.

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 regularly runs ads in the Mountain Democrat newspaper, The Clipper publication, the Senior Times, Local Cameron Park and El Dorado Hills publications as a means of outreach to the population we serve. We have collaborated with the Senior Community Center on outreach for referrals, as well as several doctors in the community that serve our population. We did an outreach event at a local 55+ mobile home community this year. We receive referrals from El Dorado County Mental Health once they have been assessed to not meet criteria for their services. Referral are also made and received with Adult Protective Services. We have a protocol to help our clients link up with medically necessary care and then follow up to make sure they are accessing that while we are providing the counseling services. Senior Peer Counseling is sort of unique in that by being a counselor that is a peer this reduces mental health stigma and offers the client the acceptance and understanding of what they are going through, normalizing some of their problems. We reduce discrimination by having counselors from varied backgrounds and life experiences, by offering a nonjudgmental approach to every client as a unique individual, by accepting all clients regardless of race, ethnicity, gender, religion, living status, socio economic status or income.

Due to the pandemic, we have not met with any other groups or communities to do in person outreach this year, but our activities in this area have been consistently delivered by phone and at times one on one in person.

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.**

Data Results: N= 27 Rating Scale: 0=Deficient, 5=Just Right, 10=Excessive

(Results are shown as pre and post number averages)

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

- **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= 192 sessions

Questions Asked:

1. How well did you feel heard and understood? 0=not at all, 5=well understood

   Actual Scores: Score of 5= 191, Score of 4=1, 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=179, Score of 4=13, 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=185, Same=7, Worse=0

4. Do you believe there has been improvement in your original concern/problems? Yes/No

   Percentage of Total Counseling Sessions: 100%

- **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=17

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

Average Score: 8.58

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

Average Score: 6.88

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

Average Score: 6.88

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

Average Score: 5.76 (the low score was noted by some as a result of the Covid19 pandemic)

Overall (General Sense of Well-Being): Gotten worse, Stayed the same, Improved

Actual Numbers: 12 Improved, 4 Stayed the same, 1 Gotten Worse

Would You Recommend Senior Peer Counseling to Others: Yes 16 No 1

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

Please see the table above for this data.

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

This was addressed in question #2 above and also under question #6 measurement 1 indicator and results.

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

We did refer 2 clients to County Behavioral Health for individual and/or group counseling due to assessed moderate to severe mental illness.

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

Unknown

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

Unknown

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

Clinical Supervision and Program Management:	$ 42,840.
Office Administrator:	$ 6,860.
Mileage Reimbursements:	$ 255.
Total Expenditures:	$ 49,955

13) Provide any additional relevant information.

Senior Peer Counseling will be adding new volunteer counselors in the months of August and September 2022 with a 45-hour training on providing peer mental health counseling. This will help expand our capabilities in providing additional services to the older adult community in this next fiscal year and beyond.

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 21/22.

Primary Intervention Project - Black Oak Mine Union School District

Provider: Black Oak Mine Union School District (BOMUSD)

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$77,000	$88,000	$88,000
Total Expenditures	$72,246	$79,630	$82,404
Unduplicated Individuals Served	78	46	63
Cost per Participant	$926	$1731	$1308
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	78	46	63
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 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	2	3	7
Asian	0	0	0
Black or African American	1	3	2
Native Hawaiian or Other Pacific Islander	2	0	0
White	73	39	54
Other	0	0	0
Multiracial	0	1	0
Unknown or declined to state	0	0	0
Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	0	0
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	4	3	2

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	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	0	0
Multi-ethnic	0	0	0
Unknown or declined to state	74	43	61

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	77	0	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	0
Spanish	1	1	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 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian			
Heterosexual or Straight			
Bisexual			
Questioning or unsure of sexual orientation			
Queer			
Another sexual orientation			
Declined to State			
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	39	29	38
Female	39	17	25
Declined to answer	0	0	0
Current gender identity:			
Male			
Female			
Transgender			
Genderqueer			
Questioning / unsure of gender identity			
Another gender identity			
Declined to answer			

Disability	FY 2019-20	FY 2020-21	FY 2021-22
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	78	46	63
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes			
No			
Unknown or declined to state			
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	0	0	0
Placerville Area	0	0	2
North County	78	46	61
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 2019-20	FY 2020-21	FY 2021-22
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 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	unknown	unknown	unknown
Medi-Cal	unknown	unknown	unknown
Medicare	unknown	unknown	unknown
Uninsured	unknown	unknown	unknown

Annual Report FY 2021-22

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 3 part-time Aides served two elementary schools: Georgetown School of Innovation (five days per week), and Northside STEAM School (three days per week). We served a total of 62 students over two semesters.

   Accomplishments: A major accomplishment for us this year was to continue to serve students during a pandemic! We've established safety measures such as: removing from the playroom toys and supplies that are difficult to sanitize between clients, and vigilance with masking, hand sanitizing and physical distancing.

   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: As like last year, the foremost challenge during this period was Covid-19. Like other providers, we had to be responsive to the daily changes of school schedules, quarantines of individuals and classes, and safety protocols.

   Teacher staffing was not stable. 5 teachers left mid-year at Georgetown School of Innovation, for reasons ranging from personal tragedy, to stress leaves of absence, and relocation. 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.

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.**

In March of 2020 our schools closed to in-person learning. In October 2020, Black Oak Mine Unified re-opened its doors to students. I was asked to help on that first day assist the younger students coming off the bus find their teachers and classrooms. The joy I saw in their faces and bodies, truly struck me. They were with friends, classmates, and friendly adults after a long period of separation (and for some, isolation). They were *so happy* to be back to school!

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).**

Unknown

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.**

2021-22 PIP WAS Scores (BOMUSD)

Identifying Number	WAS Start	WMA End	% change
G1	79	89	+12%
G2	69	71	+3%
G3	79	88	+11%
G4	44	n/a	
G5	n/a	55	
G6	62	71	+14%
G8	53	n/a	
G9	64	n/a	
G10	40	n/a	
G11	36	61	+51%
G12	48	70	+45%
G13	58	n/a	
G14	59	n/a	
G15	37	n/a	
G16	52	n/a	
G17	40	51	+27%
G18	42	n/a	
G19	55	50	-9%
G20	36	61	+51%
G21	27	62	+78%
G22	39	56	+36%

G23	48	n/a	-
G24	86	94	+9%
G25	56	75	+34%
G27	43	74	+53%
G28	58	66	+13%
G29	n/a	34	
G30	n/a	n/a	
G31	94	87	-7%
G32	40	56	+40%
G33	63	74	+17%
G34	65	62	-4%
G35	59	58	-1%
G37	67	n/a	
G39	52	58	+11%
G40	25	36	+36%
G41	69	71	+3%
G42	n/a	n/a	
G43	n/a	58	
N1	35	51	+46%
N2	44	50	+13%
N3	72	64	-11%
N4	50	n/a	
N6	48	45	-6%
N7	74	80	+8%
N8	57	56	-2%
N9	75	65	-14%

N10	52	53	+2%
N11	89	93	+4%
N12	57	59	+3%
N13	52	60	+15%
N14	64	57	-10%
N15	75	84	+11%
N16	71	n/a	
N17	62	86	+39%
N19	40	59	+47%
N20	52	78	+50%
N21	55	56	+2%
N22	69	94	+36%
N23	69	75	+8%
N24	85	79	-7%
N25	48	56	+16%
N26	65	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.**

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: Incomplete at this time. Will submit final reporting of expenditures within the next few weeks.

In-kind contributions: Dedicated playrooms and office equipment at 2 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.

2. Dr. Wendy Westmith, Principal and Director of Services for Black Oak Mine USD, has submitted the following letter to the Behavioral Health Commission:

Black Oak Mine Unified School District

Wendy Westsmith Ed.D., Director of Services
6540 Wentworth Springs Road, Georgetown, California 95634
530-333-8300 (office) ⋄ 530-333-8303 (fax)

www.bomusd.org ⋄ info@bomusd.org

June 30, 2022

County Commissioners,

I am writing on behalf of the Primary Project and students served on the Georgetown Divide and hope to gain your consideration in regards to increasing funding for the 2022-23 school year. This increase would fund two more days of the PIP (program) for students adversely affected by the recent pandemic. In addition these students represented a large portion of our unduplicated population (Homeless, English language Learners, Foster Students and free and reduced lunch students). The PIP program has made a phenomenal difference in our population specifically, but not limited to, our recent and expanded student social emotional learning and mental health programs. Students in grade TK-3 grade receive one to one time with a trusted adult working together in play intervention. Initially this program existed as a prevention program designed to help young children adjust to the stresses of the school environment but now it is so much more. As more research in early trauma is completed we believe that these programs will be our first defense in helping children succeed in school and the world beyond. Please consider increasing our funding allotment and please consider visiting the work of our program at Georgetown School of Innovation and American Charter School in Black Oak Mine Unified School District. You will be inspired and delighted at what this amazing group of dedicated professionals has accomplished. If you have any questions, please feel free to contact me.

Regards-

Wendy Westsmith

Primary Intervention Project - SLT

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$88,000	$88,000	$40,000
Total Expenditures	$14,107	$5,804	$21,733
Unduplicated Individuals Served	24	3	24
Cost per Participant	$588	$1,935	$906
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	24	3	24
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 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	0	0	2
Asian	0	0	0
Black or African American	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	15	3	15
Other	0	0	0
Multiracial	0	0	0
Unknown or declined to state	9	0	7
Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	4	0	7
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
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	0	15
Filipino	1	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	1	0	2
Multi-ethnic	0	0	0
Unknown or declined to state	18	3	0

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	15	3	23
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	1
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	8	0	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
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 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	14	3	9
Female	10	0	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 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	0	0	0
Difficulty hearing or having speech understood	0	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	0	0
Physical/mobility	0	0	0
Chronic health condition/chronic pain	0	0	0
Other (specify)	0	0	0
Declined to state	24	3	24
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	unknown	unknown	N/A
No	unknown	unknown	N/A
Unknown or declined to state	unknown	unknown	N/A
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	0	0	0
Placerville Area	0	0	0
North County	0	0	0
Mid County	0	0	0
South County	0	0	0
Tahoe Basin	24	3	24
Unknown or declined to state	0	0	0

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	1	unknown	unknown
Very low income	2	unknown	unknown
Low income	4	unknown	unknown
Moderate income	7	unknown	unknown
High income	1	unknown	unknown
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	4	unknown	unknown
Medi-Cal	7	unknown	unknown
Medicare	unknown	unknown	unknown
Uninsured	unknown	unknown	unknown

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Tahoe Youth and Family Service MHSA Primary Intervention Program

The Primary Intervention Program (PIP) underwent many ongoing challenges during this last school quarter due to the ongoing pandemic. The challenges included children having repetitive absences, which affected the total number of sessions, decreasing the effectiveness of the treatment. Another challenge undergone during this period was the new school administration, which was unfamiliar with the PIP program. Since the new principal did not have prior experience with the program there was a lull in the utilization of PIP services. Another challenge this quarter was having limited space for the program which affected scheduling and delivery of services. The limited space also impacted the storage of toys which necessitated a need to change the process of storing and transporting toys.

In spite of these challenges, the children receiving the treatment through PIP realized great improvement due to their participation, including major differences in their anxious and/or negative behaviors. Many teachers indicated they had seen differences in their students attending the program and many have asked when the program is beginning again in the fall because they have other students who would greatly benefit from receiving play therapy. We believe that as a result of the many positive changes in the children, we will continue to see more referrals to the PIP program. Our hope is that with the success we have had with students this quarter, we can expand the program into summer and after school programs allowing us to serve more of the children in need of this type of support which will lead to a healthier community.

Throughout this year, we have witnessed numerous examples of improved mental health for students. One recent example of the improvements made by students occurred when, one of the PIP participants who at the time of referral, was very shy and hesitant to speak to others, but by the end of his time in PIP he was observed leading his classmates and sharing bursts of laughter. Another recent example is a second-grade girl who at referral, was always incredibly sad and withdrawn from others because she had just undergone the death of a close family member, but by then of her PIP participation she was observed playing with other little girls and sharing stories

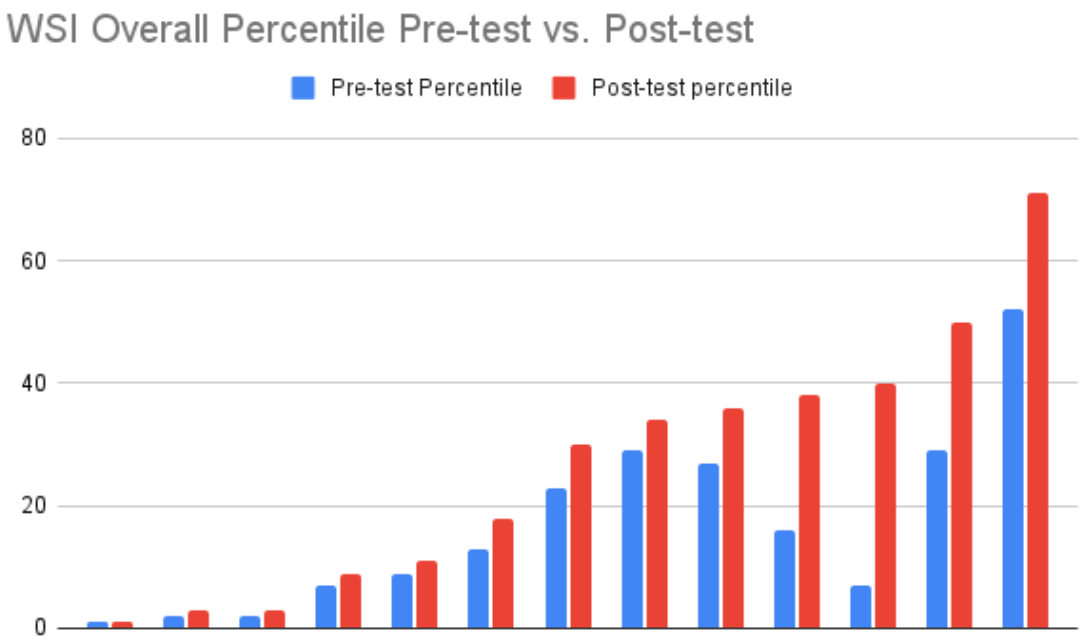
about her mother and dogs. These differences in the students functioning would not have happened if they had not had the opportunity to express themselves during play time in the PIP program where they gained skills through reflectiveness and acceptance of their current feelings. The emotional reflectiveness allows them to understand their feelings and that helps them to accept their feelings. The students also a feeling of control through the play therapy used in the PIP program, which was new for them. Many of students, upon entering the program, did not feel they had much control in their lives and the sense of control they experienced in the PIP program has allowed them to feel confident, and to use this confidence both in the classroom and in the outside world.

Although many challenges were presented during this past quarter and year, we worked through them with collaborative efforts between Tahoe Youth and Family Services and the Lake Tahoe Unified School District, in order to effect positive changes seen in the children's mental health, and their functioning in the classroom and the community.

Below are the demographics obtained of the individuals served during 2021-2022:

Gender	Age	Ethnicity	Primary Threshold Language
Male- 9 Female - 15	K-3rd grade	Mexican American/Chicano = 7 American Indian or Alaska Native = 2 White = 15	English = 23 Spanish = 1

Total number of individuals served: 24



Early intervention programs, such as the El Dorado County PIP program, 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 overall. Four of the 24 PIP participants scored within the targeted range on pretest.

Students experiencing severe school adjustment difficulties, who may require intervention beyond the scope of PIP, generally scored below the 10th percentile. Note that 7 of the 24 PIP participants scored below the 10th percentile on the WSI pretest.

Students with less significant impairment generally score above the 25th percentile. Past data suggests that participants who score above the targeted range experience lower levels of improvement when they engage in an early intervention program. While four PIP participants scored above the 25th percentile overall, three of those four were only slightly above the targeted range (with percentile scores ranging from 27 to 29).

The children who saw less of an overall improvement were in the bottom 10 percentile pre-test, indicating they needed intervention beyond the scope of PIP. Although we had one participant scoring over the 25th percentile pre-test, she was in need of PIP help because she suffered from a family death. One can observe that after the PIP treatment, although she was above targeted percentile range, she demonstrated improvement in her overall score.

Chart above shows results of the 24 children receiving PIP treatment. The blue bars show results of the children’s scores before the “test” or treatment. The red bars show results of the children’s scores after the “test” or treatment. The graph shows 23 out of 24 children showed improvement in their overall score, which indicates an improvement in their behaviors.

These results demonstrate that as the children received the PIP treatment, the vast majority of children demonstrated improved overall behaviors.

Wennem Wadati: A Native Path to Healing Project

Provider: Foothill Indian Education Alliance

Project Goals

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

FY 21-22 ANNUAL DATA IS NOT YET AVAILABLE FOR THIS PROJECT

Early Intervention Programs

MHSA Year-End Progress Report FY 2021/22

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$300,000	$300,000	$300,000
Total Expenditures	$300,000	$299,981	$299,893
Unduplicated Individuals Served	215	237	218
Cost per Participant	$1,395	$1,266	$1,376

Age Group	FY 2019-20	FY 2020-21	FY 2021-22
0-15 (children/youth)	73	42	59
16-25 (transitional age youth)	17	12	27
26-59 (adult)	117	91	120
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	8	82	12
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
American Indian or Alaska Native	1	2	0
Asian	2	0	0
Black or African American	4	1	1
Native Hawaiian or Other Pacific Islander	1	0	2
White	186	116	128
Other	0	19	31
Multiracial	4	3	4
Unknown or declined to state	17	96	52

Ethnicity by Category	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino			
Caribbean	1	0	0
Central American	1	0	0
Mexican/Mexican-American/Chicano	41	25	33
Puerto Rican	1	0	4
South American	3	0	0
Other	0	0	0
Unknown or declined to state	0	0	0
Non-Hispanic or Non-Latino			
African	6	0	0
Asian Indian/South Asian	1	0	0
Cambodian	1	0	0
Chinese	0	0	0
European	127	110	122
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	1	0	0
Vietnamese	0	0	0
Other	6	2	2
Multi-ethnic	0	3	5
Unknown or declined to state	26	97	52

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	195	140	198
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	15	5	14
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	5	92	6

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	0	0	0
Heterosexual or Straight	110	100	91
Bisexual	4	4	8
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	0
Unknown or declined to state	101	133	119
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	12	34	82
Female	119	111	136
Unknown or declined to answer	84	92	0
Current gender identity:			
Male	12	34	82
Female	121	111	136
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	82	92	0

Disability	FY 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	0	0	0
Difficulty hearing or having speech understood	8	0	1
Mental disability including but not limited to learning disability, developmental disability, dementia	7	8	18
Physical/mobility	0	0	1
Chronic health condition/chronic pain	1	0	0
Other (specify)	4	0	0
Declined to state or none	15	229	198
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	5	12	10
No	116	121	150
Unknown or declined to state	94	104	58
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	43	42	31
Placerville Area	77	58	66
North County	13	5	14
Mid County	21	21	18
South County	2	3	6
Tahoe Basin	29	14	13
Unknown or declined to state	30	94	70

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	24	7	13
Very low income	28	12	23
Low income	84	69	84
Moderate income	64	53	47
High income	1	3	2
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	52	64	46
Medi-Cal	129	81	111
Medicare	0	0	0
Uninsured	7	2	5

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Project Progression:

The Infant Parent Center (IPC) expanded in many areas this year due to increased high needs and crisis in our community. With seeing **218** families and increasing our school services and hospital support, we worked extensively to serve families and link to additional services. We recognize that this success is due to the MHSA funding and support in our prevention and enhancement endeavors this year.

Major Accomplishments:

1. **Classroom Stabilization:** We increased our school supportive services to the majority of the Head Start and private preschools as well as many Transitional Kindergarten and Kindergarten classrooms. As noted globally, we are seeing significant developmental delays in children as well as increased intense behaviors including violence. IPC has supported teachers and individual families in classroom stabilization, trauma, and regulation work. We received high positive feedback from teachers, administrators, and families.

2. **Caldor Fire Trauma Support:** We provided individual, couples and family therapy to multiple survivors of the Caldor Fire, including pregnant mothers. We also provided collaboration and linkage support to help families attain basic needs, housing, financial support, and additional mental health support to help decrease continued trauma as well as provided the essential recovery needed for normalized living.

3. **Marshall Hospital OB/Gyn Loss Support:** As many of us know, Marshall Medical lost all their OB/Gyn doctors in September. This loss was exceedingly difficult for our population as many of the women do not have transportation to get to Sacramento. Consequently, numerous women reported they were not receiving prenatal health care and increased stress with unknown services for labor and delivery. The Infant Parent Center worked closely with Marshall Medical, Public Health and Early Head Start to provide therapy, gain

services, transportation, and new connections to health care.

4. **Countywide Prevention Planning and Child Abuse Prevention Boards:** Local statistics are showing that the highest rates of reports and detainment is our 0-2 population. IPC has provided their services to help decrease these rates and is also working on increased specialized trainings in the fall of 2022 in collaboration with both organizations to increase awareness and hopefully more services. IPC has attended both groups throughout this year with other community organizations to address need, advocate for the 0-5 population as well be an active participant to create an effective plan to decrease abuse and neglect in our community.

Challenges:

Our greatest challenge this year has been in the significant increase of intense mental health needs in pregnant families and young children; particularly with medical frontline workers and 4- to 5-year-old children. We received far more referrals this year of violent young children in classrooms. We believe this is partially due to COVID isolation and recognize the global reports of increased domestic violence and child abuse during the pandemic.

There is also understanding of the complex trauma medical staff have endured during the pandemic and thus women becoming pregnant during this tragedy results in greater complex trauma. Of the 218 individuals served this year, 145 women were referred or reported with a perinatal mood or anxiety disorder. This is a significant increase from previous years. We attribute part of this increase to more awareness and more provider referral; however, there is no question that more women are experiencing higher levels of stress, trauma and loss during the perinatal period which impacts women, partners, and infants. Unfortunately, we also continue to see a lower follow through with referred clients. We are working diligently with providers to create a more successful referral to engagement process.

Our challenge in both populations was the rate and intensity of needs as IPC usually provides brief perinatal transitional psychotherapy for mothers and often does not provide long term classroom stabilization. However, IPC not only was able to provide the needed support, but all families also achieved stabilization and success in returning to classrooms, work settings and a more stable home environment.

Overall Mental Health Improvements:

Given the extraneous trauma El Dorado County endured this year, we were amazed at not only the services we provided, but also the remarkable success in community collaboration. The Infant Parent Center has also focused on increased training through the Polyvagal Institute, Synergetic Play Therapy and Social Injustice and Racial Biases. The frontline efforts within the community have increased proficiency in therapy and increased advocacy for the 0-5 population also resulting in greater successes for families, community connection and new levels of prevention for our children.

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

Suicide:

Forty-five (45) clients were served. This is a drastic increase (almost eight times greater) compared to last year. Most of these clients were in our perinatal population and again speaks to the intensity of stress/trauma our mothers are enduring during this season of life. IPC was able to offer individual services to all these clients, link to medical staff for assessment and link to additional supportive services like Early Head Start and Public Health. None of these clients were held on a 5150 or indicated harm to their infants.

Prolonged Suffering:

Enduring a third year of the pandemic, civil unrest, and the Caldor Fire, one could argue that our entire community falls under this level of trauma. We identified 126 families that sadly had additional complex trauma. We do our best to ensure caregivers are linked to additional therapeutic services as well as basic needs resources for the families.

Risk of Removal:

Twenty-three (23) children with the potential risk of being taken into foster care were referred. This is a significant decrease (more than 50%) from last year. We again attribute this to the increase of perinatal services. Our hope is to continue to serve families from pregnancy to help decrease the number even more.

Incarceration to Mainstream:

Eleven (11) families were involved with the legal system this 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:

Sadly, we have had a huge rise in homeless families this year. As most know, we have a major housing crisis in our community and with HOPE House closing this year as well as loss of Progress House for El Dorado County residents, this crisis has increased. IPC served nineteen homeless families this year as well as sixty-three unemployed families. We consistently refer and link families to Cal Works as well.

School Dropout/Failure:

As stated, prior, IPC provided intensive stabilization services to the majority of the Head Start classrooms as well as many of the Transitional Kindergarten and Kindergarten classrooms. We will continue to provide teacher trainings, Reflective Practice and classroom support which is also provided through leveraged funds.

Underserved and Unserved Population:

Due to increased bicultural staff, we were able to provide more services to isolated families. As a result of the addition to telehealth services, IPC was also able to serve an increase in families and providers in need.

Cultural Sensitivity:

IPC spent leveraged funds to increase cultural sensitivity and humility for all staff through specialized training in Polyvagal Theory / Therapy, Racial / Social Injustice and LGBTQI+. We plan to continue annual trainings to identify and break down barriers, biases and paradigms that can create challenges to best service in therapy.

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

As always IPC places immense importance on community collaboration and linkage. IPC works diligently to find the best additional services for families to not only address current needs, but to also serve permanent family wellness. IPC does not require medical necessity to access services. Because of this proactive approach, a lot of our families who would traditionally sit on a waiting list receive access to preventive care and are linked to additional support for greater continuity and wellness.

Based on the increase in referrals and engagement in the perinatal population, more families are seeking

services during pregnancy and postpartum. Where both mothers and fathers were previously suffering in silence due to stigma, they are now receiving services and increasing self-care and greater family system health.

Outcome Measures are as follows:

Measurement 1

- 218 families served
- 160 families engaged in services
- 119 families achieved treatment success in at least two areas of concern
- 41 families are currently in services

We provided a total of two hundred thirty-two (232) assessments for the entire year.

Marschak Interaction Method (MIM) - IPC conducted sixty (**60**) MIM assessments during this period. Clients/caregivers displayed progress in one or more of the following areas:

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

Playroom/Observation and Evaluation - IPC provided forty (40) playroom observation and evaluations for children served. The Playroom Evaluation / Observation is a systematic assessment provided for every child and caregiver. The assessment provides client directed as well as therapist led activities for greater observation of the child's presenting needs as well as opportunities to observe indicators of other areas of need.

Perinatal Assessment - IPC administered one hundred thirty-two (132) 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

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 thirty-one (31) client satisfaction survey responses. Families continue to identify IPC as a significant resource in the community. Charts of client responses are attached (Appendix A).

Collaborative Partner Survey - IPC received nine (9) surveys with supportive responses. As the charts reflect (Appendix B), partners find IPC an essential service to the community. Our commitment to high quality service and collaboration will continue and hopefully grow this next fiscal year.

Measurement 3

Seventeen (17) clients were self-referred or referred by a family or friend. This was a big decrease from last year, but we also had a significant increase in provider referrals. We will be tracking if clients would have otherwise self-referred next year.

Measurement 4

The Infant Parent Center worked successfully with twenty-three (23) 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 forty-five (45) caregivers who reported suicidal ideation or active suicidality. All caregivers were effectively linked to crisis intervention services that included collaboration with medical and psychiatric services. No caregivers needed to be hospitalized and were able to remain with their children and continue services.

Referrals to Behavioral Health:

IPC provided four (4) 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. Regrettably, many of the adults we referred to County Behavioral Health did not meet the medical necessity for services.

Specific to this past four months of the COVID-19 pandemic, we are seeing a greater increase in stress, anxiety, PTSD, domestic violence, child abuse, substance and process abuse and obsessive-compulsive symptoms. Consequently, caregivers are reported as being highly triggered due to the social stressors. This is significantly impacting adults with untreated mental health and/or co-occurring disorders.

Referrals and Participation:

IPC does not track the time span between a referral we give 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:

IPC strives to provide warm, non-judgmental support to caregivers needing additional services. Our continued positive relationship with other providers gains easy access to linkage and referrals with specific identified people or agencies that caregivers can contact. Additionally, IPC continually provides interdisciplinary collaboration throughout the time we serve families and even refer and link families to services outside the area.

Total Project Expenditures:

IPC used all funds allocated less $107.00 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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$550,000	$500,000	$400,000
Total Expenditures	$103,918	$242,585	$257,037
Unduplicated Individuals Served	15	24	39
Cost per Participant	$6,928	$10,108	$6,591
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	2	13	28
16-25 (transitional age youth)	13	11	11
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	0	1	0
Asian	0	0	3
Black or African American	0	2	4
Native Hawaiian or Other Pacific Islander	0	0	1
White	14	19	21
Other	0	1	0
Multiracial	1	1	9
Unknown or declined to state	0	0	1

Ethnicity by Category	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	1	1	2
Puerto Rican	0	0	0
South American	0	0	0
Other	1	2	0
Multi-ethnic	0	0	4
Unknown or declined to state	0	1	0
Non-Hispanic or Latino			
African	0	2	4
Asian Indian/South Asian	0	0	1
Cambodian	0	0	0
Chinese	0	0	0
European	11	11	9
Filipino	0	0	1
Japanese	0	1	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	1
Other	2	2	3
Multi-ethnic	0	0	8
Unknown or declined to state	1	4	6

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	14	23	35
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	1	0
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	1	0	4

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	0	0	1
Heterosexual or Straight	13	18	21
Bisexual	1	2	4
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	1
Unknown or declined to state	1	4	12
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	0	11	17
Female	0	13	22
Unknown or declined to answer	0	0	0
Current gender identity:			
Male	11	11	17
Female	3	12	19
Transgender	0	0	0
Genderqueer	0	1	3
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Unknown or declined to answer	1	0	0

Disability	FY 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	0	1	3
Difficulty hearing or having speech understood	0	0	2
Mental disability including but not limited to learning disability, developmental disability, dementia	0	3	9
Physical/mobility	0	0	1
Chronic health condition/chronic pain	0	0	2
Other (specify)	1	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 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	0	0	1
No	0	24	38
Unknown or declined to state	0	0	0
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	2	6	17
Placerville Area	4	8	15
North County	1	3	2
Mid County	0	3	4
South County	0	0	0
Tahoe Basin	5	0	0
Unknown or declined to state	3	4	1

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	2	5	4
Very low income	2	1	0
Low income	3	7	11
Moderate income	4	7	10
High income	4	3	11
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	7	14	25
Medi-Cal	7	10	10
Medicare	1	0	0
Uninsured	0	0	1
Unknown or declined to state	0	0	3

Annual Report FY 2021/22

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 additional 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 are able to 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 continue to meet monthly with our system partners to discuss potential referrals and the progress families in services.

   Challenges: Hiring has been a challenge in the county due to lack of qualified individuals and remoteness of locations served. Our team continues to work diligently in finding candidates and are hosting job fairs in order to streamline the onboarding process with candidates.

   Accomplishments: During the current review period, out of 25 youth who engaged in services, 17 youth successfully completed services. 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. Over the last review period, our CANS assessment shows an average improvement of 4.6 needs addressed in services.

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 with 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, 23 youth made some progress while in services, reducing the number of contact with system providers. Several youth served over the last year would have otherwise qualified for SMHS at time of referral due to active suicidal ideation, however does not qualify for Medi-Cal services.

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, 23 youth made some progress while in services, reducing the number of contact with system providers. Our team has seen 16 families successfully close services with child welfare and juvenile justice system partners. It is also worth noting that 16 families referred for services declined or never engaged in services.

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

Out of 25 youth who discharged from services after completing services, 21 youth were able to remain or transition into a lower level of care (family based setting). The 4 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 accommodations. 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 with 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. In regards to 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). 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 5 youth with county behavioral health for youth who qualify for Specialty Mental Health Services. We did have 2 youth who were connected to residential 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 17.7 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.

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 as a means 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.

The total fiscal year expenditures for the program were: $257,037.28

16) Provide any additional relevant information.

No additional information provided.

Student Wellness Centers – Middle Schools

Provider: Summitview Child and Family Services

This project was approved during the 2021-22 fiscal year, but not implemented until the 2022-23 fiscal year. Complete data regarding the students served through this project will be reported with the FY 22-23 Outcomes Report.

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

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

Race	FY 2021-22		
American Indian or Alaska Native	2		
Asian	10		
Black or African American	0		
Native Hawaiian or Other Pacific Islander	1		
White	68		
Other	0		
Multiracial	9		
Unknown or declined to state	47		

Ethnicity by Category	FY 2021-22		
Hispanic or Latino			
Caribbean			
Central American			
Mexican/Mexican-American/Chicano			
Puerto Rican			
South American			
Other			
Unknown or declined to state			

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

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

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2021-22**		
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 2021-22**		
Assigned sex at birth:			
Male			
Female			
Unknown or declined to answer			
Current gender identity:			
Male			
Female			
Transgender			
Genderqueer			
Questioning / unsure of gender identity			
Another gender identity			
Unknown or declined to answer			

Disability	FY 2021-22		
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			
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2021-22**		
Yes			
No			
Unknown or declined to state			

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

Annual Report FY 2021-22

Please provide the following information for this reporting period:

1. **Briefly report on how the implementation of the Timely Care 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.**

   Timely Care has been deployed to serve 2,500 students at Lake Tahoe Community College (LTCC). Timely Care has served 137 unduplicated students, with a total of 364 visits between June 30, 2021 and July 1, 2022. A

total of 66.05% of the total visits resulted with a mental health improvement. LTCC has launched the Timely Care program for all students and the next phase of the work will focus on increasing student awareness and utilization through promotion of this service. LTCC is currently increasing awareness and utilization with:

- Partnership with Active Minds students club
- Increased focus on ease of student access and the newly upgraded plan that offers 24/7 medical access in addition to mental health access
- Integration of LTCC Basic Needs supports within the Timely Care app
- Timely Care Group Sessions for students co-sponsored by LTCC's Student Accessibility Services and Equity Departments

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

   Timely Care reported 66.06% of visits with moderate, high, or emergent initial distress levels resulted in distress reduction. The top four concerns/problems reported were stress, anxiety, relationship problems, and substance use concerns.

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

   Data was not collected on economic status. Regarding ethnicity, 50% of registrations were from individuals identifying as "White," 28% identifying as "Hispanic or Latino," 10% identifying as "Asian or Asian American," 7% identifying as "Biracial or Multiracial,", and <5% identifying as American Indian and Native Hawaiian. Many of the students utilizing Timely Care would otherwise not have had direct and easy access to the mental health services offered through the service.

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

   Timely Care services are advertised to students through their LTCC Student App (Coyote Corner), on LTCC's website, and by word of mouth between students, counselors, staff, and other faculty, including the athletic coaches that work with students outside the classroom setting. LTCC has also used tabling, swag distribution, a student leader luncheon, and class drop-ins, all to promote Timely Care services. Many of LTCC's staff and faculty have the link to Timely Care services on their email signatures. The services are also brought up in confidential student mental health sessions though LTCC's Active Minds club, the Equity department, and the Student Accessibility Services department. LTCC has added a Basic Needs addition to the Timely Care services to address challenges associated with housing, food, transportation, childcare, and utilities.

5. **Provide the outcomes measured of the services provided and of customer satisfaction surveys.**

   Outcome measures for the Timely Care project are:

   a. Number of scheduled counseling visits and the average visit length

i. 171 total scheduled counseling visits: 127 weekday 9-6pm visits; 44 after hours visits.

b. Number of psychiatry visits and the average visit length

i. Data not collected

c. Breakdown by gender for the scheduled counseling visits and the psychiatry visits

i. Male: On-Demand Medical 1; TalkNow 157; Scheduled Counseling 40

ii. Female: On-Demand Medical 4; TalkNow 22; Scheduled Counseling 79

iii. Self-Select Gender: Scheduled Medical 1; On-Demand Medical 4; TalkNow 4; Scheduled Counseling 52

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

   Data not collected

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

   Data not collected

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

   LTCC secured additional funding through state budget allocations, as well as through regional philanthropic grants. This funding has been used to expand the role of LTCC's Director of Equity to include oversight of student health and wellness. As of 4/20/2021, LTCC added 300 students to the Bronze Mental Health program bringing the new student count to 2,500 and the new annual cost to $34,375. As of 9/28/2021, Lake Tahoe Community College has selected to upgrade to the Silver Program at a new total price of $30 per student per year.

9. **Provide any additional relevant information.**

   Three students have provided reviews on their experiences using Timely Care:

   - "I was truly impressed with the provider I chose! I don't think I could have done better."
   - "Personally, I enjoyed using this Timely Care. Definitely I would continue to use this."
   - "Providers are so mindful and caring about their client. It makes me feel safe and comfortable."

Case story: TALKNOW

Gender: Female, age 21

Need: Struggling with depression (Name has been changed to protect confidentiality.) Miranda called in to the TalkNow service to discuss some symptoms of depression that she was experiencing as well as some recent negative thoughts. Miranda connected with a TalkNow provider who listened to what was going on and worked with her to provide some solutions for how she could manage these negative thought patterns. Miranda and the provider discussed the power of positive self- affirmations and worked on a strategy to practice this daily. The provider also reviewed options for licensed counseling through the scheduled counseling service. This visit took place on a Friday evening.

Stigma and Discrimination Reduction Program

MHSA Year-End Progress Report FY 2021/2022

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$120,000	$113,000	$113,000
Total Expenditures	$29,907	$10,378	$10,039
Unduplicated Individuals Served	119	29	171
Cost per Participant	$251	$358	$59
Number of Classes			
Youth	3	1	1
Adult	6	2	9
Veterans	0	0	0
Cost per Class	$3,323	$3,459	$1,004

Outcome Measures

- **Measurement 1:** Class evaluation provided to attendees at the end of each session.
- **Measurement 2:** Evaluation survey provided to attendees six (6) months after taking the class, including information regarding application of material learned.

  Outcome information is not currently available.

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$10,000	$10,000	$50,000
Total Expenditures	$0	$0	$519

Outcome Measures

- Number of informing material distributed.
- Number of people reached through presentations.
- Each Mind Matters regularly sends El Dorado County MHSA new LGBTQIA informing materials.

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$60,000	$60,000	$60,000
Total Expenditures	$60,000	$58,253	$58,253

Outreach to Increase Recognition of Early Signs of Mental Illness

MHSA Year-End Progress Report FY 2021/2022

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$100,000	$100,000	$100,000
Total Expenditures	$24,917	$45,710	$47,145
Unduplicated Individuals Served	34	54	49
Cost per Participant	$733	$846	$962
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	3	3	6
26-59 (adult)	28	43	42
Ages 60+ (older adults)	1	0	0
Unknown or declined to state	2	8	1
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
American Indian or Alaska Native	4	2	4
Asian	0	0	0
Black or African American	0	0	2
Native Hawaiian or Other Pacific Islander	1	0	0
White	15	40	39
Other	3	2	1
Multiracial	0	2	0
Unknown or declined to state	11	8	3

Ethnicity by Category	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	1
Mexican/Mexican-American/Chicano	0	1	0
Puerto Rican	0	2	1
South American	0	0	0
Other	0	6	2
Unknown or declined to state	2	0	2
Non-Hispanic or Non-Latino			
African	0	0	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	1
Eastern European	1	2	1
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	22	7
Multi-ethnic	0	0	0
Unknown or declined to state	31	21	34

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	34	49	49
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	0	0
Tagalog	0	0	0
Vietnamese	0	0	0
Other language	0	0	0
Unknown or declined to state	0	5	0

Sexual Orientation **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	0	0	0
Heterosexual or Straight	4	28	17
Bisexual	0	1	2
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	1	1	1
Declined to State	29	24	29
Gender **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	13	21	26
Female	14	27	23
Declined to answer	7	6	0
Current gender identity:			
Male	13	22	26
Female	14	27	23
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	7	5	0
Disability	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Difficulty seeing	1	4	0
Difficulty hearing or having speech understood	0	3	0
Mental disability including but not limited to learning disability, developmental disability, dementia	2	3	3
Physical/mobility	2	1	2
Chronic health condition/chronic pain	1	2	1
Other (specify)	1	2	0
Declined to state	5	43	44

Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2019-20	FY 2020-21	FY 2021-22
Yes	1	0	0
No	29	41	19
Unknown or declined to state	4	13	30
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	8	6	6
Placerville Area	10	14	13
North County	4	4	3
Mid County	0	6	5
South County	0	1	2
Tahoe Basin	3	11	4
Unknown or declined to state	9	12	16
Economic Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Extremely low income	0	6	4
Very low income	0	1	4
Low income	5	17	8
Moderate income	4	5	3
High income	0	0	0
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	6	2	2
Medi-Cal	19	33	13
Medicare	1	0	1
Uninsured	0	4	2

Annual Report FY 2021/22

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 in a pandemic which altered the original delivery of services from an in person to an online format. 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 while still maintaining social distancing and Agency safety protocols. 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.

In addition to the ongoing global pandemic, our county was faced with the challenge of the Caldor Fire. Members of our group were evacuated and lived in hotels, trailers, tents and with relatives. During the first week of the fire, we used group time to host a check in where resources were provided to those in need. We included all past and present group members in order to reach as many individuals as possible. Our

facilitators were able to connect participants with gift cards for clothes, food and money to cover some expenses related to living away from home. After the first week we were able to resume regular groups, while providing a 30 minute check in between groups for anyone who needed additional support.

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. 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. As Covid protocols began to relax facilitators, were 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.

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 have designed a survey monkey and are in the process of deciding how we should distribute it to ensure confidentiality.

Measurement 2: Participant surveys.

The participant survey contains the questions listed below and asks parents to rate their answers using a number scale from zero to five (0 – 5) with zero representing the least satisfaction and five the highest satisfaction. It also provides space for participants to give other feedback. Due to the pandemic, FY 20/21 class format occurred solely over Zoom thus satisfaction surveys were primarily sent to parents through email. Ethically, the decision not to tie the return of a survey to class graduation/completion enables parents to provide any type of feedback, both positive and negative, without fear it will negatively affect their case status. The result of this has been that we do not get many feedback surveys returned.

How did you like the group?

Was the class time convenient for you? If no, what would work better?

Was the room comfortable? If no, what would make it more comfortable?

Was the location of the group convenient for you? If no, what would work better?

Did you think the facilitators did a good job?

What is one thing you liked about the group?

What is one thing that could make the group better?

Would you attend another group like this? Why or why not?

Please write your suggestions for the topics you would like to see covered in group below:

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

We served 41 new individuals this fiscal year. We had an additional 8 participants who began services during the previous fiscal year yet continued and completed them during this reporting period. We differentiate participants by denoting an * (participants who started the program during FY 21/22 versus ** (participants who began in the prior year yet completed the class during this period.

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 -3, suspected - 1, 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.

Total project expenditures for FY21/22 was $47,145.29. The breakdown by quarter is as follows:

Q1: $9,434.23

Q2: 10,482.83

Q3: 12,794.68

Q4: 14,433.55

T: **$47,145.29**

14) Provide any additional relevant information.

none

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$19,500	$19,500	$19,500
Total Expenditures	$15,725	$13,000	$16,937
Unduplicated Individuals Served	105	59	79
Cost per Participant	$149	$220	$214
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	6	0	0
16-25 (transitional age youth)	8	2	1
26-59 (adult)	66	42	50
Ages 60+ (older adults)	12	14	11
Unknown or declined to state	13	1	17

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	3	1	0
Asian	3	0	2
Black or African American	1	4	1
Native Hawaiian or Other Pacific Islander	2	1	0
White	79	51	54
Other	0	0	0
Multiracial	4	2	4
Unknown or declined to state	13	0	18
Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	1	0
Mexican/Mexican-American/Chicano	1	1	0
Puerto Rican	1	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	0	0	0

Non-Hispanic or Latino			
African	1	1	1
Asian Indian/South Asian	1	0	0
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	0	0	0
Filipino	1	1	2
Japanese	0	0	0
Korean	1	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	5	0	8
Multi-ethnic	4	2	4
Unknown or declined to state	87	55	60

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	92	58	62
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	1	0
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	13	0	17

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	0	1	3
Heterosexual or Straight	86	55	54
Bisexual	3	3	2
Questioning or unsure of sexual orientation	0	0	0
Queer	2	0	1
Another sexual orientation	0	0	1
Declined to State	14	0	18
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-2129**	**FY 2021-22**
Assigned sex at birth:			
Male	29	9	13
Female	61	50	47
Declined to answer	15	0	19
Current gender identity:			
Male	28	9	13
Female	61	50	45
Transgender	2	0	0
Genderqueer	0	0	1
Questioning / unsure of gender identity	1	0	0
Another gender identity	0	0	0
Declined to answer	13	0	20

Disability	FY 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	0	0	0
Difficulty hearing or having speech understood	2	0	1
Mental disability including but not limited to learning disability, mental health, developmental disability, dementia	5	10	20
Physical/mobility	0	5	3
Chronic health condition/chronic pain	2	5	6
Other (specify)	1	7	1
Declined to state	95	32	17
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	11	3	4
No	0	54	25
Unknown or declined to state	94	2	50
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	28	23	16
Placerville Area	41	20	16
North County	3	2	8
Mid County	6	2	6
South County	0	0	0
Tahoe Basin	1	1	1
Unknown or declined to state	62	11	32

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	4	0	3
Very low income	4	6	2
Low income	11	9	3
Moderate income	61	40	40
High income	12	4	8
Unknown or declined to state	0	0	23
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	78	31	49
Medi-Cal	15	7	8
Medicare	5	8	5
Uninsured	1	0	0
Unknown or declined to state	0	0	17

Implementation

- The Nurtured Heart Approach® is a methodology which helps parents and caregivers promote the development of Inner Wealth® in challenging children and helps them use their intensity in successful ways. It is powerful in facilitating parenting and classroom success. The essence of the approach is a set of core methodologies developed for working with the most difficult children. It has an impact on every child, including those who are challenged behaviorally, socially and academically. The Nurtured Heart Approach has been found to create transformative changes in children diagnosed with ADHD, Oppositional Defiant Disorder, Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms. Even children experiencing social/cognitive challenges, like Autism Spectrum Disorder greatly benefit from the approach, reducing the need for traditional mental health and medical interventions.
- Nurtured Heart Approach (NHA) parent/caregiver trainings were provided in November of 2021 and in May of 2022.
- All those who attend the training are offered 6 half-hour follow-up phone coaching sessions to support their use of the approach. Those who respond to emails offering to set up phone coaching commonly participate in one to two coaching sessions while a minority use four to six sessions.

Fiscal

- Total expenditures during the 2021-22 fiscal year were $16,937.
- There were no leveraged resources or in-kind contributions.
- Cost per participant was $214.

Underserved Populations

- There has been some success in reaching underserved populations in terms of socioeconomic status. Fourteen percent of attendees who provided demographic information indicated that they are in low to extremely low income brackets.
- Of participants who provided demographic information, 11% reported identifying as being part of the LGBTQ+ community.
- Many participants (39%) 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 25% 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 private practice 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.
- The training is publicized to a variety of individuals and organizations who provide parent support and education including Choices for Children and First 5.
- 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.
- Data provided by participants in terms of how they heard about the Nurtured Heart Approach training during the 2021-22 fiscal year broke down as follows:

  School or school district 32%

  Therapist or mental health agency: 30%

  Work colleague or supervisor 20%

  First 5 or Choices for Children: 6%

  Flyer posted in the community: 3%

  Friend: 3%

  Library community hub: 3%

  Foster family agency 3%

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:

- Participants rated the presentation materials on a scale of 1 to 10. The average score was 8.9
- Participants rated the presenter's delivery on a scale of 1 to 10. The average score was 8.7
- 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 97% replied 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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$$275,000	$275,000	$275,000
Total Expenditures	$241,519	$262,347	$243,247
Unduplicated Individuals Served	33	44	80
Cost per Participant	$7,319	$5,962	$3,041
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	4	3	2
16-25 (transitional age youth)	8	12	16
26-59 (adult)	21	29	61
Ages 60+ (older adults)	0	0	1
Unknown or declined to state	0	0	0

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	1	2	3
Asian	0	0	0
Black or African American	0	0	1
Native Hawaiian or Other Pacific Islander	0	0	0
White	29	39	57
Other	2	2	0
Multiracial	1	1	3
Unknown or declined to state	0	0	16
Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	2	4	4
Puerto Rican	0	0	0
South American	0	0	0
Other	3	3	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	3	2	5
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	25	32	51
Multi-ethnic	0	2	1
Unknown or declined to state	0	1	17
Primary Language	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	33	44	59
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	21
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	0	0	1
Heterosexual or Straight	30	42	62
Bisexual	3	2	2
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	0
Unknown or declined to state	0	0	15
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	5	12	18
Female	28	32	62
Unknown or declined to answer	0	0	0

Current gender identity:			
Male	5	11	18
Female	27	28	46
Transgender	0	1	1
Genderqueer	1	1	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Unknown or declined to answer	0	3	15
Disability	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Difficulty seeing	7	12	17
Difficulty hearing or having speech understood	0	0	7
Mental disability including but not limited to learning disability, developmental disability, dementia	5	10	13
Physical/mobility	1	2	3
Chronic health condition/chronic pain	6	6	11
Other (specify)	0	0	1
Declined to state	0	0	1
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	1	2	1
No	32	42	64
Unknown or declined to state	0	0	15

Region of Residence	FY 2019-20	FY 2020-21	FY 2021-22
West County	5	9	26
Placerville Area	12	18	36
North County	2	5	3
Mid County	3	3	6
South County	0	1	4
Tahoe Basin	2	1	3
Unknown or declined to state	9	7	2
Economic Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Extremely low income	12	20	37
Very low income	11	8	8
Low income	3	8	12
Moderate income	7	8	7
High income	0	0	1
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	1	3	3
Medi-Cal	30	38	58
Medicare	0	1	2
Uninsured	2	2	2

Annual Report FY 2021-22

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.**

Stanford Sierra Youth and Families team consists of two Parent partners and is currently actively looking to hire a Youth Advocate to fill the vacant position. Services implemented by the Parent Partners focus on support to clients to achieve wellness, recovery and resilience by building protective factors and networks of natural supports. This is being achieved through a number of approaches and modalities such as Seeking Safety (evidenced based practice) being utilized through the Youth Advocate. The CANS is the tool being utilized to identify and reduce negative outcomes that result from untreated mental illness as well as identify areas of need to build protective factors for the parent whose child(ren) have been removed. The Transitional Readiness Scales helps the youth and parent identify the 7 key factors necessary for resilience and efficacy and supports the family in building a plan to address low scoring areas.

Parent Partners attend Foster kinship care education (FKCE). Engagement with families has shifted to in person support and virtual support utilizing virtual platforms. Team members follow and utilize State and Local recommended social distancing and wear recommended PPE. Family partners have shifted to a hybrid monthly support group to support the Families of the community. Topics such as, anger management and coping skills, Navigating the child welfare system, Effects of childhood trauma, Overcoming addiction, Building healthy lifestyle and reaching set goals. In order to continue to support our Youth and Families through these challenging times, the warm-line has remained available for parents/caregivers that would like to check in with someone to receive additional support.

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).**

Mom had struggled with substance abuse and lost her oldest daughter for 10 months. Mom has been working her steps and active in her recovery and every morning reads her daily devotions, journals sketches. Mom demonstrated and modeled what healthy recovery looks using positive boundaries for herself and family. Mom was able to establish new apartment and successfully advocate to local non-profits for housing needs for her family. Mom has been in Family maintenance with CPS since June youth has been returned to the home. Mom is employed. Both mom and daughter continue to work on reestablishing their relationship with each other and continue to form the building blocks for life and life's challenges in positive way.

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."**

The Peer partner program is progressing in services to underserved and unserved populations by bridging communication with social workers, treatment staff and other community supports that can offer more resources and services. The peer program has also offered support groups, facilitated meetings with community partners and engaged with clients in treatment facilities and out of home placements.

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.**

Peer Partners receive training in cultural responsiveness and address individual cultural needs with each youth and family. Peer Partners are also trained in recognizing implicit bias, community trauma, and encourage families to openly communicate their needs with other community providers and workers. Peer partners have access to interpreter services as needed. Peer Partners receive and attend Diversity equity inclusion training.

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.**

The peer partner program engaged a diverse range of over 200 potential responders.

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.**

We engaged with potential responders in community settings, treatment facilities, child welfare office, Child and family team meeting, support groups, doctors' offices, Veterans administration, telehealth, family homes, treatment facilities, hospital settings.

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

The types of responders are listed but not limited to youth and families, natural support, treatment staff, community service providers, social workers, law enforcement.

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

Unknown

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

Unknown

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

Unknown

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

Unknown

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

Parent Partner Outcomes: There were (46) clients who discharged from the Parent Partner program in 21-22FY. Of those (46) discharges, (11) of those clients never engaged, and thus their outcomes will not be reported below in the measurements. Of the (35) parents who discharged and completed the program:

Measurement 1 (21) clients were on the family reunification track, and (6) (29 %) reunified with their youth.

Measurement 2 (10) clients were on the family maintenance track, and (9) (90%) maintained their family unit.

Measurement 3 (35) clients reduced child abuse and maltreatment risk factors.

Youth Advocate Outcomes: N/A: There were 0 youth who discharged from Youth Advocacy in 21- 22 FY and thus, no data is available to report.

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.

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

The total project expenditures for fiscal year 2021-2022 was $243,246.67.

13) 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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$75,000	$75,000	$75,000
Total Expenditures	$75,000	$66,165	$75,556
Unduplicated Individuals Served	52	79	80
Cost per Participant	$1,442	$838	$944
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	52	63	65
16-25 (transitional age youth)	0	16	15
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	3	2	3
Asian	0	0	0
Black or African American	5	7	9
Native Hawaiian or Other Pacific Islander	0	1	1
White	37	58	55
Other	0	3	12
Multiracial	0	0	0
Unknown or declined to state	7	8	0

Ethnicity by Category	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	0	9
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	7	7	0
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	55
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	0	16
Multi-ethnic	0	0	0
Unknown or declined to state	45	72	0

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	52	77	78
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 2019-20**	**FY 2020-21**	**FY 2021-22**
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	0
Another sexual orientation	0	0	0
Declined to State	52	79	80
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	25	39	38
Female	27	40	42
Declined to answer	0	0	0
Current gender identity:			
Male	25	39	38
Female	27	40	42
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 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	0	0	0
Difficulty hearing or having speech understood	0	1	1
Mental disability including but not limited to learning disability, developmental disability, dementia	0	45	46
Physical/mobility	0	0	0
Chronic health condition/chronic pain	0	0	0
Other (specify)	0	7	7
Unknown or declined to state	52	226	27
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	0	0	0
No	52	79	80
Unknown or declined to state	0	0	0
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	28	41	43
Placerville Area	20	23	23
North County	0	3	3
Mid County	2	8	7
South County	0	0	0
Tahoe Basin	2	4	4
Unknown or declined to state	0	0	0

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	13	14	14
Very low income	20	26	26
Low income	10	24	25
Moderate income	7	13	13
High income	2	2	2
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	15	15	15
Medi-Cal	37	64	65
Medicare	0	0	0
Uninsured	0	0	0

Annual Report FY 2021-2022

Please provide the following information for this reporting period:

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 Mentoring for Youth Project is progressing accordingly. At the peak of the last FY 2021-2022, we served 80 youth—an increase of 1 from the previous FY. Thus, we consider the retention and longevity of matches from year-to-year a significant accomplishment as youth continue to bolster their mental health through stigma reduction and increased resiliency with the presence of a positive, supportive adult mentor. As we are entering the endemic phase of COVID, our programs are recovering from their latent stage, and we are hoping to see an increase in the number of new matches. We have historically struggled to reach the more remote regions of our service area, to include North County, Mid County, South County, and the Tahoe Basin—and this FY was no exception. In light of this, we have recently launched a new program on the divide to address the service disparities.

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.**

BBBS tracks youth outcomes over time (annually from the point of intake) via survey administration that measures various facets of social-emotional health, and how the presence of an adult mentor impacts these domains of development. Based on the available data that polled youth during the 21/22 FY, there has been significant, positive change in the following areas: *Academic Performance, Emotion Regulation, Social Competence,* the importance of having a *Very Important Adult*, and a decrease in *Depressive Symptoms*. Furthermore, there has not been a substantial uptick in risky behaviors or negative outcomes for youth served in our programs. BBBS provides mentorship for youth from all backgrounds and walks of life, with varying ACE scores while also offering professional case management to tend to any family needs that may arise throughout the course of a match relationship. As a resource agency, we partner with many community organizations to ensure that youth/families receive the services they require (i.e. housing support, mental/behavioral health, food insecurity, transportation, unemployment, etc.). The direct service offered to youth/families by Big Brothers Big Sisters is the presence of healthy, consistent, safe, and stable relationship in the form of a "Big" (or mentor) in the context of a professionally managed match. Through their involvement, youth have the ability to explore new opportunities with a trusted confidant outside of their family and have another adult in their life to pour into them. BBBS partners with Bigs and parents in an effort to promote the greatest possible outcomes for youth by helping them realize their potential (i.e. educational goals, relationship skills, mental health, overall wellbeing).

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

BBBS continues to make progress in providing services to unserved/underserved populations in El Dorado County by matching volunteer mentors (Big Brothers/Big Sisters) with youth (5-18) from low SES households, minority demographics, rural communities, and other marginalized groups. BBBS strives to expand our reach to target unserved/underserved populations within our county by innovating new programs and finding avenues to engage and build trust with participants from these communities.

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.**

All of our volunteers receive comprehensive training prior to being matched, to include child safety, trauma-informed care, drug and alcohol awareness, cultural competency, child development, and healthy relationship development. All matches are case managed by a professional BBBS staff member that provides coaching and guidance to participants when necessary to ensure individual needs are met, while reducing any possible disparities. Furthermore, BBBS recruits assistance from partnering agencies that allow us to deliver services in a manner that is sensitive to cultural/linguistic differences.

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 collaborates with several community and government agencies to adequately serve the children enrolled in our programs. The bulk of youth referrals received by BBBS come from the El Dorado County Office of Education and local school districts. The partnerships that have been cultivated between these entities have allowed BBBS ongoing access to the children in our program while they are at

school to help monitor outcomes, track relationship development, ensure child safety, and provide resources/support to families in need. BBBS is involved in county-wide resource meetings and collaboratives; Georgetown Ready by 5, Western Slope Community Strengthening Coalition funded by Ready by 5, ACE's collaborative, SARB, and the Early Education Planning Council. Additionally, BBBS is involved in: Kiwanis, Rotary, Tahoe Young Professionals and all local chambers.

6) **Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Mentoring for Youth project are:**

- **Child Intake: Contractor will assess child and family whenever possible, for program effectiveness.**

  All youth referrals are assessed upon receipt to determine if our services can best meet the needs and expectations of a child/family. Rarely are children turned away, but at times, individual needs may supersede the scope of what a mentor can provide. When professional support may be more appropriate, the BBBS Enrollment Manager and/or Associate Director makes every effort to connect youth/families with accessible services in county.

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

  Every volunteer is thoroughly screened and trained prior to any involvement with a child. Child safety is always at the forefront of our local and national organization, thus the volunteer intake process is exhaustive in gauging the appropriateness/suitability of every potential mentor.

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

  100% of children matched with PEI funding have pre-match and annual behavior evaluations completed. The initial evaluation is obtained during intake and drafted in the child's assessment. Behavior evaluations are reviewed/revised on an annual basis (on the match anniversary) to modify existing goals or create new ones. Match support is performed monthly for the first year of the match to ensure healthy relationship development, monitor child safety, and to assess whether or not the child is progressing towards their goals.

- **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.**

  The Youth Outcome Survey is given to children at the point of intake, and annually thereafter. This survey measures outcomes from 7 categories [social acceptance, scholastic competency, educational expectations, grades, risky behavior attitudes, parental trust, and truancy]. 100% of youth completed a baseline YOS prior to being matched.

  On average, youth served during this funding period demonstrated a 20.9% increase in academic performance, a 5.1% increase in emotion regulation, a 33.5% increase in social competence, and a 20% decrease in depressive symptoms. Additionally, 0% of participants had Juvenile Justice contact or engaged in illegal activity/status offenses.

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

  Strength of Relationship Surveys are utilized as an index for relationship development between the Big and Little, and are administered at the 3-month mark and annually for as long as the match is active. On a scale of 1-5, a 5 indicates the greatest level of relational closeness/intimacy whereas a 1

would suggest that the participant does not feel close to their respective Big/Little. Of the annual SOR surveys collected, the average score reported by youth was 4.9. This median response not only reveals how youth value the relationship with their Big, but is predictor of match longevity. The SOR survey also contains questions about feeling ignored, mad, bored, and disappointed. All recipients responded to these questions with a 1 (i.e. “Never True”).

The Strength of Relationship survey is also administered to Bigs, and the median response polling the degree to which they feel close to their Little was 4.2/5—indicating positive change.

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

“Hannah commented that she is always amazed at how "relaxed" Emily is. During their most recent zoom call, Emily was showing her things in her room, laying on her bed and just being a kid. It made Hannah very happy to see her so at peace. I shared with Hannah that was one of the goals for Emily when they were first matched and so it was wonderful to hear her observing that.”

-Big Sister

“Breanna said that Diana brings her lunch every month and they spend time together. I asked if she looked forward to it and she said, "oh yeah, she's great."

-Little Sister

“Michael and Josh have a special connection; the relationship will continue long into Jacob’s future.”

-Parent of Little

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

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

80 matches were supported this fiscal year, and all but 1 were carried over from the previous 20/21 FY.

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

BBBS has served a total of 80 matches supported through PEI, which equates to 80 youth and 80 volunteers, totaling: 160 responders (not including parents/guardians ~ 80 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 both Community-Based and Site-Based programming that allows matches to meet out in the community (as its’ name suggests)—lending to unlimited venues and opportunities for engagement, or in a predetermined venue (i.e. school, after school site, Boys & Girls Club, workplace, churches, and the public libraries). Our Site-Based Facilitated Programs have also bred new opportunities for potential responders to engage in direct service by removing barriers to engage. For example, we have recently developed strategic partnerships with local law enforcement agencies to recruit over 30 “Bigs with Badges” to help reduce mental health stigma in youth/families while changing the paradigm of how cops are perceived through the power of relationship/mentorship.

As previously stated, we receive youth referrals from a broad network of community partners throughout the county. However, a vast number of referrals for service are brough forward from local school districts—even though we also work closely with CPS, New Morning Youth and Family Services, Sierra Child and Family Services, SARB, local churches, law enforcement departments, and other social service agencies.

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

We recruit volunteer mentors across all sectors and populations, including but not limited to: law enforcement agencies, teachers, counselors, working professionals, elected officials, students, and the retired community. It is important for us to reach various types of potential responders, as every match is completely individualized and tailored to meet the needs of each child we serve through intentional pairing of participants, appropriate program placement, and ongoing professional case management (done in-person, by phone, or via electronic means)—which demands a broad selection of volunteers.

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

Parents/guardians do not always disclose the presence of mental illness during the enrollment process, even though BBBS solicits this information on our application and during the intake interview. Participants are not required to divulge this information in order to qualify for services, thus, it is often considered elective. Occasionally, youth/families enrolled in our program may need to seek out treatment for mental/behavioral health—which often surfaces during case management. When this occurs, BBBS can help connect participants to community resources that may be available to them—and offer a warm hand-off/referral when appropriate. Of the children served with PEI this FY, only one child has received treatment for serious mental illness, and their parent initiated services independently of BBBS—although the Big Brother has been an instrumental part of the case plan.

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

Typically speaking, BBBS receives referrals from community partners who are already engaged with a family and enacting a treatment plan (i.e. counseling, therapy, etc.)—therefore, many youth are already connected to critical resources at the point of intake, and are just in need of additional support in the form of a mentor. Should any mental health concerns arise throughout the course of the match, BBBS may refer a family to one of our community partners for care. From that point forward, it is the family's decision to pursue treatment, although BBBS will continue to follow-up with the participant to track progress and outcomes. The one youth in our program that received treatment for mental illness initially engaged with the wrap team of professionals, but has since declined services.

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

The total project expense of 2021/2022 was $75,556.25 with funding provided by PEI. The total expenses include staff salaries, mileage, and marketing initiatives.

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

N/A

Access and Linkage to Treatment

MHSA Year-End Progress Report FY 2021/2022

Psychiatric Emergency Response Team (PERT) Project

Provider: El Dorado County Health and Human Services Agency/Behavioral Health Division and 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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$375,000	$500,000	$500,000
Total Expenditures	$361,615	$290,949	$201,441
Unduplicated Individuals Served	321	233	88
Cost per Participant	$1,127	$1,249	$2,289
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	36	25	15
16-25 (transitional age youth)	53	32	22
26-59 (adult)	169	104	34
Ages 60+ (older adults)	58	44	17
Unknown or declined to state	5	28	0

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	2	3	0
Asian	11	4	0
Black or African American	27	2	2
Native Hawaiian or Other Pacific Islander	2	2	0
White	235	158	68
Other	15	5	0
Multiracial	0	0	3
Unknown or declined to state	29	61	15

Ethnicity by Category	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino			
Caribbean	0	0	0
Central American	2	0	0
Mexican/Mexican-American/Chicano	7	4	3
Puerto Rican	0	1	0
South American	0	0	1
Other	44	96	0
Unknown or declined to state	6	0	2
Non-Hispanic or Latino			
African	4	1	1
Asian Indian/South Asian	1	1	3
Cambodian	0	0	0
Chinese	1	0	0
Eastern European	0	5	5
Filipino	1	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	4	1	0
Vietnamese	3	0	0
Other	8	11	0
Multi-ethnic	1	1	3
Unknown or declined to state	239	112	70

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	1	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	313	198	86
Farsi	0	0	1
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	1	1	1
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	6	34	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	2	2	0
Heterosexual or Straight	234	77	63
Bisexual	2	2	0
Questioning or unsure of sexual orientation	0	0	0
Queer	1	0	3
Another sexual orientation	0	0	1
Declined to State	82	152	21
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	174	97	52
Female	146	113	36
Declined to answer	1	23	0
Current gender identity:			
Male	170	97	52
Female	145	113	34
Transgender	3	0	1
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	1
Declined to answer	3	23	0

Disability	FY 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	1	0	**0**
Difficulty hearing or having speech understood	2	1	0
Mental disability including but not limited to learning disability, developmental disability, dementia	24	19	8
Physical/mobility	8	5	0
Chronic health condition/chronic pain	7	7	7
Other (specify)	1	0	0
Unknown or declined to state	278	201	73
Veteran Status ***Collection of this information from a minor Younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	25	8	7
No	296	180	81
Unknown or declined to state	0	45	0
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
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 2019-20	FY 2020-21	FY 2021-22
Extremely low income	18	14	13
Very low income	29	22	9
Low income	115	74	31
Moderate income	133	64	33
High income	26	6	1
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	99	52	30
Medi-Cal	98	55	41
Medicare	69	19	6
Uninsured	55	75	0

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

Annual Report FY 2021/22

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	1
National Alliance on Mental Illness (NAMI)	
Veterans Administration Services	3
Emergency Crisis Resources	25
Behavioral Health	22
Child Protective Services	1
Advocacy	
Medical	
Food/Clothing/Shelter	
Family and Natural Supports	20
Public Guardian	
Transportation	
Financial Aid	
Substance Use Disorder Services	15
Data not recorded	

Below is the table I use

Referrals Made-PERT		
EDC Specialty Mental Health	41	46.07%
Current therapist/psychiatrist	17	19.10%
Family/Natural Supports	36	40.45%
SUDS	2	2.25%
Community Based Therapy Resources (NAMI included here)	10	11.24%
Emergency Crisis Resources	42	47.19%
Managed Care Plan	22	24.72%
Homeless Supportive Services	1	1.12%
Medi-CAL/Medi-CARE	8	8.99%
Food/Clothing/Shelter	2	2.25%
APS/Older Adult Services	3	3.37%
CPS	1	1.12%
VA	3	3.37%
Other	4	4.49%
Client declined all referrals	6	6.74%

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.

Did Clients Engage?		
Yes	58	65.17%
No	21	23.60%
Unknown	9	10.11%

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**

PERT Interactions		
Crisis Response- Safety Plan Created	25	28.09%
Crisis Response- 5150 Hold Initiated	26	29.21%
Unknown	0	0%
Jail Assessment	4	4.49%
Follow up from Previous PERT call	3	3.37%
Wellness Check	21	23.60%
Voluntary Transport to ED for SI	3	3.37%
Resources & Crisis de-escalation provided by phone	4	4.49%

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

Average Duration Untreated		
Days	0	0%
1 - 3 Months	1	1.12%
4 - 12 Months	19	21.35%
1 - 2 Years	11	12.36%
3 - 5 Years	12	13.48%
6 - 10 Years	6	6.74%
10+ Years	0	0%

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.**

Engagement Interval		
Same Day	37	41.57%
0-14 Days	13	14.61%
2-4 Weeks	3	3.37%
1-3 Months	4	4.49%
Refused all attempted referral suggestions	8	8.99%
Refused to Engage	14	15.73%

6) **Report on implementation challenges, successes, lessons learned, and relevant examples.**

Survey 123 started to be used to track data- Data converted from old format to new

New PERT deputy 5/22

New PERT clinician 10/21- started in field 1/22

Clinician only available half time due to short staffing

Demographic data categories updated to reflect current culture and inclusiveness.

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$150,000	$150,000	$150,000
Total Expenditures	$150,000	$150,000	$150,000
Unduplicated Individuals Served	157	79	116
Cost per Participant	$955	$1,899	$1,293
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	2	2	1
26-59 (adult)	95	38	47
Ages 60+ (older adults)	60	39	68
Unknown or declined to state	0	0	0

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	5	4	7
Asian	0	0	0
Black or African American	5	3	3
Native Hawaiian or Other Pacific Islander	0	0	0
White	137	70	103
Other	5	0	0
Multiracial	4	1	2
Unknown or declined to state	1	1	1
Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	9	3	3
Puerto Rican	1	0	0
South American	0	0	0
Other	1	4	0
Unknown or declined to state	7	7	8

Non-Hispanic or Latino			
African	2	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	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other (Caucasian)	137	0	0
Multi-ethnic	0	0	0
Unknown or declined to state	0	0	0

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	154	79	116
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	3	0	0

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2019-20	FY 2020-21	FY 2021-22
Gay or Lesbian	4	1	1
Heterosexual or Straight	137	73	105
Bisexual	0	0	0
Questioning or unsure of sexual orientation	1	0	0
Queer	0	0	1
Another sexual orientation	1	1	1
Declined to State	14	4	8
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gender assigned at birth			
Male	131	67	100
Female	26	12	16
Declined to answer	0	0	0
Current Gender identity			
Male	126	65	92
Female	23	9	12
Transgender	2	1	2
Genderqueer	1	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	5	4	10

Disability	FY 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	26	19	33
Difficulty hearing or having speech understood	73	36	49
Mental disability including but not limited to learning disability, developmental disability, dementia	48	13	16
Physical/mobility	73	30	55
Chronic health condition/chronic pain	76	41	67
Other (specify)	13	11	17
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 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	155	78	112
No (Family Member)	2	1	4
Unknown or declined to state	0	0	0
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	13	7	12
Placerville Area	79	35	55
North County	16	5	7
Mid County	14	11	13
South County	5	4	5
Tahoe Basin	10	17	9
Unknown or declined to state	20	0	15

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	104	49	73
Very low income	33	18	24
Low income	13	10	17
Moderate income	5	1	1
High income	2	1	1
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private / Other	22	1	10
Medi-Cal	52	27	42
Medicare	18	13	27
Uninsured	19	5	7
VA	87	48	71

Annual Report FY 2021-22

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 have resumed subsequent to the Covid-19 crisis and shelter in place orders. VOP continues to reduce the negative consequences of untreated mental illness through connection to mental health supports or verification of such connection already in place and also by providing 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 management and triage work group 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 (homelessness prevention, temporary housing, vehicle assistance), 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 are minimized. Through ongoing participation in Veterans Coordinated Entry work group, 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 continue to be negatively impacted by the Covid-19 crisis which reduced volunteering and access to even paid staff. El Dorado Veteran Resource (EDVR) office was closed for most of 2020 and 2021, and is now open with minimal hours. Volunteers of American (VoA) is still doing much of their work by internet or phone although personal intakes are on the increase. 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. A flyer with Available Mental Health Resources is provided to all Veterans encountered through outreach efforts and/or at intake. Other mental health information from resources such as Every Mind Matters and the Suicide Prevention Network (SPN) are handed out and made available. 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 pages 1 – 4 of this 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. Outreach continues to be impacted by the Covid-19, but we did do outreach in 2021 and 2022. Our largest outreach event, the El Dorado County Fair, was held in June 2022 and we counted 189 booth visitors.

- **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	0
Behavior Modification Classes (ie: DUI Wet and Reckless)	2
Community Based Substance Use Disorder Services (Tahoe Turning Point, Progress House, New Beginnings, Treehouse)	2
Community Based Support Groups	27
DV Services (The Center, LVF, Batterers programs, etc.)	0
EDC Mental Health	7
Hospital or Private Healthcare Providers	12
Mather Behavior Health/Mental Health/Alcohol Recovery	12
NAMI	0
Other	8
Private Counselor working with Veterans	9
Skilled Nursing Facilities	0
Soldiers Project	0 (closed program)
VA Based Residential Recovery Programs (Walters House, Martinez)	1
VA Medical Center	23
Veteran Centers (Citrus Heights, Reno, etc)	4
Veteran Resource Centers (SVRC, etc)	12
Windows to My Soul, Equine Therapy	5
Total	**124**

- **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.

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)	2
Community Based Substance Use Disorder Services (Tahoe Turning Point, Progress House, New Beginnings, Treehouse)	1
Community Based Support Groups	3
DV Services (The Center, LVF, Batterers programs, etc.)	0
EDC Mental Health	0
Hospital or Private Healthcare Providers	3
Mather Behavior Health/Mental Health/Alcohol Recovery	3
NAMI	0
Other	0
Private Counselor working with Veterans	1
Skilled Nursing Facilities	0
Soldiers Project	0 (closed program)
VA Based Residential Recovery Programs (Walters House, Martinez)	0
VA Medical Center	7
Veteran Centers (Citrus Heights, Reno, etc)	0
Veteran Resource Centers (SVRC, etc)	3
Windows to My Soul, Equine Therapy	0
Total	**23**

- **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	11
OnetoTwoYears	6
ThreetoFiveYears	9
SixtoTenYears	12
MorethanTenYears	53

- **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)	31.76

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

  Implementation challenges seem to center around Veterans themselves. Independently-minded, and self-sufficient, Veterans may not acknowledge mental health issues nor access needed 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	2021.2022
Benefit Assistance	9
Budgeting Assistance	9
Document Processing or ID Assistance	6
Housing Placement Assistance	7
Housing Searches	8
Rental Application Assistance	3
Service Related Disability Application	0
Social Security Disability Application	0
Transportation to Health Provider	0
Total Services - Case Management	42
Service Category - Communication	
Assurance Wireless Phones	0
Minutes on Existing Phone Plans	0
Pre-Paid Cellular Phones	0
Total Services - Communication	0
Service Category - Emergency Needs Fulfillment	
Duffle Bags or Sea Bags	1
Hygiene Supplies for Emergency Needs	0
Pre-Paid Food Cards for Emergency Needs	8
Tents/Sleeping Bags/Tarps	0
Toiletries for Emergency Needs	0
Total Services - Emergency Needs Fulfillment	9
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	3

Toiletries	0
Total Services - Household Needs Fulfillment	3
Service Category - Housing	
Campground Fees	0
Emergency Lodging	320
Mortgage Assistance	1
Rents	8
Security Deposits	2
Utility Deposits	0
Utility Payments	0
Total Services - Housing	331
Service Category - Transportation	
Auto Payments	0
Fuel	2
Insurance and/or Registration	2
Pre-Paid Fuel Cards	4
Public Transportation	1
Smog Certificates	0
Vehicle repairs and maintenance	5
Total Services - Transportation	14
Service Category - Other	
Other	5
Total Services Provided	417

Housing rents for homeless Veterans with other leverage funds	34

Homelessness Prevention for Veterans with other leverage funds	3
Total Services Provided	454

Date: Wed, Jul 6, 2022 at 12:48 PM
Subject: Testimonial
To: <info@onlykindness.net>

We write this testimonial with a heart filled with love, gratitude and thanks. Only Kindness was able to grant this Korean war veteran with the funds necessary for desperately needed automotive repairs to ensure safe transportation to the veterans hospital… Our funds were exhausted, didn't know who to turn to for help, Only Kindness stepped up to the plate and did what nobody else could. Thank you so much for your generosity and support to our military families

2022 March

Kelsee (daughter) and I have managed to save enough money to buy a 3 bedroom home in Michigan. I was also able to get my VA compensation (increased). I know you will be proud of me that I went from living in a hotel to owning a 3 bedroom home. I am very grateful for the assistance from Only Kindness and the Veteran Services I've received over these past few years.

Only Kindness, Inc.
676 Canal Street
Placerville, CA 95667

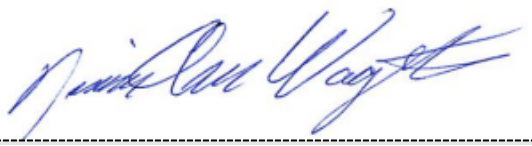
July 7, 2022

I wanted to thank you for being so awesome to me from the first day we met years ago. You have provided so much great advice, financial assistance when I really needed it and shelter from the cold and heat. You have always treated me with kindness and your name is fitting!

You have been a kind soul to me and showed me respect every time we met. You have been kind and caring regardless of and including any situation I was in. I am forever grateful to you. My heart and my mind have finally found rest.

I credit a good portion of that to you. You have become a special friend and will always hold an important piece of my heart. Thanks to you, Jake and I are in a safe home with a safe car and safe life moving forward.

With love and gratitude,



Suicide Prevention and Stigma Reduction Program

MHSA Year-End Progress Report FY 2021/2022

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

Regarding demographic data collection: Per the amended PEI regulations, effective July 1, 2018, the Contractor is only required to report on the number of contacts.

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$60,000	$70,000	$140,000
Total Expenditures	$49,672	$71,324	$69,001
Unduplicated Individuals Served	unknown	1310	unknown
Cost per Participant	unknown	$54	unknown
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	N/A	360	N/A
16-25 (transitional age youth)	N/A	300	N/A
26-59 (adult)	N/A	623	N/A
Ages 60+ (older adults)	N/A	27	N/A
Unknown or declined to state	N/A	0	N/A

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	N/A	23	0
Asian	N/A	53	23
Black or African American	N/A	36	2
Native Hawaiian or Other Pacific Islander	N/A	2	0
White	N/A	637	437
Other	N/A	47	21
Multiracial	N/A	512	236
Unknown or declined to state	N/A	0	0
Ethnicity by Category	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino			
Caribbean	N/A	0	0
Central American	N/A	0	4
Mexican/Mexican-American/Chicano	N/A	33	395
Puerto Rican	N/A	4	0
South American	N/A	0	0
Other	N/A	0	0
Unknown or declined to state	N/A	237	0

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

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
Arabic	N/A	0	N/A
Armenian	N/A	0	N/A
Cambodian	N/A	0	N/A
Cantonese	N/A	0	N/A
English	N/A	1310	N/A
Farsi	N/A	0	N/A
Hmong	N/A	0	N/A
Korean	N/A	0	N/A
Mandarin	N/A	0	N/A
Other Chinese	N/A	0	N/A
Russian	N/A	0	N/A
Spanish	N/A	0	N/A
Tagalog	N/A	0	N/A
Vietnamese	N/A	0	N/A
Unknown or declined to state	N/A	0	N/A

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Gay or Lesbian	unknown	Unknown	N/A
Heterosexual or Straight	unknown	Unknown	N/A
Bisexual	unknown	Unknown	N/A
Questioning or unsure of sexual orientation	unknown	Unknown	N/A
Queer	unknown	Unknown	N/A
Another sexual orientation	unknown	Unknown	N/A
Declined to State	unknown	Unknown	N/A
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Assigned sex at birth:			
Male	N/A	Unknown	462
Female	N/A	Unknown	289
Declined to answer	N/A	Unknown	0
Current gender identity:			
Male	N/A	455	N/A
Female	N/A	796	N/A
Transgender	N/A	12	N/A
Genderqueer	N/A	0	N/A
Questioning / unsure of gender identity	N/A	0	N/A
Another gender identity	N/A	47	N/A
Declined to answer	N/A	0	N/A

Disability	FY 2019-20	FY 2020-21	FY 2021-22
Difficulty seeing	N/A	Unknown	N/A
Difficulty hearing or having speech understood	N/A	Unknown	N/A
Mental disability including but not limited to learning disability, developmental disability, dementia	N/A	Unknown	N/A
Physical/mobility	N/A	Unknown	N/A
Chronic health condition/chronic pain	N/A	Unknown	N/A
Other (specify)	N/A	Unknown	N/A
Declined to state	N/A	Unknown	N/A
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Yes	N/A	11	N/A
No	N/A	Unknown	N/A
Unknown or declined to state	N/A	Unknown	N/A
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	N/A	0	Unknown
Placerville Area	N/A	300	Unknown
North County	N/A	0	Unknown
Mid County	N/A	0	Unknown
South County	N/A	0	Unknown
Tahoe Basin	N/A	1010	Unknown
Unknown or declined to state	N/A	0	Unknown

Economic Status	FY 2019-20	FY 2020-21	FY 2021-22
Extremely low income	N/A	Unknown	N/A
Very low income	N/A	Unknown	N/A
Low income	N/A	Unknown	N/A
Moderate income	N/A	Unknown	N/A
High income	N/A	Unknown	N/A
Health Insurance Status	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Private	N/A	Unknown	N/A
Medi-Cal	N/A	Unknown	N/A
Medicare	N/A	Unknown	N/A
Uninsured	N/A	Unknown	N/A

Annual Report 2021-2022

1. **Briefly report how implementation of the Suicide Prevention and Stigma Reduction Project is progressing.**

   We were able to proceed on target with all our Mental Health Town Halls including, Suicide Prevention Training, A resilient Community, Coping Skills, Know the Signs and Mental Wellness Begins with You. Our greatest attendance was at our Health Relationships town hall and there were many requests to have this subject matter taught again. We attempted to teach a "Safe Talk class", but we did not get enough sign ups to hold the class. We hope to offer Safe Talk again in the fall or winter.

2. **Briefly report on how the Suicide Prevention and Stigma Reduction project has improved the overall mental health of children, families, and communities.**

   We taught the program "SOS" Signs of Suicide to over 500 teenagers and preteenagers throughout the school year. Duringthese presentations students were taught how to recognize warning signs in themselves as well as their friends. We emphasized that just like any other illness, depression is treatable and that seeking help is brave and wise. We also brought in professionals from the community that provided adjunct therapy such as Yoga and Plant therapy. Students were able to learn from these professionals' different ways to cope with their stressors.

3. **Provide a brief narrative description of how Suicide Prevention and Stigma Reduction services are provided in a culturally and linguistically competent manner.**

   All our flyers and hand out that we provided to students and community members were provided in both English

   and Spanish. We also provided a tabling event at the High-School during Pride month which has a particularly high level of suicide rates for its demographic. When we taught SOS in the schools we made sure that if a

student did not speak English that they sat next to either another student that could translate or a teacher that could translate so that all students could actively engage in the material being taught.

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

Measurement 1: Each time we went into the schools to teach SOS we had the students fill out a "Pre-presentation survey" and a post-presentation survey. Students were asked questions about their level of understanding about suicide and suicide prevention and their knowledge of resources that offer mental health support and services. The students then were asked the same questions after the presentation to measure their understand after the class was taught. Many of the comments that students made showed that they were thankful that this topic was being taught.

Measurement 2: At each Town Hall that was taught the community members received a Pre-presentation survey and a post presentation survey. Community members were asked what their understanding about suicide prevention was before and after the presentation. The highest positive response rate was questions regarding resources that the community provided regarding mental health. The surveys showed that community members had a better understanding of where they could go to for help in the community. During our Town Halls we provided our community members with Mindfulness journals. In our Survivors of Suicide Loss Support group each member received a book on "Struggling to Understand Suicide, Bruised and Wounded". We had many tabling events at the High School and Junior High School as well as the Community College. We provided journals, stickers, pens, stress balls, and suicide prevention literature. We held our annual Kindness Campaign where community members could write letters to Santa and would receive a letter back. We paid for postage and provided a coloring page for each child. We advertised this in the Tribune. We held a "remembrance" event entitled, "Float a Flower" where community members could come to a local lake and receive a flower to float on the lake in remembrance of their loved one that was lost to suicide. Our Float a Flower Event was an experience where individuals in our community could feel supported by others who have experienced similar losses. Community members expressed

their gratitude for this event; expressing that this gave them a sense of peace and hope as well as an opportunity to honor the people they lost. Our presence in the schools has been reported as extremely beneficial to the students and we have been invited back to all the schools we have visited. Our goal is to provide even more opportunities to reach students and teach them how to be advocates of positive mental health.

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

MHSA: $49,672

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 2023/26 MHSA Three-Year Plan 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

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;
Summitview Child and Family Services, West Slope;
Tahoe Youth and Family Services, South Lake Tahoe;

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$2,780,000	$3,448,000	$3,499,530
Total Expenditures	$2,476,393	$2,919,060	$3,512,861
Unduplicated Individuals Served	187	287	491
Cost per Participant	$13,243	$10,171	$7,155
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	116	173	315
16-25 (transitional age youth)	71	114	176
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Gender	FY 2019-20	FY 2020-21	FY 2021-22
Female	99	156	269
Male	88	131	222
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	42	51	97
Placerville Area	64	116	170
North County	17	24	24
Mid County	16	35	68
South County	3	6	15
Tahoe Basin	29	45	106
Unknown or declined to state	0	0	0
Out of County	16	10	11
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
American Indian or Alaska Native	5	5	14
Asian	1	1	9
Black or African American	8	2	11
Caucasian or White	99	239	282
Native Hawaiian or Other Pacific Islander	0	1	4
Other Race	15	11	83
Unknown or declined to state	59	28	88

Ethnicity	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino	12	22	46
Other Hispanic / Latino	9	15	37
Not Hispanic	99	115	162
Unknown or declined to state	77	135	246
Primary Language	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
English	152	226	343
Spanish	2	4	20
Other Language	0	0	1 *ASL
Unknown or declined to state	33	57	127

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. The majority of the minors assessed met criteria for Pathways to Wellbeing services, which are best provided via MHSA FSP programs, this increasing the MHSA services provided.

Eligibility for Pathways to Wellbeing and Katie A. Subclass Services

Name:	Avatar #:
Date Determination Made:	Assessing Clinician:
Provider: ☐ Sierra ☐ Summitview ☐ New Morning ☐ TYFS ☐ 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 DETERMINTATION

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

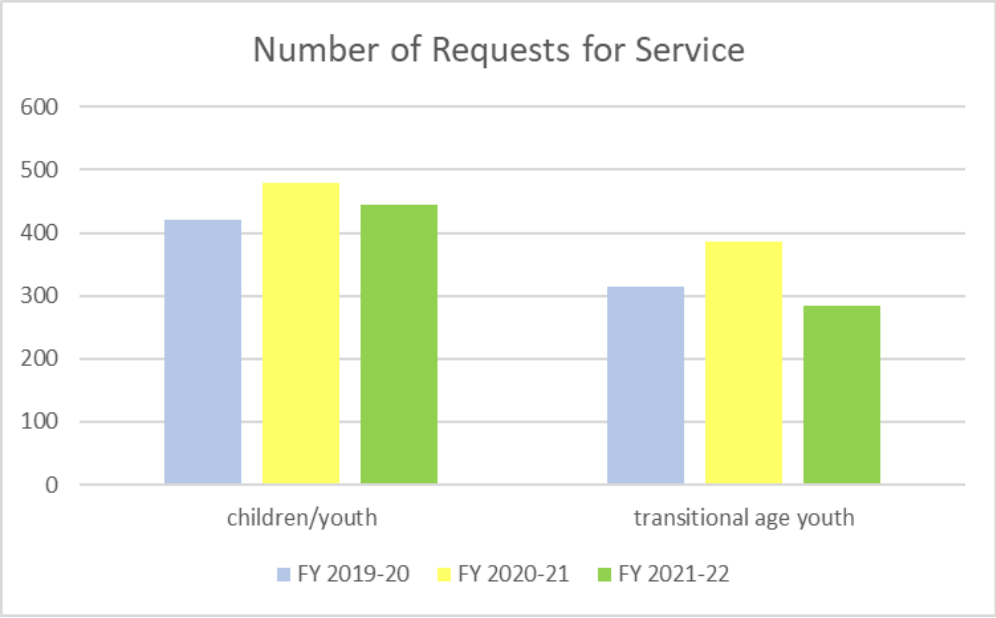
☐**Eligible for ICC and IHBS services through membership of the Katie A. Subclass**

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

Measurement 1 (Days of psychiatric hospitalization)

Children's FSP and Enhanced Foster Care	FY 2019-20	FY 2020-21	FY 2021-22
Children Enrolled in this Program:			
Unduplicated Children Served	187	287	491
Unduplicated Children Hospitalized	9	12	6
Number of Hospitalizations	13	16	7
Average Length of Stay	9.8 days[1]	12.2 days[2]	19.1 days
All El Dorado County Children Medi-Cal Beneficiaries (under age 18): (whether receiving Specialty Mental Health Services or not)			
Unduplicated Children Hospitalized	48	55	48
Number of Hospitalizations Average Length of Stay	57 7.0 days	76 8.4 days	63 8.8 days

[1] One (1) child was hospitalized for three (3) or more weeks. Without that one (1) hospitalization, the average Length of Stay is 8.7 days.

[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

Cost

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$20,000	$20,000	$20,000
Total Expenditures	$20,000	$20,000	$20,000
Unduplicated Individuals Served	268	296	205

CASA reported the following information in its FY 2021-22 Year-End Report:

1. **Implementation:** We serve the abused, neglected, and at-risk children in the El Dorado County foster care system by recruiting, training, assigning, and supervising volunteer Court Appointed Special Advocates who, as officers of the court, act as the "eyes and ears of the judge and voice of the child."

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

   - Returning to in-person visits and court proceedings. While we did successfully continue visits between advocates and youth during the pandemic, the in-person visits and the ability to go do local activities again helps tremendously in our service to youth.
   - Carrying over the successes and strengths of what we learned from the pandemic, offering monthly hybrid advocate trainings and continuing educations courses for our advocates.
   - Return to in-person outreach and recruiting efforts, while still maintaining our on-line and print recruiting campaigns.
   - Developing and piloting our Family Coaches program to help provide wrap-around services to the families and parents of children in the system.
   - We increased support of our youth in the delinquency system, assigning a South Lake Tahoe CASA staff member to visit our CASA youth in the JTC, which then provides additional insight and support for a smooth hand-off to a future assigned advocate.

2. **Improved Mental Health for foster care**: Nationwide, it is estimated that 80% of the children in foster care suffer from mental health issues. The abuse, abandonment, or neglect that lead to a child being removed from his or her parents has traumatic effect. What we see first-hand, and the CDC confirms, these adverse childhood experiences (ACEs) can change brain development are understood to lead to long-term chronic health and wellness problems, increased risk of substance abuse, violent behaviors, depression, and suicidal tendencies, among other mental health issues. A majority of the children we serve are prescribed psychotropic medication to combat anxiety, dramatic mood swings, and depression.

We know that the presence of one caring, consistent and responsive adult in a foster youth's life helps build resiliency against their trauma. CASA El Dorado provides that stable adult. We pride ourselves on finding the right "fit" for each child's unique needs and serving the assigned cases with a one-to-one relationship for the duration of the case, as well as often times carrying on a continued mentorship relationship well into adulthood. We know that when a foster youth has a CASA he or she is:

- Half as likely to reenter the foster care system and/or to end up in long term foster care (3 years or more)
- Likely to have more services ordered for them by the court
- Stop generational trauma - stop ACES from being passed down to the next generation
- And, perhaps most significantly, 98% of the children we serve do not re-experience abuse and neglect.

3. **Progress:** In this reporting period, CASA served 205 children with Advocates. We served nearly every child that was detained. Funds from MHSA, are used to directly fund a portion of the hours of one of our Senior Program Managers, who provides management, direction, and oversight to our CASAs, holding monthly continuing education classes, and assuring that volunteers comply with record keeping and other duties.

   In addition to this service, in support of family unit preservation, CASA El Dorado provides Family Coaches to parents at-risk of having their children removed. These Coaches work to support stable and safe homes, which allows children to remain with their parents. This Coaching program is currently funded from alternate funding.

4. **Cultural & linguistic considerations:** Our volunteers continue to reflect the overall demographics of El Dorado County. We are understanding cultural awareness is one of the necessary cornerstones of CASA volunteer's effectiveness, and include cultural awareness as a part of our initial Advocate training. After training, cultural and linguistic compatibility are key determinants when assigning volunteers to new cases. Through targeted recruitment, we continue to increase the diversity of our Advocates. Additionally, our program manager in our South Lake Tahoe office is bi-lingual in Spanish and English and steps in to help support language barriers when they occur.

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

   Advocates complete mandatory continuing education on ACES, trauma informed care, mental health and wellness resources, and substance abuse and domestic violence. This training helps to inform and empower our volunteers with the necessary tools to advocate and refer a child to additional mental health services as needed, as well as provides education to help end the stigma surrounding mental health concerns and issues.

6. **Outcome Measurements** Please see above

7. **Program Expenditures**

Expenditure	Amount	MHSA Grant
Staff Salaries, Taxes, Benefits for Recruiting, Training, Advocacy Support	$398,207	$20,000
Training Materials	$1,294	
Telephone	$4,312	
Travel	$1,230	
Office Expense, Occupancy, Utilities, etc	$79,962	
Legal, Professional	$15,894	
Insurance	$6,764	
Postage, Printing	$7,714	
Volunteer Hours (In kind)	$204,000	
Total	$719,377	$20,000

It is an honor and privilege to provide support to our community's most vulnerable youth. Thank you for your continued support. If you have any questions, please do not hesitate to contact us.

Transitional Age Youth (TAY) Full Service Partnership

Provider: 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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget – Total	$500,000	$323,250	$334,350
Total Expenditures	$107,418	$60,316	$71,623
Unduplicated Individuals Served	35	44	53
Cost per Participant	$3,069	$1,371	$1,351

FY 2021-22 includes both the services provided directly through the County in its TAY FSP and Mental Health Block Grant First Episode of Psychosis program, and also through its Mental Health Block Grant First Episode of Psychosis contracted provider, Sierra Child and Family Services.

Age Group	FY 2019-20	FY 2020-21	FY 2021-22
0-15 (children/youth)	2	0	0
16-25 (transitional age youth)	33	44	53
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0
Gender	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Female	17	29	30

Male	18	15	23

Region of Residence	FY 2019-20	FY 2020-21	FY 2021-22
West County	14	5	9
Placerville Area	12	19	27
North County	0	1	3
Mid County	2	5	7
South County	1	0	2
Tahoe Basin	5	11	3
Unknown or declined to state / out of county	1	3	2
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
American Indian or Alaska Native	1	1	1
Asian	2	0	1
Black or African American	2	0	1
Caucasian or White	23	39	15
Native Hawaiian or Other Pacific Islander	1	1	0
Other Race	3	2	2
Unknown or declined to state	3	1	11
Ethnicity	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino	2	7	2
Other Hispanic / Latino	1	6	2
Not Hispanic	18	26	27

Unknown or declined to state	14	5	22
Primary Language	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
English	33	41	44
Spanish	1	1	1
Other Language	1	0	1
Unknown or declined to state	0	2	7

Outcome Measures

Measurement 1: Key Event Tracking (KET)) - As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department or jail/juvenile hall

Measurement 3: Education attendance and performance

Measurement 4: Number of days of homelessness / housing stability

Measurement 5: Education attendance and performance

Measurement 6: Employment status

These outcomes come from reporting that is entered into the Data Collection Reporting (DCR) Systems, a database maintained by the State. Please see the Appendix for outcomes from the DCR.

Measurement 2 Number of Clients Graduating from Specialty Mental Health Services

Measurement 7 Continued engagement in mental health

The following data is only reflective of the clients served by Mental Health directly.

Participants	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Unique Clients	22	70	31
Total FSP Episodes	23	98	32
FSP Episodes Opened:			
Total FSP Episodes Opened	18	84	32
New/Returning Client	*13*		

Changed Program (same level of service)	*3*		
Dropped Down in Level of Services	*0*		
Increased Level of Services	*2*		
FSP Episodes Closed:			
Total FSP Episodes Closed	13	52	19
Graduated / Exited Services	8		
Decreased Level of Services	*2*		
Increased Level of Services	*2*		
Changed Program (same level of service)	1		

Individuals within the TAY age range continue to be challenging to engage in services. However, of all age groups served by Mental Health, the TAY population has been the one to most quickly adapt to the use of telephone and telehealth for the provision of services. This age group is familiar with, and very comfortable with, using technology to communicate with others. The need to use telephone and telehealth for services during the public health emergency has been beneficial to these clients.

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 the Adult Residential Facility (ARF) and the Intensive Case Management (ICM) team, which bring individuals who have been placed in a locked facility out of county back to El Dorado County for continued treatment, and help clients continue living in the community rather than being placed out of county. These FSP clients require a high level of staff support and the client to clinician ratio is low.

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$5,400,000	$6,357,250	$6,397,230
Total Expenditures	$4,359,998	$4,346,250	$3,088,065
Unduplicated Individuals Served	128	132	184
Cost per Participant	$34,062	$32,678	$ 16,783
Age Group	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	7	24	18
26-59 (adult)	107	95	147
Ages 60+ (older adults)	14	13	19
Unknown or declined to state	0	0	0

Gender	FY 2019-20	FY 2020-21	FY 2021-22
Female	52	56	90
Male	7	77	94
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	9	11	16
Placerville Area	64	63	79
North County	6	5	5
Mid County	7	10	17
South County	1	3	6
Tahoe Basin	38	30	41
Out of County	3	11	19
Unknown or declined to state	0	0	1
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
American Indian or Alaska Native	3	1	1
Asian	4	0	5
Black or African American	3	2	6
Caucasian or White	112	129	145
Native Hawaiian or Other Pacific Islander	0	0	1
Other Race	4	1	10
Unknown or declined to state	2	1	16

Ethnicity	FY 2019-20	FY 2020-21	FY 2021-22
Hispanic or Latino	1	4	5
Other Hispanic / Latino	4	3	6
Not Hispanic	112	114	143
Unknown or declined to state	11	12	30
Primary Language	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
English	123	129	170
Spanish	2	2	2
Other Language	3	2	3
Unknown or declined to state	0	0	9

Outcome Measures

Measurement 1 (Key Event Tracking)

These outcomes come from reporting that is entered into the Data Collection Reporting (DCR) Systems, a database maintained by the State. Please see the Appendix for outcomes from the DCR.

Measurement 2 (Number of Clients Graduating from Specialty Mental Health Services)

Measurement 3 (Continued engagement in services)

85 adult clients who were enrolled as an FSP at any time in FY 2021-22 remained open to SMHS at the end of FY 2021-22.

Participants	FY 2019-20	FY 2020-21	FY 2021-22
Unique Clients	128	133	184
Total Episodes	136	153	225
FSP Episodes Opened:			
Total FSP Episodes Opened	70	153	105
New/Returning Client	*48*		102

Changed Program (same level of service)	*4*		
Dropped Down in Level of Services	*8*		
Increased Level of Services	*10*		
FSP Episodes Closed:			
Total FSP Episodes Closed	73	71	79
Graduated / Exited Services	*35*		
Decreased Level of Services	*22*		
Participants	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Increased Level of Services	*10*		
Changed Program (same level of service)	*6*		

Older Adult Full Service Partnership

There are no FY 2019-21 outcomes to report for this program. Older Adult FSP clients were provided the full range of FSP services through the Adult FSP program.

Numbers Served and Cost

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$300,000	$300,000	$0
Total Expenditures	$0	$0	$0
Clients Served	Through Adult FSP	Through Adult FSP	Through Adult FSP
Cost per Participant	$0	$0	$0

Wellness and Recovery Services Program

Wellness Centers (which include Outpatient Specialty Mental Health Services)

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

Both the South Lake Tahoe and West Slope Wellness Centers closed in March 2020 as a result of the public health emergency. As such, the number of individuals who accessed the Wellness Center were lower than usual. The average cost per client increased significantly in FY 2019-20 due to lower number of clients attending Wellness, but the same number of staff employed by Mental Health through the public health emergency.

DATA REGARDING CLIENTS SERVED AT THE WELLNESS CENTERS IS NOT AVAILABLE FOR FY 21-22

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$2,600,000	$2,849,000	$3,321,500
Total Expenditures	$2,404,852	$2,402,242	$1,912,178
Wellness Center (West Slope Only):			
Wellness Center Visits			
Cost per Visit			
Unduplicated Clients			
Outpatient Wellness Program Clients Served	364		
Cost per Client	$6,607	$	$

Age Group	FY 2019-20	FY 2020-21	FY 2021-22
0-15 (children/youth)	0		
16-25 (transitional age youth)	18		
26-59 (adult)	304		
Ages 60+ (older adults)	42		
Unknown or declined to state	0		
Gender	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Female	183		
Male	181		
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	46		
Placerville Area	120		
North County	16		
Mid County	27		
South County	12		
Tahoe Basin	129		
Unknown or declined to state	1		
Out of County	13		

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	9		
Asian	5		
Black or African American	8		
Caucasian or White	283		
Native Hawaiian or Other Pacific Islander	2		
Other Race	32		
Unknown or declined to state	25		
Ethnicity	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino	10		
Other Hispanic / Latino	21		
Not Hispanic	278		
Unknown or declined to state	55		
Primary Language	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
English	356		
Spanish	1		
Other Language	4		
Unknown or declined to state	3		

Outcome Measures

Measurement 1 (Number of participants and frequency of attendance)

Category	FY 2019-20	FY 2020-21	FY 2021-22
Wellness Center (West Slope Only):			
Wellness Center Visits	n/a		
Cost per Visit	n/a		
Unduplicated Clients	n/a		
Frequency of Attendance	n/a		
Outpatient Wellness Program Clients Served	364		

The frequency of attendance has not been reportable and was removed from the outcomes in the FY 2020-21 MHSA Plan.

Measurement 2 (Number of Clients Graduating from Specialty Mental Health Services from the Wellness program)

Participants	FY 2019-20	FY 2020-21	FY 2021-22
Unique Clients	364		
Total Episodes	382		
Episodes Opened:			
Total Episodes Opened	245		
New/Returning Client	*212*		
Changed Program (same level of service)	*8*		
Dropped Down in Level of Services	*19*		
Increased Level of Services	*6*		
Episodes Closed:			
Total Episodes Closed	180		

Graduated / Exited Services	*148*		
Decreased Level of Services	*2*		
Participants	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Increased Level of Services	*14*		
Changed Program (same level of service)	16		

TAY Engagement, Wellness and Recovery Services

Numbers Served and Cost

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget – Total	$415,000	$500,500	$500,500
Total Expenditures	$331,838	$408,006	$372,227
Unduplicated Individuals Served	43		46
Cost per Participant	$7,717	$	$ 8,092
Age Group*	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
0-15 (children/youth)	0		0
16-25 (transitional age youth)	43		46
26-59 (adult)	0		0
Ages 60+ (older adults)	0		0
Unknown or declined to state	0		0
Gender	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Female	28		29
Male	15		17

Region of Residence	FY 2019-20	FY 2020-21	FY 2021-22
West County	6		12
Placerville Area	14		18
North County	2		3
Mid County	3		3
South County	2		2
Tahoe Basin	14		5
Unknown or declined to state	2		3
Race	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
American Indian or Alaska Native	0		0
Asian	1		0
Black or African American	0		3
Caucasian or White	29		33
Native Hawaiian or Other Pacific Islander	0		0
Other Race	8		3
Unknown or declined to state	5		7
Ethnicity	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino	5		3
Other Hispanic / Latino	5		4
Not Hispanic	24		29
Unknown or declined to state	9		10

Primary Language	FY 2019-20	FY 2020-21	FY 2021-22
English	42		45
Spanish	0		0
Other Language	0		0
Unknown or declined to state	1		1

Outcome Measures

Measurement 1 (Number of participants); and

Measurement 2 (Number of Clients Graduating from Specialty Mental Health Services from the TAY Engagement and Wellness program)

Participants	FY 2019-20	FY 2020-21	FY 2021-22
Unique Clients	43		46
Total Episodes	45		60
Episodes Opened:			
Total Episodes Opened	20		26
New/Returning Client	17		17
Changed Program (same level of service)	2		9
Dropped Down in Level of Services	0		0
Increased Level of Services	1		0
Episodes Closed:			
Total Episodes Closed	23		29
Graduated / Exited Services	19		26
Decreased Level of Services	1		0
Increased Level of Services	2		3

Participants	FY 2019-20	FY 2020-21	FY 2021-22
Changed Program (same level of service)	1		0

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$1,000,000	$1,000,000	$1,100,000
Total Expenditures	$1,026,906	$1,150,996	$708,875
Requests for Services	1,593	1,493	1477
Cost per Request	$645	$771	$480
Call Intakes (inquiries other than a Request for Service)	777		717

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

Request for Services Source	Total
General (self-refer, doctor, hospital)	1299
Child Welfare Services Referrals	95
Telecare Corp. (PHF) Referrals	44
Foster Care Presumptive Transfer Referrals	39
Total	1477

Age Group	FY 2019-20	FY 2020-21	FY 2021-22
0-15 (children/youth)	423	402	441
16-25 (transitional age youth)	329	325	284
26-59 (adult)	739	675	631
Ages 60+ (older adults)	100	91	121
Unknown or declined to state	21	1	0
Gender	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Female	810	742	767
Male	783	751	708
Transgender	0	0	2
Region of Residence	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
West County	247	251	263
Placerville Area	447	452	462
North County	76	78	43
Mid County	130	157	181
South County	46	55	41
Tahoe Basin	554	403	393
Out of County	73	81	74
Unknown or declined to state	20	12	9

Race	FY 2019-20	FY 2020-21	FY 2021-22
American Indian or Alaska Native	25		25
Asian	25		33
Black or African American	24		28
Caucasian or White	930		771
Native Hawaiian or Other Pacific Islander	9		10
Other Race	121		157
Unknown or declined to state	459		453
Ethnicity	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
Hispanic or Latino	87	87	86
Other Hispanic / Latino	80	82	93
Not Hispanic	816	630	691
Unknown or declined to state	610	694	607
Primary Language	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
English	1,438	1,283	1,177
Spanish	16	20	31
Other Language	14	12	8
Unknown or declined to state	125	179	261

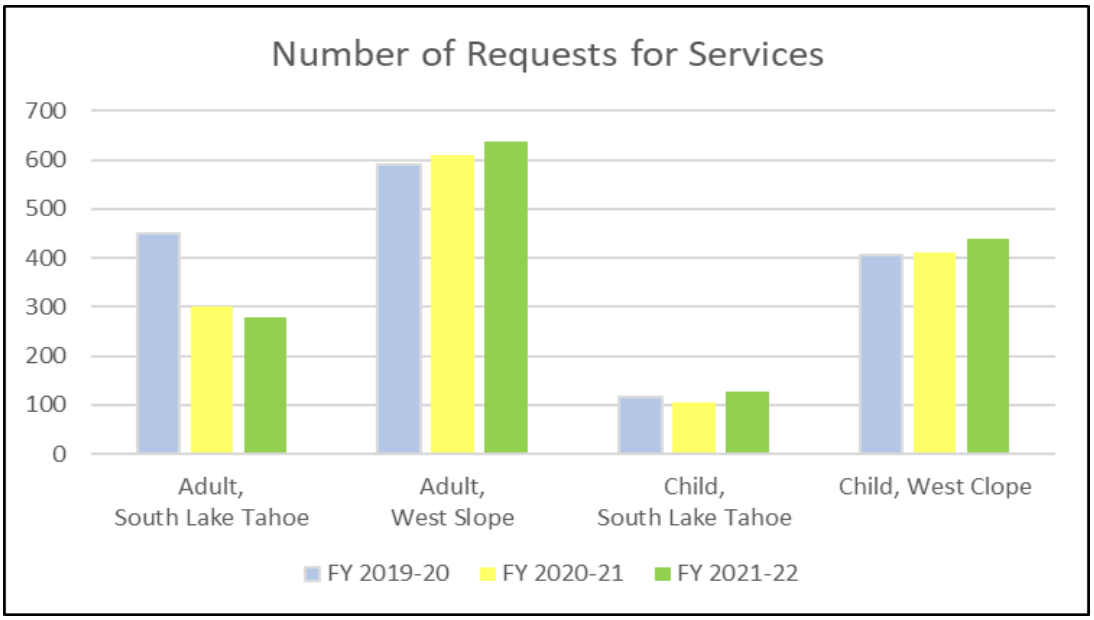
Outcome Measures

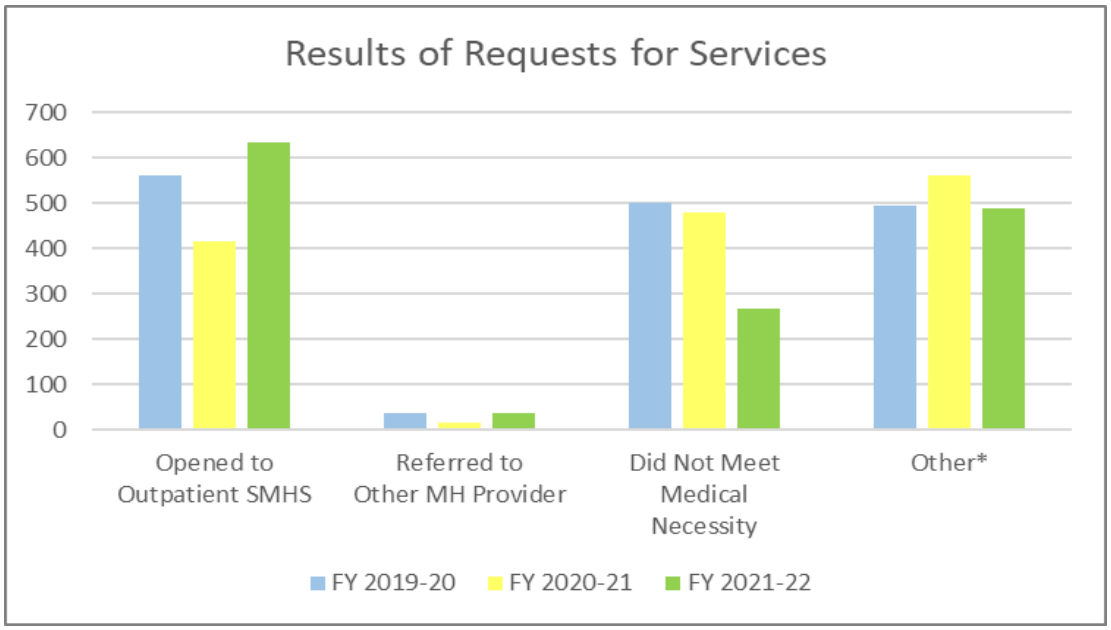
Measurement 1 (Number of and resulting determination for requests for services)

Age Group and Location	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
Adult, South Lake Tahoe	31	25	19	25	25	14
Adult, West Slope	51	34	40	38	48	44
Child, South Lake Tahoe	5	5	5	8	16	8
Child, West Slope	33	41	36	43	38	28
Overall	120	105	100	114	127	94

Age Group and Location	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	Total FY 2021-22
Adult, South Lake Tahoe	21	16	17	21	25	17	260
Adult, West Slope	62	60	54	53	48	27	587
Child, South Lake Tahoe	13	12	16	14	145	12	131
Child, West Slope	27	46	76	44	50	31	496
Overall	113	134	163	132	138	87	1,477

The outcomes of the requests for services are:





Measurement 2 (Length of time from request for service to determination of eligibility for Specialty Mental Health Services)

The timeliness to assessment identifies how quickly individuals requesting services are assessed for eligibility for Specialty Mental Health Services. State standard for timeliness is that Medi-Cal beneficiaries must be offered an appointment within 10 business days of their request for service. Timeliness data is not yet available for FY 2020-21.

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

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.

Cost

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$218,000	$260,000	$260,000
Total Expenditures	$176,302	$260,000	$260,000
Unduplicated Individuals Served	523	628	727
Cost per Participant	$337	$414	$358

Sierra Child and Family Services reported the following information in its FY 2021-22 Year-End Report:

Outcome Measures

Measurement 1: Number of duplicated and unduplicated student contacts.

Total number of unduplicated student contacts	727
Total number of duplicated student contacts	2503
Total number of profiles (all time)	1898

Reports from:

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

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

Total number of collateral contacts	1215

Reports from:

- Collateral Note
- Unique/Crisis Note

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

Measurement 2: The number of student mental health assessments performed.

Total number of mental health assessments performed	1327

Report from:

- Findings CANS CALOCUS
- Safety Assessment CRAFFT

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

***Groups**:*

Total number of student groups offered (not sessions)	19

Report from:

- Group Note
- Group Spreadsheet

Topics Offered:

Anxiety
Social Kills
Grief
Dialectical Behavior Therapy (DBT)
Depression Coping
DBT Anger
Executive Functioning
Healthy Self Care Habits
Housing Insecurity and Community Resources
Communication/Peer Interaction

Opportunities provided:

In Person

Target population:

Student

Outreach/Training:

Total number of outreach/training	33

Report From:

- Newsletters Training/Outreach Note Staff Support Note

Topics Offered:

Students

- What is Wellness (Welcome Orientation)
- Peer Connection (Lunch Bunch, Making Conversation, Summer Activities) Mindfulness/Yoga
- Student Summer Survey (54 Responses, opened survey for 24 hr. period) Mental Health Week (Partnered with Student Commission)
- GSA
- Stress vs. Anxiety

Parent Presentations

- Fentanyl Awareness Nights
- What is Wellness (Parent Safety Night) Stress vs. Anxiety

Staff Training

- What is Wellness
- How to Make a Referral Compassion Fatigue

Opportunities provided:

In person

In writing

Target population:

Student

Parent Faculty/Staff

Media Outreach:

Website

Total number of website site sessions	3634

Instagram

Total number of Instagram followers	92
Overall Total	*211*
Total number of Instagram posts	107
Overall Total	*148*
Total number of Instagram stories	849
Overall Total	*1034*

Report from:

- Website
- Instagram

Opportunities provided:
Online

Target population:
Student Parent
Faculty/Staff

Measurement 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	79
Number of students linked to school-based provider	27
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	75
Number of students referred to TUPE Program	26

Number of students referred to FEP Program	3

Community providers utilized by the Wellness Center include:

Alice Rodriguez, APCC, CADC April Paganelli
Advanced Psychiatry Associates Building Foundations Counseling Center Care Solace
Carmen Valentine, LMFT Debbie Walsh, LMFT Deloy Link, LMFT Destination for Teens Diana Dicker, LMFT
El Dorado Community Health Centers El Dorado County Behavioral Health (EDCBH)
El Dorado County Hub
Golden Sierra Community Center Insights Counseling
It Takes a Village Jennifer Alexander, MFT James Larson
Jeff Risser, LCSW Jessica Wolfe, LMFT
Jillian Taylor McNew, LMFT
John Schroeder, PhD Julie McBride, LMFT Kaiser Permanente Kathryn Garcia
Kimberly Salmon, LMFT Linda O'Heron, LMFT Livity Treatment Center Lori Larson, MFT Marlene Zerweck
Montessori Autism Programs and Services Mother Lode Counseling
New Morning
Patrizia Ahlers, LMFT Rachel Ruiz, LCSW
Shingle Springs Health and Wellness (Tribal Health)
Stanford Youth Solutions Sutter
Summitview Child and Family Services The Anxiety Treatment Center
Various primary care providers

General reasons for a referral:

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

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

Successes

- Appointed Wellness Center Director to oversee operations.
- Added clinicians and mental health advocates to the Wellness Center's team.
- Streamlined referral process and it remained consistent across school sites.
- Offered continued training on the referral process to school staff.
- Increased case management and supervision to decrease staff stress and compassion fatigue, as well as, increase quality of care.
- Implemented a consultation group for clinicians and mental health advocates.
- Continued growth of presence on campuses, i.e. hosted summer activities, hosted information nights, Wellness Center booths at lunches, partnering with the Student Commission for Wellness Week, growing social media presence, attended school foundation events, attended administration/leadership meetings, met with ASB classes to engage/understand student perspective, supported development of SEL content.
- Organized a community fundraiser at a local restaurant.
- Continued to maintain and improve the environment of Wellness Centers.
- Created a Quality Assurance training to maintain consistency across all schools.
- Collaborated with school staff to adapt procedures and protocols to growing needs, i.e. student check-in process in Wellness Center, notation on spreadsheets.
- Offered support to school faculty and utilized a newsletter to discuss burnout and compassion fatigue.
- Continued to increase communication with all school staff and continued to develop relationships with school personnel.
- Increased connections with community providers and identified possible providers for students who need navigation.
- Implemented a more efficient and streamlined process for crisis response.
- Implemented more opportunities for in-person groups and skills classes for students on multiple school campuses.
- Continued to develop and improve electronic record keeping systems to manage records and capture data more efficiently.
- Began to streamline the onboarding process for new hires/interns.
    - 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.
- Maintained social media account via Instagram to increase accessibility to students.
- Created toolkit for Wellness Center clinicians to assess substance use, self harm and suicide ideation.
- Updated business and crisis cards with new logo and more resources.
- Created DBT posters for all clinical spaces.

Implementation Challenges

- Many community providers who accepted insurance were not accepting new clients and most families were unable to cash pay.
- Many community providers were 'work from home' status leading to less navigation success.
    - Students preferred in person
- 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.
- Difficulty balancing academic demands and the need for more group sessions during the school week.
    - Students were not interested in after school times.
- Lacked a system for drop- in students.
- Did not have enough personnel to meet the needs of students, leading to a lack of structured job tasks.
- Lacked access to student demographic information (Aeries).

Lessons Learned

- Continue to work on obtaining Informed Consents promptly.
- A streamlined onboarding process benefited new hires.
- Groups and skill classes can alleviate demand and can be a navigation resource.
- Would like to increase reach outs to incoming 9th grade students and families.
- Engage with students in a classroom setting to inform them of the role of the Wellness Center and how to access support on campus.
- Designating time for team building leads to more trust and a cohesive team.

Assisted Outpatient Treatment (AOT)

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

Numbers Served and Cost

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.

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$34,862	$25,000	$50,000
Total Expenditures	$10,725	$866	$5,625
AOT Referrals Open at any time During the FY	3	7	5
Cost per Participant	$2,681	$124	$1,125

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

Measurement 1: Number of referrals received and the sources of those referrals**.**

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

REFERRAL DATA FOR FY 21-22 NOT YET AVAILABLE

Referral Source	FY 2019-20 Referrals	FY 2020-21 Referrals	FY 2021-22 Referrals
Adult Housemate/Roommate	0	0	
Immediate Family Member	3	5	
Treatment/Care Facility	0	0	
Hospital	0	0	
El Dorado County Psychiatric Health Facility (PHF)	0	0	
Treatment Provider	0	0	
Law Enforcement/Justice	0	1	
Court (effective 2021)	N/A	1	

Measurement 2: Number of referrals resulting in engagement in services.

Status	FY 2019-20	FY 2020-21	FY 2021-22
Voluntarily Engaged with SMHS	1	2	
Voluntarily Engaged with Mild to Moderate or other Mental Health Services	0	0	
Engaged via Petition / Petitions Filed	0	0	
Engaged via Conservatorship	0	0	
Not Eligible for AOT	2	4	

Incarcerated Prior to Engagement	0	1	
Engagement Attempts Continue	0	0	

Measurement 3: Number of days between receipt of an AOT referral and clients' engagement in outpatient Specialty Mental Health Services, if individual becomes engaged in services**.**

Measurement 4: Number of AOT petitions filed.

Measurement 5: Number of AOT referrals who remained engaged in services for at least six months.

Genetic Testing

Provider: Assurex Health

Project Goals

- To assist with the determination of appropriate medication(s) for clients.

Numbers Served and Cost

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$100,000	$100,000	$50,000
Total Expenditures	$0	$0	$0
Requests for Services	0	0	0

Outcome Measures

- **Measurement 1**: The number of clients who receive genetic testing.

Potential vendors were researched in late FY 2018-19 in anticipation of the approval of the FY 2019-20 Annual Update. The contract request for genetic testing using Assurex Health's "GeneSight®" product was submitted in June 2019, and the contract became effective on August 25, 2020. To date there have been no genetic tests ordered.

Housing Projects

Program 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 Housing funds were utilized to provide for five units in Shingle Springs targeting households that are eligible for services under the Full Service Partnership project. All units are occupied and the BHD maintains a waiting list.

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

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

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 2023/26 MHSA Three-Year Plan provides outcome information for the Innovation projects in Fiscal Year 2021/22.

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 2021-22 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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$30,000	$25,000	$35,000
Total Expenditures	$15,699	$14,197	$7,847

Outcome Measures

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. Additional, 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.

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$85,000	$100,000	$150,000
Total Expenditures	$32,638	$19,024	$25,031
Total Number of Trainings	115	423	338

Outcome Measures

Measurement 1: The number of training opportunities for the public mental health system workforce, including staff, contractors, volunteers, and consumers.

Number of Staff Receiving Training: 83
Number of Training Topics: 338 training titles / 56 training categories
Number of Hours of Training: 1,716 staff hours / 585.5 training hours

Cultural Competence Training FY 2021-22			
Training Event	**Name of Presenter**	**Number of Attendees**	**How long (hours)**
Addressing OUD in BIPOC Communities Part 3: Treatment and Recovery for Native American Populations	National Council for Mental Wellbeing	1	1 hour
Addressing Racial Bias in Healthcare: Practice & Organizational Perspectives	PsychU.org	2	1 hour
Advancing Health Equity Starts with Us	National Council for Mental Wellbeing	3	1 hour
Aging & LGBTQ+ Community: Unique Later Life Challenges	41st Annual Aging and Mental Health Conference	2	3 hours
Aging with HIV: Challenges for a "New Aging" Population	The Los Angeles Region Pacific AIDS Education and Training Center	1	1.5 hours
Black & African American Experiences in Mental Health and Substance Use Treatment Services	Center of Excellence for Integrated Health Solutions	1	1 hour
Body Justice for Clinicians: Evaluating Clinical Bias Thin Idealist and Fat-Shaming	Clearly Clinical	1	1 hour
Code Switching 101: Black Behavioral Health	Fresno County Behavioral Health	2	1 hour
Cultural Competence in Healthcare: Laying the Foundation	nephU.org	1	1 hour

Training Event	Name of Presenter	Number of Attendees	How long (hours)
Cultural Competence: The Immigrant Experience Ethnicity and Families	myLearningPointe.com	9	1 hour
Cultural Considerations in the Management of Patients with Major Depressive Disorder	PsychU.org	1	1 hour
Cultural Dimensions of Relapse Prevention	Relias.com	1	1.25 hours
Culturally Competent Approaches to Smoking Cessation Among American Indians and Pacific Islanders	Alix Politanoff Ncsophe.org	1	2 hours
Culture Counts: Mental Health Care for African Americans	myLearningPointe.com	3	2 hours
Culture Counts: Mental Health Care for Asian Americans and Pacific Islanders	myLearningPointe.com	1	2 hours
Culture Counts: Mental Health Care for Hispanic Americans	myLearningPointe.com	3	2 hours
Culture Counts: The Influence of Culture and Society on Mental Health	myLearningPointe.com	3	2 hours
Deaf Culture 101	American Society for Deaf Children	2	1 hour
Decriminalizing Mental Illness	PsychU.org	2	1 hour
Diversity in the Workplace	myLearningPointe.com	2	1 hour
Emerging Adulthood Part B The Transformational Self	myLearningPointe.com	3	1 hour
Ethics and Boundary Issues	CE4Less.com	1	5 hours
Exploring Cultural Awareness Sensitivity and Competence v.2	myLearningPointe.com	3	1 hour
First Episode Psychosis: Focus on U.S. Hispanic Population	PsychU.org	1	1 hour
Foster Care Part A Overview to Attachment Theory (R	myLearningPointe.com	2	1 hour
Globalization and Diversity	University of Massachusetts	1	1 hour
Guidance for the Systematic Infusion of Culture and Diversity into Suicide Prevention	National Council for Mental Wellbeing	1	1.5 hours
Improving Cultural Competence Part 3 - Evaluation and Treatment Planning	CE4Less.com	2	1 hour

Training Event	Name of Presenter	Number of Attendees	How long (hours)
Integrating Racial Equity and Mental Wellbeing in Tobacco Cessation	Bethechange.org	1	1 hour
Intro to LGBTQIA+ Populations Mental Health Disparities & How to Provide Culturally Competent and Affirming Care	PsychU.org	2	1.5 hours
LGBTQ - Back to Basics: Helping LGBTQ Community from the Perspective of a BH Provider	Clearly Clinical	2	1 hour
Lifting LatinX: A Primer About Working Effectively with Hispanic and Latino Population	Clearly Clinical	3	1 hour
Mental Health Association for Chinese Communities (MHACC) Orange Patrol	MHACC and care-mhsa.org	1	1 hour
Mental Health Journey: Voices From Individuals With Lived Experience On Self-Disclosure Recovery & Hope	PsychU.org	4	1 hour
Peer Recovery Support Services in Tribal Communities	Unified-solutions.org	4	1 hour
Providing Affirming and Supportive Care to Transgender Individuals in Integrated Care Settings	National Council of Mental Wellbeing	6	1 hour
Providing Inclusive & Integrated Services to LBGTQ+ Individuals	PsychU.org	2	1 hour
Psychological Safety and Equity Diversity and Inclusion	Alliance.org	3	1 hour
PTSD and Veterans: The Invisible Wound	myLearningPointe.com	2	1 hour
Racial Injustice, Mental Health & Health Disparities	PsychU.org	1	1 hour
Racial Trauma in the Workplace	PsychU.org	1	1 hour
Racism in the Structure: Systematic Racism's Impact on Health Disparities	UCLA Integrated Substance Abuse Programs	3	3 hours
Reclaiming Native Psychological Brilliance	Mental Health Technology Transfer Center Network	1	2 hours
Resources and Tools for Advancing Rural Health Equity Integrated Care	National Council for Mental Wellbeing	7	1 hour
Special Populations - The Homeless: Homelessness Addiction and Mental Health	Ron Marlet, Executive Director of The Upper Room	9	1.5 hours

Training Event	Name of Presenter	Number of Attendees	How long (hours)
Strategies to Support Wellbeing and Retention of BIPOC Staff	National Council for Mental Wellbeing	5	1 hour
Structural & Systematic Inequities in Mental Health	National Council for Mental Wellbeing	4	1.5 hours
Supporting African American Clients	Clearly Clinical	1	1 hour
Supporting the Wellbeing of LGBTQI= Clients and Staff: Intersectional Affirming Strategies	National Council for Mental Wellbeing	4	1 hour
The CLAS Standards	Dennis Wade, SUDS Health Education Coordinator, EDC Behavioral Health	20	1 hour
The Impact of Systemic Racism on Black Americans Wellness	PsychU.org	5	1 hour
The Need for Stigma Awareness in Healthcare Professional Education	PsychU.org	1	1 hour
Transgender Affirming Care	NCTSN.org	5	1 hour
Tribal Law Enforcement: Youth Engagement and Deflection - Strategies for Building Positive Relationships	Bureau of Justice Assistance	1	1.5 hours
Tribal/Urban Indian Provider Training Reclaiming Native Psychological Brilliance	UCLA Integrated Substance Abuse Programs	2	2 hours
White Supremacist Violence: Clinically Understanding the Resurgence and Stopping the Spread	Clearly Clinical	4	1 hour
Working Respectfully with Indigenous Communities: The Use of Data Research & Evidence	Regional Educational Laboratory at West ED	1	1 hour

Capital Facilities and Technology (CFTN) Projects

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 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$225,000	$250,000	$550,000
Total Expenditures	$189,521	$132,701	$243,616

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

Telehealth Project

Expenditures	FY 2019-20	FY 2020-21	FY 2021-22
MHSA Budget	$110,000	$75,000	$75,000
Total Expenditures	$21,853	$4,839	$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 2019-20	FY 2020-21	FY 2021-22
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 2021-22 Revenue and Expenditure Report (RER)

FY 2021-22
Revenue and Expenditure Report (RER)

DHCS 1822 A (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Information Worksheet

1	Date:	1/31/2023
2	ARER Fiscal Year *(20YY-YY):*	2021-22
3	County:	El Dorado
4	County Code:	09
5	Address:	3057 Briw Road
6	City:	Placerville
7	Zip:	95667
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	Dana Conley
10	Title of Preparer:	Accountant II
11	Preparer Contact Email:	dana.conley@edcgov.us
12	Preparer Contact Telephone:	(530) 642-7192

DHCS 1822 B (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Component Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$32,630.00	$14,583.00	$8,068.00	$248.00	$3,491.00	$59,020.00
2	Joint Powers Authority Interest Earned	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$1,655,402.00
4	Transfer from Local Prudent Reserve	$0.00	$0.00	$0.00
5	CSS Funds Transferred to Local Prudent Reserve	$0.00		$0.00
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$1,655,402.00

		A	B	C	D	E	F
SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		**CSS**	**PEI**	**WET**	**CFTN**	**PR**	**TOTAL**
8	Transfers	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
9	MHSA Funds	$9,601,945.00	$1,994,674.00	$2,957.00	$34,641.00	$281,053.00	$11,915,270.00
10	Medi-Cal FFP	$2,616,474.00	$0.00	$0.00	$0.00	$0.00	$2,616,474.00
11	1991 Realignment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	Behavioral Health Subaccount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13	Other	$622,026.00	$0.00	$0.00	$0.00	$0.00	$622,026.00
14	**TOTAL**	**$12,840,445.00**	**$1,994,674.00**	**$2,957.00**	**$34,641.00**	**$281,053.00**	**$15,153,770.00**

DHCS 1822 B (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Component Summary Worksheet

County:	El Dorado

Date:	1/31/2023

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		**TOTAL**
15	**Total Annual Planning Costs**	$42,594.00
16	**Total Evaluation Costs**	$0.00
17	**Total Administration**	$2,907,089.00
18	**Total WET RP**	$0.00
19	**Total PEI SW**	$47,443.98
20	**Total MHSA HP**	$0.00
21	**Total Mental Health Services For Veterans**	$150,000.00

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Community Services and Supports (CSS) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

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**	$42,594.00	$0.00	$0.00	$0.00	$0.00	$42,594.00
2	**CSS Evaluation Costs**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	**CSS Administration Costs**	$2,755,560.00	$0.00	$0.00	$0.00	$0.00	$2,755,560.00
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**	$6,803,791.00	$2,616,474.00	$0.00	$0.00	$622,026.00	$10,042,291.00
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$9,601,945.00**	**$2,616,474.00**	**$0.00**	**$0.00**	**$622,026.00**	**$12,840,445.00**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)**	**$9,601,945.00**	**$2,616,474.00**	**$0.00**	**$0.00**	**$622,026.00**	**$12,840,445.00**

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Community Services and Supports (CSS) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

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 Full Service Partnership		FSP	$1,882,718.00	$1,591,781.00	$0.00	$0.00	$38,362.00	$3,512,861.00
15	09	CASA		FSP	$20,000.00	$0.00	$0.00	$0.00	$0.00	$20,000.00
16	09	Transitional Age Youth (TAY)		FSP	$0.00	$70,114.00	$0.00	$0.00	$1,509.00	$71,623.00
17	09	Adult and Older Adult Full Service Partnership		FSP	$2,535,186.00	$437,088.00	$0.00	$0.00	$115,790.00	$3,088,064.00
18	09	Full Service Partnership Forensic Services		FSP	$62,822.00	$243,587.00	$0.00	$0.00	$3,432.00	$309,841.00
19	09	Wellness and Recovery Services/Adult Wellness Centers		Non-FSP	$1,623,006.00	$167,140.00	$0.00	$0.00	$122,032.00	$1,912,178.00
20	09	Wellness and Recovery Services/TAY Engagement		Non-FSP	$0.00	$69,629.00	$0.00	$0.00	$302,598.00	$372,227.00
21		Community Transition and Support Team		Non-FSP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
22	09	Access Services		Non-FSP	$408,908.00	$37,135.00	$0.00	$0.00	$2,832.00	$448,875.00
23	09	PATH		Non-FSP	$5,526.00	$0.00	$0.00	$0.00	$35,471.00	$40,997.00
24	09	Student Wellness Centers and Mental Health Support		Non-FSP	$260,000.00	$0.00	$0.00	$0.00	$0.00	$260,000.00
25	09	Assisted Outpatient Treatment		Non-FSP	$5,625.00	$0.00	$0.00	$0.00	$0.00	$5,625.00
26		Genetic Testing		Non-FSP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
27										$0.00
28										$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: 2021-22
Prevention and Early Intervention (PEI) Summary Worksheet

County:	El Dorado	El Dorado	**Date:**	1/31/2023

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**	$110,665.00	$0.00	$0.00	$0.00	$0.00	$110,665.00
4	**PEI Funds Expended by CalMHSA for PEI Statewide**	$47,443.98					$47,443.98
5	**PEI Funds Transferred to JPA**	$0.00					$0.00
6	**PEI Expenditures Incurred by JPA**	$0.00					$0.00
7	**PEI Program Expenditures**	$1,884,009.00	$0.00	$0.00	$0.00	$0.00	$1,884,009.00
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$1,994,674.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$1,994,674.00**

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**	**62.02%**	

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Prevention and Early Intervention (PEI) Summary Worksheet

County:	El Dorado	El Dorado	**Date:**	1/31/2023

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%	62%	62.0%	$218,259.00	$0.00	$0.00	$0.00	$0.00	$218,259.00
11	9	Older Adults Enrichment Project		Standalone	Prevention		100%	0%	0.0%	$57,873.00	$0.00	$0.00	$0.00	$0.00	$57,873.00
12	9	Primary Project		Standalone	Prevention		100%	100%	100.0%	$105,393.00	$0.00	$0.00	$0.00	$0.00	$105,393.00
13	9	Wennem Wadati: A Native Path to Healing Project		Standalone	Prevention		100%	100%	100.0%	$86,173.00	$0.00	$0.00	$0.00	$0.00	$86,173.00
14	9	Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project		Standalone	Prevention		100%	50%	50.0%	$452.00	$0.00	$0.00	$0.00	$0.00	$452.00
15	9	Children 0-5 and Their Families Project		Standalone	Early Intervention		100%	100%	100.0%	$299,914.00	$0.00	$0.00	$0.00	$0.00	$299,914.00
16	9	Prevention Wraparound Services: Juvenile Services Project		Standalone	Early Intervention		100%	100%	100.0%	$257,037.00	$0.00	$0.00	$0.00	$0.00	$257,037.00
17	9	Forensic Access and Engagement Project		Standalone	Early Intervention		100%	30%	30.0%	$157,832.00	$0.00	$0.00	$0.00	$0.00	$157,832.00
18	9	Expressive Therapies Project		Standalone	Early Intervention		100%	100%	100.0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
19	9	National Suicide Prevention Line Project		Standalone	Early Intervention		100%	17%	17.0%	$11,888.00	$0.00	$0.00	$0.00	$0.00	$11,888.00
20	9	TimelyMD Project		Standalone	Early Intervention		100%	2%	2.0%	$40,000.00	$0.00	$0.00	$0.00	$0.00	$40,000.00
21	9	Student Wellness Center - Middle School		Standalone	Early Intervention		100%	100%	100.0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
22	9	Mental Health First Aid, safe TALK and Other Community Education Projects		Standalone	Stigma & Discrimination Reduction		100%	25%	25.0%	$10,038.00	$0.00	$0.00	$0.00	$0.00	$10,038.00
23	9	LGBTQIA Community Education project		Standalone	Stigma & Discrimination Reduction		100%	50%	50.0%	$519.00	$0.00	$0.00	$0.00	$0.00	$519.00
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%	100%	100.0%	$64,343.00	$0.00	$0.00	$0.00	$0.00	$64,343.00
26	9	Peer Partner Project - Youth Advocate		Standalone	Outreach		100%	100%	100.0%	$32,481.00	$0.00	$0.00	$0.00	$0.00	$32,481.00
27	9	Mentoring for Youth Project		Standalone	Outreach		100%	100%	100.0%	$75,000.00	$0.00	$0.00	$0.00	$0.00	$75,000.00
28	9	Community-Based Outreach and Linkage Project/PERT		Standalone	Access and Linkage		100%	28%	28.0%	$201,441.00	$0.00	$0.00	$0.00	$0.00	$201,441.00
29	9	Veterans Outreach Project		Standalone	Access and Linkage		100%	0%	0.0%	$150,000.00	$0.00	$0.00	$0.00	$0.00	$150,000.00
30	9	Suicide Prevention and Stigma Reduction Project		Standalone	Suicide Prevention		100%	75%	75.0%	$57,113.00	$0.00	$0.00	$0.00	$0.00	$57,113.00
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 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Innovation (INN) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

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**	$1,664.00	$0.00	$0.00	$0.00	$0.00	$1,664.00
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**	$1,293.00	$0.00	$0.00	$0.00	$0.00	$1,293.00
8	**INN Project Subtotal**	$1,293.00	$0.00	$0.00	$0.00	$0.00	$1,293.00
9	**Total Innovation Expenditures (Excluding Transfers to JPA)**	**$2,957.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,957.00**

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Innovation (INN) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

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	9	Community-Based Engagement & Support Services Project	Community Baste	8/15/2016	9/19/2016	$705,992.00	$1,360,320.00	Project Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10	B	9	Community-Based Engagement & Support Services Project	Community Baste	8/15/2016	9/19/2016	$705,992.00	$1,360,320.00	Project Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10	C	9	Community-Based Engagement & Support Services Project	Community Baste	8/15/2016	9/19/2016	$705,992.00	$1,360,320.00	Project Direct	$388.00	$0.00	$0.00	$0.00	$0.00	$388.00
10	**D**	**9**	**Community-Based Engagement & Support Services Project**	**Community Bast**	**8/15/2016**	**9/19/2016**	**$705,992.00**	**$1,360,320.00**	**Project Subtotal**	**$388.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$388.00**
11	A	9	Partnership Between Senior Nutrition and Behavioral Health	Partnership betwe	1/23/2020		$900,000.00		Project Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
11	B	9	Partnership Between Senior Nutrition and Behavioral Health	Partnership betwe	1/23/2020		$900,000.00		Project Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
11	C	9	Partnership Between Senior Nutrition and Behavioral Health	Partnership betwe	1/23/2020		$900,000.00		Project Direct	$905.00	$0.00	$0.00	$0.00	$0.00	$905.00
11	**D**	**9**	**Partnership Between Senior Nutrition and Behavioral Health**	**Partnership betw**	**1/23/2020**		**$900,000.00**		**Project Subtotal**	**$905.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$905.00**
12	A														$0.00
12	B														$0.00
12	C														$0.00
12	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
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
14	B														$0.00
14	C														$0.00
14	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
15	A														$0.00
15	B														$0.00
15	C														$0.00
15	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

DHCS 1822 F (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Workforce Education and Training (WET) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

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**	$1,763.00	$0.00	$0.00	$0.00	$0.00	$1,763.00
4	**WET Funds Transferred to JPA**	$0.00					$0.00
5	**WET Expenditures Incurred by JPA**	$0.00					$0.00
6	**WET Program Expenditures**	$32,878.00	$0.00	$0.00	$0.00	$0.00	$32,878.00
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$34,641.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$34,641.00**

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	$7,847.00	$0.00	$0.00	$0.00	$0.00	$7,847.00
9	9	Training/Technical Assistance	$25,031.00	$0.00	$0.00	$0.00	$0.00	$25,031.00
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: 2021-22
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

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**	$37,437.00	$0.00	$0.00	$0.00	$0.00	$37,437.00
4	**CFTN Funds Transferred to JPA**	$0.00					$0.00
5	**CFTN Expenditures Incurred by JPA**	$0.00					$0.00
6	**CFTN Project Expenditures**	$243,616.00	$0.00	$0.00	$0.00	$0.00	$243,616.00
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$281,053.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$281,053.00**

SECTION TWO

A	B	C	D	E	F	G	H	I	J

DHCS 1822 G (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	El Dorado	**Date:**	1/31/2023

#	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	Eletronic Health Record System Implementation	Technological Need	$243,616.00	$0.00	$0.00	$0.00	$0.00	$243,616.00
9		Telehealth Project		Technological Need	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10		Integrated Community-Based Wellness Center Project	Community Wellness Center	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
18										$0.00
19										$0.00
20										$0.00
21										$0.00
22										$0.00
23										$0.00
24										$0.00
25										$0.00
26										$0.00
27										$0.00

DHCS 1822 H (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
MHSA Adjustments Worksheet

County:	El Dorado	**Date**	1/31/2023

SECTION ONE

	A	B	C	D	E	F
#	**County Code**	**Account**	**Adjustment Type**	**Adjustment to Fiscal Year**	**Amount**	**Reason**
1						
2						
3						
4						
5						
6						
7						
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9						
10						
11						
12						
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30						

DHCS 1822 H (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
MHSA Adjustments Worksheet

County:	El Dorado	**Date**	1/31/2023

SECTION TWO

	A	B	C	D	E
#	**County Code**	**Account**	**Adjustment to Fiscal Year**	**Amount**	**Reason**
31		Prudent Reserve			
32		Prudent Reserve			
33		Prudent Reserve			
34		Prudent Reserve			
35		Prudent Reserve			
36		Prudent Reserve			
37		Prudent Reserve			
38		Prudent Reserve			
39		Prudent Reserve			
40		Prudent Reserve			
41		Prudent Reserve			
42		Prudent Reserve			
43		Prudent Reserve			
44		Prudent Reserve			
45		Prudent Reserve			
46		Prudent Reserve			
47		Prudent Reserve			
48		Prudent Reserve			
49		Prudent Reserve			
50		Prudent Reserve			
51		Prudent Reserve			
52		Prudent Reserve			
53		Prudent Reserve			
54		Prudent Reserve			
55		Prudent Reserve			
56		Prudent Reserve			
57		Prudent Reserve			
58		Prudent Reserve			
59		Prudent Reserve			
60		Prudent Reserve			

DHCS 1822 I (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
FFP Revenue Adjustment Worksheet

County:	El Dorado		**Date:**	1/31/2023

SECTION ONE

	A	B	C	D	E	F	G
#	**County Code**	**Adjustment to FY**	**Cost Report Stage**	**Account**	**Beginning Balance**	**Adjustment Amount**	**Ending Balance**
1							$0.00
2							$0.00
3							$0.00
4							$0.00
5							$0.00
6							$0.00
7							$0.00
8							$0.00
9							$0.00
10							$0.00
11							$0.00
12							$0.00
13							$0.00
14							$0.00
15							$0.00

DHCS 1822 J (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Comments Worksheet

County:	El Dorado

Date:	1/31/2023

	A	B	C
#	**Account**	**Fiscal Year**	**Comments**
1	Prudent Reserve	2021-2022	The MHSA funds are held in one Fund which includes the Prudent Reserve. The interest earned is based on the total balance in the Fund. The interest is allocated to each of the components (CSS, PEI, INN, WET & CFTN) based on each components balance that is maintained through working documents. The Prudent Reserve interest is reported with the CSS interest.
2			
3			
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