Jenkinson Lake, Pollock Pines, CA

El Dorado County

Mental Health Services Act (MHSA)

Outcomes

FY 2024-25 Year End Results

Reported with the FY 2026-2029

Behavioral Health Services Act (BHSA) Integrated Plan

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Community Services and Supports (CSS) Projects

Introduction

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

This Outcome Measures Report accompanies the Fiscal Year 2026-2029 Behavioral Health Service Act (BHSA) Integrated Plan and provides outcome information for the projects included in the Fiscal Year 2023-24 – 2025-26 MHSA Three-Year Program and Expenditure Plan.

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

Full Service Partnership (FSP) Program

Children's Full Service Partnership Project

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$3,997,440	$6,809,961	$6,809,901
Total Expenditures	$ 4,228,308	$5,604,356	$6,383,793
Unduplicated Individuals Served	542	737	753
Cost per Participant	$7,801	$7,604	$8,478
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	443	530	560
16-25 (transitional age youth)	99	207	193
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Gender	FY 2022-23	FY 2023-24	FY 2024-25
Female	286	370	394
Male	256	367	359
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	111	145	156
Placerville Area	207	247	245
North County	33	54	44
Mid County	70	80	64
South County	21	28	22
Tahoe Basin	84	160	199
Unknown or declined to state	0	0	0
Out of County	16	23	23
Race	**FY 2022-23**	**FY 2023-24**	
American Indian or Alaska Native	8	6	5
Asian	5	6	9
Black or African American	17	13	13
Caucasian or White	184	205	217
Native Hawaiian or Other Pacific Islander	4	2	2
Other Race	83	82	97
Unknown or declined to state	282	423	410

Ethnicity	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino	42	38	42
Other Hispanic / Latino	27	48	65
Not Hispanic	160	184	186
Unknown or declined to state	313	467	460
Primary Language	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
English	348	492	565
Spanish	19	37	46
Other Language	0	0	1
Unknown or declined to state	175	208	141

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

Eligibility for Pathways to Wellbeing and Katie A. Subclass Services

CLIENT INFORMATION	
Name:	Avatar #:
Date Determination Made:	Assessing Clinician:
Charis	Sierra
Summitview	New Morning
Stanford	Other

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

   ☐Yes ☐No

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

   ☐Yes ☐No

3. Child/youth is under the age of 21

   ☐Yes ☐No

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

   ☐Yes ☐No

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

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

   ☐Yes ☐No

ELIGIBLITY DETERMINATION

A. Child/youth meets criteria for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) through Pathways to Well-Being services, if:
   - Answers to items 1-4 are YES

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

OR

B. Child/youth meets criteria for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) through membership of the Katie A Subclass, if:
   - Answers to items 1-4 are YES **AND**
   - Answer to item 5 is YES

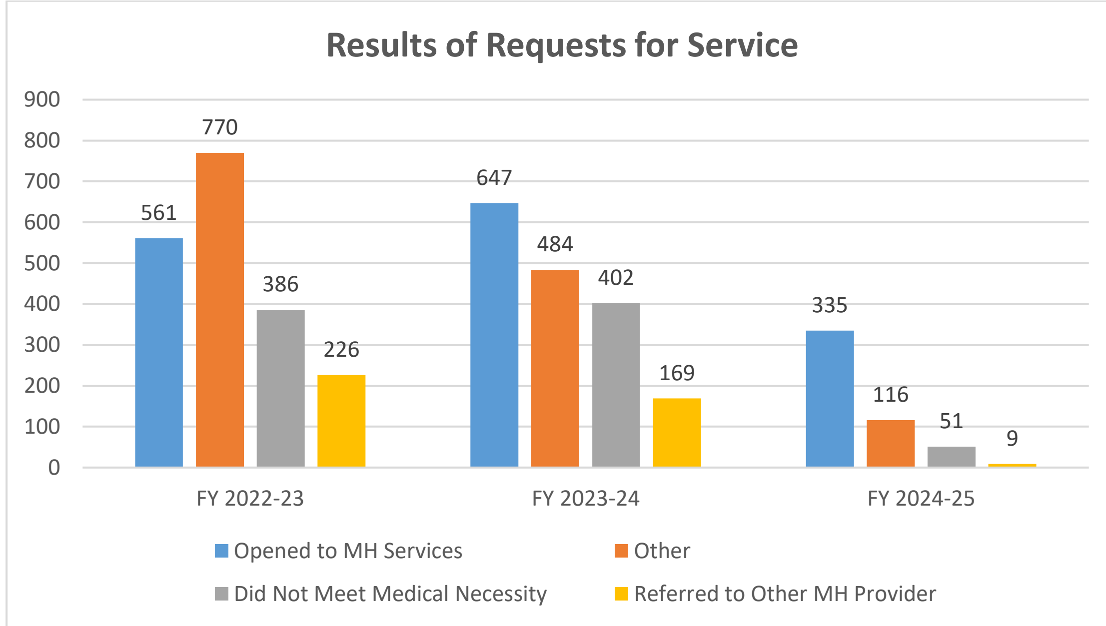
☐**Eligible for ICC and IHBS services through membership of the Katie A. Subclass**

OR

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

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

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



Outcome Measures: Children's FSP

Measurement 1: *Days of Psychiatric Hospitalization*

Children's FSP and Enhanced Foster Care	FY 2022-23	FY 2023-24	FY 2024-25
Children Enrolled in this Program:			
Unduplicated Children Served	641	522	609
Unduplicated Children Hospitalized	13	14	27
Number of Hospitalizations	18	16	32
Average Length of Stay	5.9 days	6.3 days	7.41 days
All El Dorado County Children Medi-Cal Beneficiaries (under age 18 whether receiving Specialty Mental Services or not):			
Unduplicated Children Hospitalized	37	48	32
Number of Hospitalizations	52	63	46
Average Length of Stay	8.7 days	6.5 days	7.26 days

Measurement 2: *School Attendance*

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

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

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

CASA

Numbers Served and Cost

Expenditures	FY 2023-24	FY 2024-25	FY 2024-25
MHSA Budget	$23,000	$23,000	$23,000
Total Expenditures	$23,000	$22,988	$22,988
Unduplicated Individuals Served	176	211	211

Annual Report FY 2024-25

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

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

- Maintained a high volume of outreach and recruitment efforts including up to 29 events in one six-month period;
- Comprehensive services to better support children by supporting their families;
- Assigned two staff members to advocate and serve all eligible youth in the juvenile justice system;
- Maintained consistent staffing to help provide seamless services and support to our advocates and the children we serve;
- Strengthening partnerships with community partners.

Improved Mental Health for foster care: It is a privilege to stand alongside foster youth and support their healing by providing the consistent presence of a CASA volunteer. According to the American Academy of Pediatrics, mental and behavioral health continues to be one of the most urgent and under-addressed needs for children in the foster care system. Nationally, approximately 80% of foster youth suffer from mental health issues, in comparison to an estimated 18-22% of children not in foster youth. Factors contributing to the mental and behavioral health of children and youth in foster care includes the history of complex trauma, frequent transitions of placement and situations, complex family relationships, inconsistent and inadequate access to mental health services and the over- prescription of psychotropic medications {DHCS, 2022). Encouragingly, The

American Academy of Pediatrics also tells us that mental and behavioral health may significantly improve with the presence of at least one nurturing, responsive adult, who is stable in the child's or teen's life over time.

CASA El Dorado provides that stable adult. We assign children a caring and consistent adult that allows for a one on one, stable and reliable relationship for the duration of their case. The relationship established between a CASA youth and their advocate often carry over as a long-term mentorship and continued stable, trusted adult long past when a child's case closes. When a foster youth has a CASA, they are more likely to be connected with services and have more services ordered by the court; they are also half as likely to reenter the foster care system, more likely to slow or stop the cycle of intergenerational trauma, and less likely to re-experience abuse and neglect.

Progress: During this reporting period, CASA served 211 children with Advocates. Funding from MHSA, are used to directly fund a portion of the hours of one of our Senior Program Managers, who provides management, direction, and oversight to our CASAs. This position executes monthly continuing education classes for our advocates, assures volunteers comply with all rules of Court, suggests appropriate resources for the children we serve, case conferences with parties involved with cases and assures that volunteers comply with record keeping and other duties.

In addition to this service, CASA El Dorado also provides advocates to Juvenile Justice Youth, and Family Coaches to parents at-risk of having their children removed. These two programs help create more stability for more children in our community, helping to stabilize family units and builds foundations for healthier futures for the children in these cases. Both of these programs are currently funded by alternate funding.

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

Collaboration: CASA El Dorado is a willing collaborator with any and all local partnering agencies to help provide the most efficient and effective services in support of our CASA youth. We most frequently collaborate with El Dorado County Health and Human Services, Child Welfare; El Dorado County Probation; El Dorado County Superior Court; Unity Care; El Dorado County Office of Education; Sierra Child and Family Services; Stanford Sierra Youth and Families, New Morning Youth and Family Services; Summitview; and Live Violence Free (now named Vista Rise Collective}.

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

Program Expenditures

Expenditure	Amount	MHSA Grant
Staff Salaries, Taxes, Benefits	$759,100	$22,985
Recruiting, Training, Advocacy Support	$21,707	
Travel	$5,726	
Rent, Utilities, etc	$37,070	
Legal, Professional	$14,072	
Insurance	$11,727	
Postage, other	$8918	
Volunteer Hours (In kind)	$183,486	
Total	$1,041,806	$22,985

We are proud to stand alongside and advocate for some of the most vulnerable youth in our community. Thank you, as your continued support makes this possible. If you have any questions, please do not hesitate to contact us.

Transitional Age Youth (TAY) Full Service Partnership

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget – Total	$403,200	$499,859	425,000
Total Expenditures	$321,136	$147,876	14,561
Unduplicated Individuals Served	65	37	10
Cost per Participant	$4,941	$3,996	1,456

Data for FY 2022-23 and 23-24 includes those served directly by the County though its TAY FSP and Mental Health Block Grant First Episode of Psychosis (FEP) programs, as well as those served by its contracted FEP provider, Sierra Child and Family Services.

Age Group	FY 2022-23	FY 2023-24	FY 2024-25
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	65	36	12
26-59 (adult)	0	1	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Gender	
Female	6
Male	6

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County	7	15	4
Placerville Area	40	14	6
North County	3	2	1
Mid County	7	0	0
South County	2	0	0
Tahoe Basin	3	2	0
Unknown or declined to state / out of county	3	4	1
Race	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
American Indian or Alaska Native	0	0	0
Asian	3	0	0
Black or African American	5	1	0
Caucasian or White	26	18	4
Native Hawaiian or Other Pacific Islander	1	0	0
Other Race	10	4	2
Unknown or declined to state	20	14	6

Ethnicity	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino	4	1	1
Other Hispanic / Latino	8	2	0
Not Hispanic	25	16	3
Unknown or declined to state	28	18	8
Primary Language	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
English	54	29	9
Spanish	1	0	0
Other Language	0	0	0
Unknown or declined to state	10	8	3

Outcome Measures: TAY FSP Project

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

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

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

See Measurement 5.

Measurement 3: *Education Attendance and Performance*

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

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

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

Measurement 5: *Continued Engagement in Mental Health Services*

Participants	FY 2022-23	FY 2023-24	FY 2024-25
Unique Clients	65	33	12
Total FSP Episodes	66	37	12
Total FSP Episodes Opened	38	20	0
New/Returning Client	35	15	0
Changed Program (same level of services)	1	1	0
Decreased Level of Services	0	3	0
Increased Level of Services	2	0	0
FSP Episodes Closed:			
Total FSP Episodes Closed	40	25	100
Graduated / Exited Services	33	25	3
Changed Program (same level of services)	3		0
Decreased Level of Services	4	3	1
Increased Level of Services	0	0	0

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

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

Adult Full Service Partnership

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

Project Goals

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

Numbers Served and Cost

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

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$6,001,920	$7,499,536	6,500,000
Total Expenditures	$4,480,181	$3,815,476	$4,320,873
Unduplicated Individuals Served	186	166	108
Cost per Participant	$24,087	$22,984	$40,008

Age Group	FY 2022-23	FY 2023-24	FY 2024-25
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	12	7	6
26-59 (adult)	140	131	82
Ages 60+ (older adults)	34	28	20
Unknown or declined to state	0	0	0

Gender	FY 2022-23	FY 2023-24	FY 2024-25
Female	75	71	45
Male	111	95	63
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	16	17	9
Placerville Area	96	76	56
North County	6	5	1
Mid County	12	11	2
South County	3	5	1
Tahoe Basin	35	38	31
Out of County	17	14	9
Unknown or declined to state	1	0	0
Race	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
American Indian or Alaska Native	5	2	0
Asian	3	3	4
Black or African American	7	6	5
Caucasian or White	135	127	90
Native Hawaiian or Other Pacific Islander	0	0	0
Other Race	11	9	4
Unknown or declined to state	20	19	5

Ethnicity	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino	4	3	2
Other Hispanic / Latino	10	6	4
Not Hispanic	137	119	86
Unknown or declined to state	35	38	16
Primary Language	**FY 2022-23**	**FY 2023-24**	
English	172	155	102
Spanish	2	1	0
Other Language	2	3*	3
Unknown or declined to state	10	7	3

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

Outcome Measures: Adult FSP

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

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

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

Participants	FY 2022-23	FY 2023-24	FY 2024-25
Unique Clients	186	166	108
Total Episodes	199	187	125
FSP Episodes Opened:			
Total FSP Episodes Opened	122	88	49

New or Returning Client	88	53	36
Changed Program (same level of service)	4	15	2
Decreased Level of Services	0	0	7
Increased Level of Services	30	20	4
FSP Episodes Closed:			
Total FSP Episodes Closed	106	111	51
Graduated / Exited Services	70	58	93
Changed Program (same level of service)	5	12	2
Decreased Level of Services	31	41	42
Increased Level of Services	0	0	0

Measurement 3*: Continued Engagement in Services*

Eighty-three (53) adults who were enrolled as an FSP client at any time in FY 2024-25 remained open to SMHS at the end of FY 2024-25.

Measurement 4: *Results of ANSA*

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

Older Adult Full Service Partnership

There are no FY 2024-25 outcomes to report for this program. Older Adult FSP clients were provided the full range of FSP services through the Adult FSP program.

FSP Forensic Services Project

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

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

The term "involvement with" the criminal justice system" may include, but is not limited to:
Recent arrest and booking;
Recent release from jail;
Risk of arrest for nuisance of disturbing behaviors;
Risk of incarceration;
Risk of recidivism;
Collaborative court system or probation supervision, including Community Corrections Center participants; and/or
Involvement in the criminal justice system.

A key component of this FSP program is addressing the criminogenic risk factors, needs, and/or behaviors. If individuals with involvement with the criminal justice system do not meet medical necessity criteria for SMHS, behavioral health linkages and/or case management services may be provided to eligible participants with mild-to-moderate or emerging mental health concerns through the PEI project Forensic Access and Engagement Project. The FSP Forensic Services Project is rapidly expanding with additional programs developed throughout the state and increased attention by the court system on connecting individuals with mental health needs to appropriate treatment. As such, the funding allotment for this project is planned to increase over the course of this Three Year Plan. Funding will be reassessed with each annual update to true-up costs based on actual expenditures seen over time.

CARE Court

Senate Bill 1338, signed by Gov. Newsom on Sept. 14, 2022, creates CARE Court (Community Assistance, Recovery and Empowerment Court), which provides a new pathway to compel homeless individuals with schizophrenia spectrum or other psychotic disorders to receive treatment and housing. The bill authorizes specified adults to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan to implement services provided by county behavioral health agencies. Services will include stabilization

medication, housing and other services. The bill requires Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne and San Francisco Counties to implement the plan by Oct. 1, 2023. The remaining counties, including El Dorado, must begin the plan no later than Dec. 1, 2024. Counties failing to comply with the CARE process may be fined up to $1,000 per day.

Forensic FSP Project Goals:

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

Numbers Served and Cost

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

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$1,094,400	$1,430,290	$2,400,000
Total Expenditures	$723,184	$727,409	$761,619
Unduplicated Individuals Served	36	85	108
Cost per Participant	$20,088	$8,558	$7,052
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	5	9	6
26-59 (adult)	30	71	82
Ages 60+ (older adults)	1	5	20
Unknown or declined to state	0	0	0

Gender	FY 2022-23	FY 2023-24	FY 2024-25

Female	13	23	45
Male	23	62	63
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	7	13	9
Placerville Area	14	44	57
North County	3	6	1
Mid County	0	3	2
South County	1	2	1
Tahoe Basin	9	14	31
Out of County	2	3	7
Unknown or declined to state	0	0	0
Race	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
American Indian or Alaska Native	1	2	1
Asian	2	3	4
Black or African American	2	2	5
Caucasian or White	23	46	89
Native Hawaiian or Other Pacific Islander	0	0	0
Other Race	3	9	4
Unknown or declined to state	5	23	5

Ethnicity	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino	1	3	2
Other Hispanic / Latino	3	5	5
Not Hispanic	26	46	86
Unknown or declined to state	6	31	15

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
English	33	64	102
Spanish	0	0	0
Other Language	0	1*	3
Unknown or declined to state	3	20	3

* 1 Mandarin

Outcome Measures: Forensic FSP

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

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

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

Participants	FY 2022-23	FY 2023-24	FY 2024-25
Unique Clients	36	85	173
Total Episodes	37	86	183
FSP Episodes Opened:			
Total FSP Episodes Opened	13	59	114

New or Returning Client		48	173
Changed Program (same level of service)		3	10
Decreased Level of Services		0	0
Increased Level of Services		8	0
FSP Episodes Closed:			
Total FSP Episodes Closed	0	26	50
Graduated / Exited Services		20	47
Changed Program (same level of service)		3	2
Decreased Level of Services		3	1
Increased Level of Services		0	0

Measurement 3*: Continued Engagement in Services*

Thirty-eight (38) adults who were enrolled as a Forensic FSP client at any time in FY 2024-25 remained open to SMHS at the end of FY 2024-25.

Measurement 4: *Results of ANSA*

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

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

Wellness and Recovery Services Program

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

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$3,701,500	$4,091,245	$3,800,000
Total Expenditures	$2,369,020	$2,822,311	$3,736,426
Wellness Centers (West Slope & East Slope):			
Wellness Center Visits	6,153	2,089	5,594
Cost per Visit	$385	$1,698	$668
Unduplicated Clients	187	787	759
Outpatient Wellness Program Clients Served	535	621	835
Cost per Client	$12,669	$3,586	$4,922

Age Group (outpatient Wellness Programs only)	FY 2022-23	FY 2023-24	FY 2024-25
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	45	61	74
26-59 (adult)	404	467	587
Ages 60+ (older adults)	86	93	98
Unknown or declined to state	0	0	0
Gender	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Female	262	307	366
Male	273	314	393
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	67	81	116
Placerville Area	149	164	219
North County	27	34	35
Mid County	40	32	43
South County	18	10	19
Tahoe Basin	205	272	305
Unknown or declined to state	2	0	1
Out of County	27	28	21

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	12	10	14
Asian	9	10	7
Black or African American	7	6	20
Caucasian or White	382	425	558
Native Hawaiian or Other Pacific Islander	0	2	1
Other Race	52	62	96
Unknown or declined to state	73	106	63
Ethnicity	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino	32	35	38
Other Hispanic / Latino	32	40	55
Not Hispanic	348	394	477
Unknown or declined to state	123	152	189
Primary Language	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
English	489	559	701
Spanish	3	6	13
Other Language	4	4	3
Unknown or declined to state	39	52	42

Outcome Measures: Wellness Centers & Outpatient Specialty Mental Health Services

Measurement 1: *Number of Participants*

Numbers Served (East Slope Wellness Center)	FY 2022-23	FY 2023-24	FY 2024-25
Wellness Center Visits	1,291	1,710	1,835
Unduplicated Clients	64	88	58

Numbers Served (West Slope Wellness Center)	FY 2022-23	FY 2023-24	FY 2024-25
Wellness Center Visits	4,862		5,594
Unduplicated Clients	123		1,201

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

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

Participants	FY 2022-23	FY 2023-24	FY 2024-25
Unique Clients	535	622	759
Total Episodes	564	652	835
Episodes Opened:			
Total Episodes Opened	331	364	488
New/Returning Client	296	287	346
Changed Program (same level of service)	0	30	16
Decreased Level of Services	35	47	21
Increased Level of Services	0	0	0
Episodes Closed:			
Total Episodes Closed	276	306	270
Graduated / Exited Services	234	252	259

Changed Program (same level of services)	6	33	21
Decreased Level of Services	6	0	13
Increased Level of Services	30	21	27

TAY Engagement, Wellness and Recovery Services Project

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget – Total	$328,500	$399,864	$600,000
Total Expenditures	$136,164	$182,462	$14,561
Unduplicated Individuals Served	32	27	12
Cost per Participant	$4,254	$6,757	$1,213
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	32	27	12
26-59 (adult)	0	1	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0
Gender	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Female	21	20	6
Male	11	7	6

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County	9	10	4
Placerville Area	14	11	6
North County	3	2	1
Mid County	2	0	0
South County	0	0	0
Tahoe Basin	3	2	0
Out of County	1	2	1
Unknown or declined to state	0	0	0
Race	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
American Indian or Alaska Native	0	0	0
Asian	0	0	0
Black or African American	0	0	0
Caucasian or White	20	13	4
Native Hawaiian or Other Pacific Islander	0	0	0
Other Race	5	3	2
Unknown or declined to state	7	12	6
Ethnicity	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino	2	1	1
Other Hispanic / Latino	4	1	0
Not Hispanic	18	10	3
Unknown or declined to state	8	15	8

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
English	27	20	9
Spanish	0	0	0
Other Language	0	0	0
Unknown or declined to state	5	7	3

Outcome Measures: TAY Engagement, Wellness & Recovery Project

Measurement 1: *Number of Participants*

See Measurement 2.

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

Participants	FY 2022-23	FY 2023-24	FY 2024-25
Unique Clients	32	27	12
Total Episodes	34	28	12
Episodes Opened:			
Total Episodes Opened	17	15	0
New/Returning Client	9	11	12
Changed Program (same level of service)	6	12	0
Decreased Level of Services	2	3	0
Increased Level of Services	0	2	0
Episodes Closed:			
Total Episodes Closed	21	16	10
Graduated / Exited Services	20	15	10

Changed Program (same level of services)	0	0	0
Decreased Level of Services	0	0	0
Increased Level of Services	1	0	0

Community Transition and Support Team

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

Outreach and Engagement Services

Access Service Project

Provider

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$1,100,000	$1,275,000	$1,000,000
Total Expenditures	$537,569	$382,154	$211,832
Requests for Services	1,956	1,707	1,589
Cost per Request	$275	$224	$133
Call Intakes (inquiries other than a Request for Service)	635	530	226

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

Request for Services Source	Total
General (self-refer, doctor, hospital)	1,137
Child Welfare Services Referrals	122
Telecare Corp. (PHF) Referrals	49
Foster Care Presumptive Transfer Referrals	30
Managed Care Plan*[1]	25
Total	1,363

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

Age Group	FY 2022-23	FY 2023-24	FY 2024-25
0-15 (children/youth)	548	548	494
16-25 (transitional age youth)	379	285	237
26-59 (adult)	862	729	747
Ages 60+ (older adults)	167	145	136
Unknown or declined to state	0	0	2
Gender	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Female	1037	492	808
Male	919	474	809
Transgender	0	0	0
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	285	173	298
Placerville Area	654	284	473
North County	103	79	73
Mid County	188	84	108
South County	47	16	43
Tahoe Basin	563	295	556
Out of County	96	38	45
Unknown or declined to state	20	0	21

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	30	9	21
Asian	21	5	12
Black or African American	40	10	39
Caucasian or White	992	404	719
Native Hawaiian or Other Pacific Islander	2	2	4
Other Race	217	82	215
Unknown or declined to state	702	362	607
Ethnicity	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino	99	33	77
Other Hispanic / Latino	129	62	141
Not Hispanic	890	402	673
Unknown or declined to state	838	38	726
Primary Language	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
English	1,479	712	1,376
Spanish	50	36	73
Other Language	5	6	2
Unknown or declined to state	422	212	166

Outcome Measures: Access Service Project

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

FY 2022-23 Number of Requests for Service

Age Group and Location	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023
Adult, South Lake Tahoe	18	21	31	30	23	28
Adult, West Slope	70	51	58	53	44	64
Child, South Lake Tahoe	17	6	14	21	9	9
Child, West Slope	46	45	35	58	38	38
Overall	151	123	138	162	114	139

FY 2023-24 Number of Requests for Service

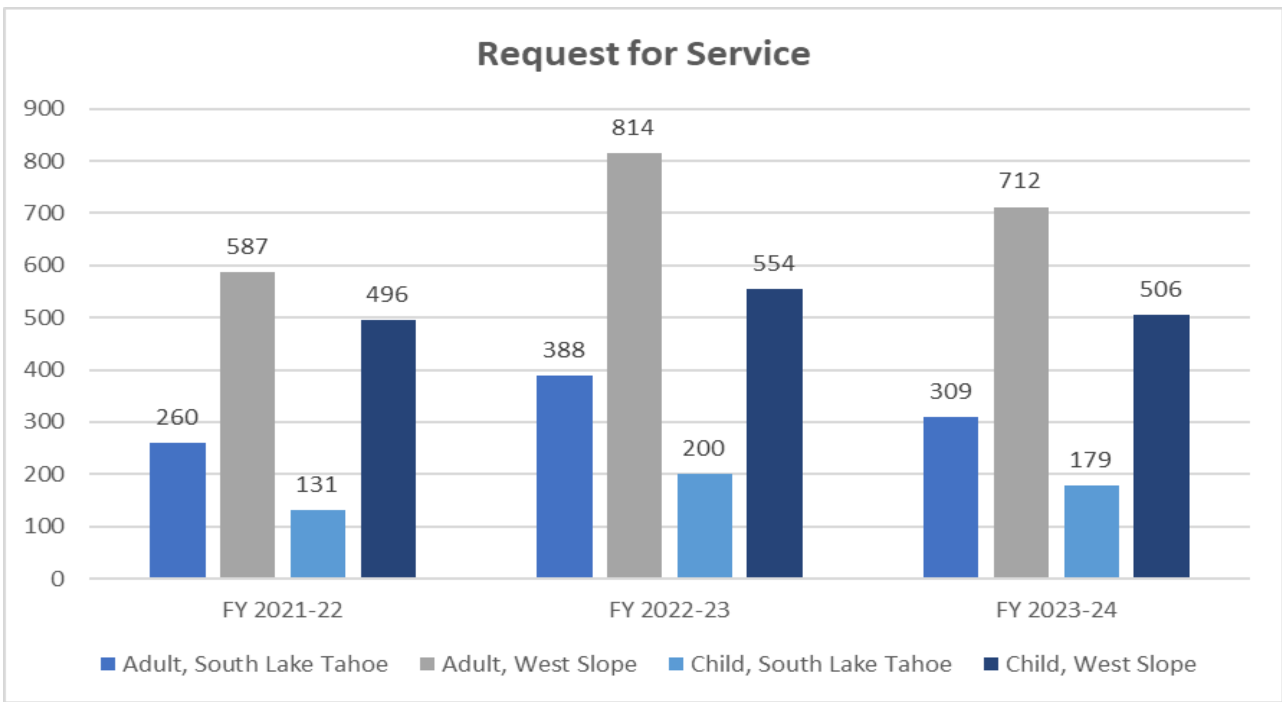
Age Group and Location	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	June 2024	Total FY 2023-24
Adult, South Lake Tahoe	30	35	23	20	27	23	309
Adult, West Slope	91	66	60	48	65	42	712
Child, South Lake Tahoe	22	20	15	19	17	10	179
Child, West Slope	48	50	31	39	60	18	506
Overall	191	171	129	126	169	93	1,706

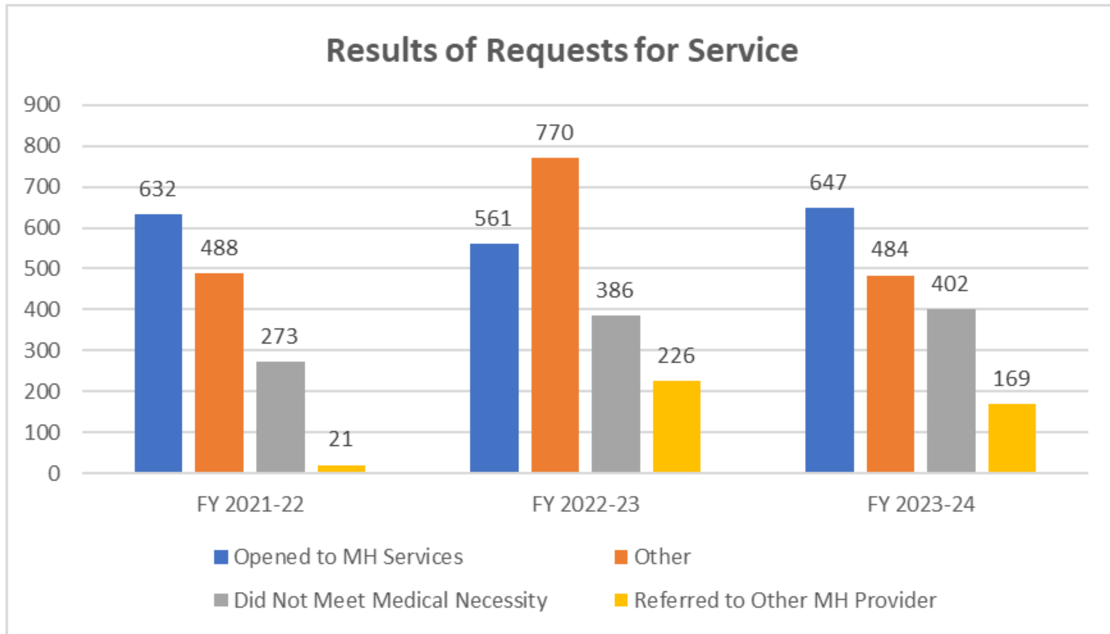
FY 2024-25 Number of Requests for Service

Age Group and Location	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Adult, South Lake Tahoe	25	31	33	33	30	33
Adult, West Slope	56	58	59	46	52	36
Child, South Lake Tahoe	8	22	15	17	16	7
Child, West Slope	24	55	27	40	54	30
Overall	117	166	134	136	152	106

FY 2024-25 Number of Requests for Service

Age Group and Location	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	Total FY 2023-24
Adult, South Lake Tahoe	31	35	35	29	36	22	373
Adult, West Slope	65	55	61	46	47	32	613
Child, South Lake Tahoe	15	10	27	16	13	15	181
Child, West Slope	24	31	43	30	31	29	418
Overall	135	131	166	121	127	98	1,589





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

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

Assisted Outpatient Treatment (AOT)

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$64,000	$64,000	$50,000
Total Expenditures	$3,116	$765[2]	$127
AOT Referrals Open at any time During the FY	14	9	3
Cost per Participant	$223	$85	$42

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

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

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

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

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

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

Outcome Measures: AOT

Measurement 1: *Number and Source of Referrals Received*

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

Referral Source	FY 2022-23 Referrals	FY 2023-24	FY 2024-25 Referrals
Adult Housemate/Roommate	0		0
Immediate Family Member	3		0
Treatment/Care Facility	0		0
Hospital	0		0
El Dorado County Psychiatric Health Facility (PHF)	2		0
Treatment Provider	2		3
Law Enforcement/Justice	0		0
Court (effective 2021)	0		0

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

Status	FY 2021-22	FY 2023-24	FY 2024-25
Voluntarily Engaged with SMHS	3		0
Voluntarily Engaged with Mild to Moderate or other Mental Health Services	1		3
Engaged via Petition / Petitions Filed	0		0
Engaged via Conservatorship	1		0
Not Eligible for AOT	4		0
Incarcerated Prior to Engagement	1		0
Engagement Attempts Continue	0		0

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

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

Measurement 4: *Number of AOT Petitions Filed*

Three (3) AOT petitions were filed during FY 2024-25.

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

Two (2) AOT referrals remained engaged in services for at least six months during FY 2024-25.

Genetic Testing

Provider: Assurex Health

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$50,000	$50,000	$50,000
Total Expenditures	$0	$0	$0
Requests for Services	0	0	0

Outcome Measures: Genetic Testing

Measurement 1: *Number of Clients Receive Genetic Testing*

To date there have been no genetic tests ordered.

Housing Projects

Project Goals

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

West Slope – Trailside Terrace, Shingle Springs

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

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

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

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

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

Prevention and Early Intervention (PEI) Projects

Introduction

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

This Outcome Measures Report accompanying the Fiscal Year 2026-2029 Behavioral Health Services Act (BHSA) Integrated Plan provides outcome information for the PEI projects included in the Fiscal Year 2024/25 MHSA Annual Update.

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

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

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

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

Prevention Programs

Latino Outreach Project – West Slope and South Lake Tahoe

Provider: New Morning Youth and Family Services

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$96,000	$400,000	$400,000
Total Expenditures	$84,259	$315,313[3]	$392,470
Unduplicated Individuals Served	341	1868	3206
Cost per Participant	$247	$168	$122
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	100	201	189
16-25 (transitional age youth)	47	106	149
26-59 (adult)	175	1458	2777
Ages 60+ (older adults)	19	19	88
Unknown or declined to state	0	0	3
Race	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
American Indian or Alaska Native	2	0	1
Asian	0	4	3
Black or African American	4	3	3
Native Hawaiian or Other Pacific Islander	0	1	0
White	74	32	788
Other	2	1828	1109
Multiracial	1	0	1
Unknown or declined to state	258	0	221

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

Ethnicity by Category	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino			
Caribbean	0	0	0
Central American	15	28	10
Mexican/Mexican-American/Chicano	302	369	663
Puerto Rican	0	0	0
South American	3	1182	1904
Other	12	184	533
Unknown or declined to state	4	98	60
Non-Hispanic of Latino			
African	3	2	1
Asian Indian/South Asian	0	2	2
Cambodian	0	0	0
Chinese	0	1	5
Eastern European	0	6	2
Filipino	0	1	6
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	1861	1691
Multi-ethnic	2	0	0
Unknown or declined to state	0	7	241
Primary Language	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	89	280	621
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	4	0
Other Chinese	0	0	2
Russian	0	8	2
Spanish	249	1566	2573
Tagalog	0	0	1
Vietnamese	0	0	0
Other language	3	0	0
Unknown or declined to state	0	10	4

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2022-23	FY 2023-24	FY 2024-25
Gay or Lesbian	1	2	2
Heterosexual or Straight	291	1649	3008
Bisexual	2	0	5
Questioning or unsure of sexual orientation	3	0	0
Queer	3	0	0
Another sexual orientation	1	1	0
Unknown or Declined to State	40	216	173
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male	109	485	1117
Female	232	1382	2089
Unknown or Declined to answer	0	1	0
Current gender identity:			
Male	100	485	1117
Female	223	1383	2089
Transgender	1	0	0
Genderqueer	1	0	0
Questioning / unsure of gender identity	1	0	0
Another gender identity	0	0	0
Unknown or Declined to answer	5	1	0
Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Difficulty seeing	4	10	13
Difficulty hearing or having speech understood	4	1	0
Mental disability including but not limited to learning disability, developmental disability, dementia	41	**27**	**38**
Physical/mobility	6	4	12
Chronic health condition/chronic pain	35	47	62
Other (specify)	0	2	36
Declined to state	0	223	143

Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2022-23	FY 2023-24	FY 2024-25
Yes	1	0	2
No	340	1868	3046
Unknown or declined to state	0	0	62
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	80	66	96
Placerville Area	221	206	242
North County	4	3	3
Mid County	44	29	31
South County	2	3	0
Tahoe Basin	1	1561	2829
Unknown or declined to state	0	0	5
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income	105	73	101
Very low income	122	198	168
Low income	113	1586	2898
Moderate income	1	12	39
High income	0	0	0
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	19	2	46
Medi-Cal	230	1081	1169
Medicare	14	3	432
Uninsured	78	725	1552

Annual Report FY 2024-25

Please provide the following information for this reporting period:

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

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

   During this reporting year, our *Promotoras* have had clients with the usual needs, domestic violence, school issues (bullying), healthcare issues, lack of health insurance and language barriers. Some of these clients have PTSD, anxiety, and depression. Since January 20, 2025, the number of clients with anxiety and depression has increased significantly. Our *Promotoras* have been encouraging our clients to complete a Family Safety Plan (FSP),

unfortunately many families are too frightened to complete them as they fear by completing these plans, the very thing they fear will come true.

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 *Promotoras* continue to advocate for the youth that are struggling in school and accompany parents to school meetings (SST and IEP) for interpretation and clarification. They assist in making referrals at schools for counseling services. In addition, Ruth Zermeno, provides services for the Wellness Centers located at each El Dorado Union High School District site. She also provides services at Folsom Lake College. In addition, either Angie Olmos or Ruth Zermeno, participate in the Student Attendance Review Board (SARB) to assist Spanish speaking parents/guardians through the process and interpretation. They have been especially sensitive and active in supporting families whose members are expressing suicide ideation and attempts. This is a culturally sensitive issue due to religious beliefs.

Latino Outreach continues to address a variety of needs that effect each family member. Some of the challenges have been a lack of action from schools to really address and prevent students bullying other students based on them not speaking English proficiently. Our *Promotoras* spend a lot of their time with clients, helping them at medical appointments to ensure that their physicians understand and listen to them. We have found that many physicians will not order the necessary tests to reach an accurate diagnosis or provide appropriate treatment when they don't fully understand the client.

The biggest fear among our Latino Families, however, is deportation and the fear of their families being separated and sent away.

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

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

A 65-year-old female with history of PTSD, psychosomatic symptoms seen by a Primary Care Physician (PCP) at a local Clinic. PCP didn't provide comprehensive healthcare or adequate tests according to her age and symptoms. Our Promotora provided information on several tests and preventive screenings that our client was not aware of. Our Promotora (with the client's consent) started participating and advocating at her PCP appointments and achieved the following: Client completed an MRI of the brain, Dexa Scan, EKG, and X-Rays of both knees. Consequently, a brain tumor was discovered. The client was referred to the UC Davis Neurosurgery Department; she had multiple appointments with a neurosurgeon and radiologist to receive appropriate treatment. Our client will continue to get monitored every six months and was also referred to a rheumatologist in Cameron Park to treat her knee condition. Since then, our client has her first appointment scheduled for next month. Our Promotora has and will continue advocating and providing support. The client's mental health, the wounds are and will be open until the client has closure on a painful event that might never heal. Our Promotora provides support by listening and validating when the client needs to talk about it and providing emotional support.

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. With our current political climate, many families are worried about their immigration status here in the US. Our *Promotoras* have been keeping the Latino community informed about their rights and assisting them with transportation to appointments and other daily activities that they would usually be able to take care of on their own. They are afraid to go shopping and to work, children are afraid to go to school because they fear when they return home, their families will not be there.

We have begun picking up and delivering food distributions for our Latino families. We have also helped with rent and medical bills. In addition to helping many families with gift cards at Christmas time.

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* treat all their clients with respect; mindful that the Latino population has a mixture of diverse cultures, linguistics (Spanish dialects), nationalities, and spiritual beliefs. This year we had a family from South America (Brazil) that spoke Portuguese. We provided much needed resources for this family.

The *Promotoras* attended community events per Zoom or in-person, hosted by non-profit organizations and county departments to increase cultural awareness and reduce racial/ethnic disparities. This year our *Promotoras* completed trainings in the following areas: Sexual Harassment, Crisis Intervention and De-escalation, Mental Health First Aid, Substance Use Disorder-Overdose Prevention and Getting Help. In addition, at our November 2024 Clinical Staff meeting, we trained on Cultural Competency and how we can better support our Latino population where we discussed the fears and concerns of our families.

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

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

National Night Out (8/6/2024) Several of our employees attended; we had a booth at the Northern California Construction Training, El Dorado Campus. There were approximately 100 families in attendance. We provided information about our services (Latino Outreach) to the Spanish speaking families.
Children's Health Fair (8/17/2024) Several New Morning employees attended and gave out information regarding our programs including Latino Outreach, this event was for children under the age of 5 and women at any stage of pregnancy, there were approximately 100 people in attendance.
Community Resource and Health Fair (9/22/2024) Ruth Zermeno attended, there were approximately 150 people in attendance, most attendees were Latino families. Ruth shared information regarding our Latino Outreach program.
EDCOE Community Based Organization Breakfast (10/9/2024) Presented our Latino Outreach and Counseling programs to 75 people involved with education and other community organizations on the Western Slope.
Spirit of Benny 5K Run (3/8/2025) We provided a booth and brochures. Angie gave information to Spanish speaking families about our services that we provide. There were 175 people in attendance and, approximately 6 families were Latinx.

Kiwanis (3/10/2025) Carrie Thomas, Ruth Zermeno, and Angelica Olmos pre-registered 12 Latino families for the Placerville Food Distribution, we picked the food up and delivered to each home.
Children's Memorial Flag Raising (4/25/2025) Several New Morning employees attended, there were approximately 100 people in attendance.
Community Resource Fair (4/29/2025) Several Case Managers from New Morning including Angie Olmos were in attendance and discussed the programs offered at New Morning, Latino Outreach included.
A Day on the Green in White (6/28/2025) This was a fundraiser for New Morning where we shared information about our programs including Latino Outreach, there were approximately 85 people in attendance.

In addition to outreach opportunities, our *Promotoras* also met with members of our community to discuss specific issues. Angelica Olmos, Kristen Patterson, and Tracy Bunch met with El Dorado Union High School District to discuss concerns regarding our high school clients. Ruth Zermeno also met with the CEO of Life Enriching Communication and three of our board members to provide information about Latino Outreach. Ruth Zermeno, Angelica Olmos, and Carrie Thomas regularly attend the Common Roots meetings to discuss issues for our marginalized communities in El Dorado County.

New Morning staff also participate in the following groups:
Child Abuse Prevention Counsel
Member of the Student Attendance Review Board (SARB)
El Dorado Common Roots
Western Slope Collaborative
COPE (El Dorado Coalition for Overdose Prevention and Education)
EDOK Racial Equality Committee
Commission for Youth and Families

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.**
  97% 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.**
  Between New Morning and Tahoe Family Resource Center, we have provided counseling for 32 referred by our Latino Outreach program

- **Measurement 4 Number of Clients referred to County Behavioral Health, if known.**
  8 to 12 clients a year are referred to County Behavioral Health.

- **Measurement 5 Client self-report on the duration of untreated mental illness.**
  Unknown

- **Measurement 6 If known, the average interval between referral and participation in treatment.**

For mental health services, the interval is determined upon the client's 'level of care.' If the client requires prompt intervention, then 1-3 days. Likewise, a lower 'level of care' could be up to two months (The increase in time is due to a lack of mental health clinicians in our area). We provide case management and drug/alcohol prevention within one week.

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

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

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

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

8) Provide any additional relevant information.

I would like to share a few success stories as well as challenges from our *Promotora's* .

My name is Laura Alvarez Vallejo, and I would like to share some recent updates about our work and the impact we are seeing in our community. We have experienced a significant increase in the number of services provided. For example, in June 2024, we delivered 656 services, while in June 2025, we provided 1,175 services. This year, we have faced several external challenges beyond our control. Due to the current political climate, many of our families are afraid to leave their homes and avoid going out in public. Despite these circumstances, we are fortunate to have a group of dedicated volunteers who are willing to deliver food and essential services directly to our clients. We continue to support individuals and families in multiple ways. For example, we help clients create resumes, apply for jobs online, and schedule appointments at the DMV or with county agencies to obtain vital records such as birth certificates.

Success Story: J.H

J.H and her family arrived from Colombia last year. From the beginning, they faced many challenges as they adjusted to life in a new country. First, we supported them with food assistance. J.H told us that, during her husband's unemployment, the groceries they received from our center were essential to feed their children. Then came the challenge of finding housing. We guided J.H step by step, offering guidance and connecting with the appropriate agencies. Thanks to this support, the family was finally able to secure an apartment. We also helped

J.H find specialized support for one of her daughters, who suffers from a medical condition. At the same time, we assisted her in enrolling her daughters in school and successfully ensured they could remain in the same school once the family moved into their new home, including arranging transportation. Later that year, something extraordinary happened. One of our volunteers, who helps us deliver donations every Friday and owns a local laundromat, noticed the family's situation and decided to help further. He offered Jeimy and her husband jobs at his business. Thanks to that opportunity, J.H and her family became self-sufficient in just one year. They now have stable housing and a steady income, and no longer need to visit our agency. We know they're doing well: they're working, living in a safe place, and thriving as a family.

Challenges Faced by Our Agency

One of our main challenges at the moment is financial. Due to budget constraints, we have unfortunately had to reduce staff hours. This has been difficult and saddening, especially because the need for support in our community continues to grow. Having fewer staff members makes it more challenging to respond to the high volume of needs we see every day. Another significant challenge in our office is responding to emergency calls. When these arise, we do our best to use every available resource — often searching for contact numbers and support options within our town to refer individuals to the appropriate services. However, these referrals are not always immediate solutions, as many local agencies, like us, also have limited resources, particularly when it comes to housing support for families. On a more positive note, we have recently made progress in responding to urgent situations involving domestic violence. We now have knowledge of the **Health and Human Services Agency**, which helped us secure immediate assistance for one of our clients facing a critical need. This kind of collaboration gives us hope and reinforces the importance of expanding networks to better serve those in crisis.

The biggest challenge for our clients

“The presence of federal agents in our community which has also been a significant concern.”

This has unfortunately caused so much fear in our Latino communities that they are not reaching out and accessing the support they need.

Primary Project - Black Oak Mine Union School District

Provider: Black Oak Mine Union School District

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$88,000	$113,000	$150,000
Total Expenditures	$75,250	$113,000	$139,541
Unduplicated Individuals Served	65	95	99
Cost per Participant	$1,158	$1189	$1,409
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	65	95	99
16-25 (transitional age youth)	0	0	x
26-59 (adult)	0	0	X
Ages 60+ (older adults)	0	0	X
Unknown or declined to state	0	0	X

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	5	7	6
Asian	1	5	1
Black or African American	0	5	7
Native Hawaiian or Other Pacific Islander	1	1	1
White	50	88	81
Other	0	0	1
Multiracial	0	18	11
Unknown or declined to state	8	9	15
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino		10	19
Caribbean	0	0	
Central American	0	1	
Mexican/Mexican-American/Chicano	6	0	
Puerto Rican	0	0	
South American	0	0	
Other	0	0	
Unknown or declined to state	1	4	4

Non-Hispanic or Latino			
African	0	0	
Asian Indian/South Asian	0	0	
Cambodian	0	0	
Chinese	0	0	
Eastern European	0	0	1
Filipino	1	0	1
Japanese	0	0	1
Korean	0	0	
Middle Eastern	0	0	
Vietnamese	0	0	
Other	0	0	
Multi-ethnic	0	0	
Unknown or declined to state	57	0	

Primary Language	FY 2022-23	FY 2023-24	Fy 2024-25
Arabic	0	0	
Armenian	0	0	
Cambodian	0	0	
Cantonese	0	0	
English	61	94	99
Farsi	0	0	
Hmong	0	0	
Korean	0	0	
Mandarin	0	0	
Other Chinese	0	0	
Russian	1	0	1
Spanish	3	1	1
Tagalog	0	0	
Vietnamese	0	0	
Unknown or declined to state	0	0	

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
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 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned Sex at Birth:			
Male	41	57	65
Female	24	38	34
Declined to answer	0		
Current gender identity:			
Male		57	65
Female		38	34
Transgender			
Genderqueer			
Questioning / unsure of gender identity			
Another gender identity			
Unknown or Declined to answer			

Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Difficulty seeing			
Difficulty hearing or having speech understood		1	
Mental disability including but not limited to learning disability, developmental disability, dementia			
Physical/mobility			
Chronic health condition/chronic pain			
Other (specify)			
Declined to state			
Veteran Status ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes			
No			
Unknown or declined to state			
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	0		
Placerville Area	0	1	4
North County	65	94	95
Mid County	0		
South County	0		
Tahoe Basin	0		
Unknown or declined to state	0		

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income	unknown		
Very low income	unknown		
Low income	unknown		
Moderate income	unknown		
High income	unknown		
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	unknown		
Medi-Cal	unknown		
Medicare	unknown		
Uninsured	unknown		

Annual Report FY 2024-2025

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

   Accomplishments: This year our program expanded the volume of students served. We also added an additional day at Northside. Our coordinator has a new office space at Northside school allowing for an office at both main sites. This allows our coordinator to be on site facilitating between aides and school staff. We have continued training for all our aides during weekly meetings with our current supervisor. We are excited about the expansion of the program within the BOMUSD district. Our coordinator worked with the FASST program in order to refer students to counseling services on campus at Georgetown and Northside schools. Our hope is this will ensure our students are able to get support needed with mental health challenges.

   Challenges: Our district faced many challenges from natural disasters including the Crozier Fire. The continued natural disasters in our area are creating difficulties and lasting impacts on our student's wellbeing. Teacher staffing was again not stable in our district creating many adjustments for our students. Classrooms had challenges with maintaining a positive learning environment. We also struggled with getting support for

counseling services through various parts of the year. Georgetown school and Northside school had new principals who faced many challenges with creating a positive school climate.
Parent participation in supporting students on campus is a challenge at all school sites but seems to be especially challenging at Georgetown School. This can create difficulties in getting students permission slips returned. Teachers have struggles getting parent support for behavior in the classroom creating increased PIP referrals. The entire Primary Project staff worked diligently to ensure success for the students and provide support when appropriate.

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

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

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

Primary Project is working to expand knowledge of our program to all families, and staff by providing knowledge to parents, teachers, principals, and other various staff members. The coordinator created information packets with materials to help others expand their knowledge of our program. These packets are distributed to all principals and teachers at the beginning of the school year to assist staff in identifying students who could benefit from the Primary Project Program. This in turn should allow for more community involvement in sharing about the benefits of PIP as well. Parents are invited to connect with any of the aides, or coordinator for a classroom visit or to get questions answered.

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

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

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

For families on the Divide, access to services is a critical concern. The distance to the nearest mental health services makes the children here an underserved population, on the whole. Primary Project helps to alleviate

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

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

Throughout the year the Primary Project coordinator provided referrals to individual counseling services, FASST coordinator, and other support staff members. Many referrals were made for individual counseling. The PIP supervisor and coordinator worked together to identify students who needed additional support and refer to the appropriate resource. By connecting families with the FASST program staff the families were able to get support in areas such as homelessness, and food insecurity.

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

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

2024-2025 PIP WSI Scores (Bomusd)

Identifying Number	WAS Start	WMA End	% change
G1	51	60	(9) 16%
G2	54	89	(35) 49%
G3	47	57	(10) 19%
G4	43	59	(16) 31%
G5	55	76	(21) 32%
G6	X	X	X
G7	71	86	(15) 19%
G8	53	53	(0) 0%
G9	42	40	(-2) - 5%
G10	X	X	-X
G11	80	76	(-4) -5%
G12	95	95	(0) 0%
G13	62	56	(-6) -10%
G14	68	60	(-8) -13%
G15	58	67	(9) 14%
G16	56	75	(19) 29%

G17	60	56	(-4) -7%
G18	58	71	(13) 20%
G19	56	50	(-6) 11%
G20	X	X	X
G21	60	49	(-11) 20%
G22	52	76	(14) 38%
G23	54	53	(-1) 2%
G24	57	67	(10) 16%
G25	58	54	(-4) -7%
G26	39	69	(30) 56%
G27	48	58	(10) 19%
G28	61	69	(8) 12%
G29	49	67	(8) 31%
G30	72	61	(-11) -17%
G31	75	72	(-3) -4%
G32	42	64	(22) 42%
G33	35	42	(7) 18%
G34	60	67	(7) 11%
G35	65	71	(6) 9%
G36	63	66	(3) 5%
G37	68	72	(4) 6%
G38	58	67	(9) 14%
G39	69	92	(23) 29%
G40	66	73	(7) 10%
G41	x	x	x
G42	x	x	x
G43	x	x	x
G44	x	x	x
G45	57	56	(-1) -2%
G46	54	73	(19) 30%
G47	63	61	(-2) -3%
G48	74	85	(11) 14%
G49	54	63	(9) 15%
G50	67	65	(-2) -3%
G51	X	X	X
G52	X	X	X
G53	61	76	(15) 21%
G54	84	76	(-8) -10%
G55	45	46	(1) 2%

N1	44	56	(12) 24%
N2	30	40	(10) 29%

N3	82	85	(3) 4%
N4	48	48	(0) 0%
N5	64	68	(4) 6%
N6	21	38	(17) 57%
N7	82	79	(-3) -4%
N8	x	x	x
N9	66	78	(12) 17%
N10	66	74	(8) 11%
N11	49	56	(7) 13%
N12	55	57	(2) 4%
N13	71	78	(7) 9%
N14	66	81	(15) 20%
N15	38	60	(22) 45%
N16	38	53	(15) 33%
N17	x	x	x
N18	57	79	(22) 45%
N19	44	68	(24) 43%
N20	44	46	(2) 4%
N21	48	58	(10) 19%
N22	82	76	(-6) -8%
N23	56	50	(-6) -11%
N24	51	49	(-2) -4%
N25	71	84	(13) 17%
N26	62	78	(16) 23%
N27	66	74	(8) 11%
N28	60	74	(14) 21%
N29	49	57	(8) 15%
N30	x	x	x
N31	47	56	(9) 17%
N32	62	77	(15) 22%
N33	54	63	(9) 15%
N34	63	62	(-1) -2%
N35	32	57	(25) 56%
N36	x	x	x
N37	74	76	(2) 3%
N38	47	56	(9) 17%
N39	57	63	(6) 10%
N40	67	68	(1) 1%
N41	68	62	(-6) -9%
N42	87	88	(1) 1%
N43	70	70	(0) 0%
N44	65	65	(0) 0%

N45	62	56	(-6) -10%
N46	66	69	(3) 4%
N47	52	57	(5) 9%
N48	71	72	(1) 1%
N49	78	76	(-2) -3%
N50	39	26	(-13) -40%

A1	75	65	(-10) -14%
A2	n/a	n/a	n/a

0C1	52	49	(-3) -6%
0C2	62	65	(3) 5%
0C3	65	66	(1) 2%
0C4	64	n/a	n/a
0C5	55	n/a	n/a

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

  Submitted in a separate document.

- Measurement 3: Completion of year-end progress report to the County showing annual number of students served and pre- and post- WAS scores, identifying program successes, challenges faced and post-PP participation outcomes for the children.

  Included in this document.

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

Submitted in separate document

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

Primary Project is a prevention and early intervention model.
Increased protective factors:

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

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

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

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

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

Unknown

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

Unknown

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

Total expenditures: $139,541

In-kind contributions: Dedicated playrooms and office equipment at 4 school sites.

14) Provide any additional relevant information.

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

Confidential Teacher Survey

N=5 G=5 OC=1

Question	Yes	Mostly	No
Were the students picked up and returned on time?	9	2	

Did the students seem to enjoy the program?	11		
Were you involved in the selection of students for Primary Project?	11		
Did you feel you needed more information about the program?			11
Would you like to meet with someone to discuss the program?	1		10

Comments from Teachers:

So lucky, and grateful we have this program and wonderful team!

Our students love going to PIP! They always come back happy and ready to learn.

PIP has helped many of my students who have a difficult time coming to school.

Grateful the children respond so well to PIP and have an easier time being at school.

My students absolutely LOVED PIP! They enjoyed their time and looked forward to it every week.

Thank you for everything you do for my students- it means the WORLD to them.

So thankful PIP can be a part of a rural small school.

My students enjoy the program. I have had more students come back able to discuss their feelings and actions.

Primary Project – South Lake Tahoe

Provider: Tahoe Youth and Family Services

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$40,000	$90,000	$90,000
Total Expenditures	$49,556	$34,205	$48,813.47
Unduplicated Individuals Served	46	46	84
Cost per Participant	$1,077	$743	$581
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	46	46	84
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	8

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	0	3	3
Asian	1	1	1
Black or African American	0	2	2
Native Hawaiian or Other Pacific Islander	1	0	0
White	25	40	23
Other	0	0	0
Multiracial	6	0	0
Unknown or declined to state	13	0	36
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	6	19
Puerto Rican	0	0	0
South American	0	0	0
Other	15	0	0
Unknown or declined to state	0	0	0

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

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	37	40	66
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	5	6	17
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	4	0	1

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	unknown	unknown	
Heterosexual or Straight	unknown	unknown	
Bisexual	unknown	unknown	
Questioning or unsure of sexual orientation	unknown	unknown	
Queer	unknown	unknown	
Another sexual orientation	unknown	unknown	
Declined to State	unknown	unknown	
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Male	31	31	14
Female	15	15	23
Declined to answer	0	0	47
Current Gender Identity:			
Male	unknown	unknown	
Female	unknown	unknown	
Transgender	unknown	unknown	
Genderqueer	unknown	unknown	
Questioning / unsure of gender identity	unknown	unknown	
Another gender identity	unknown	unknown	
Declined to answer	unknown	unknown	

Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Difficulty seeing	unknown	unknown	
Difficulty hearing or having speech understood	unknown	unknown	
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	unknown	
Physical/mobility	unknown	unknown	
Chronic health condition/chronic pain	unknown	unknown	
Other (specify)	unknown	unknown	
Declined to state	unknown	unknown	
Veteran Status ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	unknown	unknown	
No	unknown	unknown	
Unknown or declined to state	unknown	unknown	
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	0	0	
Placerville Area	0	0	
North County	0	0	
Mid County	0	0	
South County	0	0	
Tahoe Basin	46	46	
Unknown or declined to state	0	0	

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income	3	3	3
Very low income	3	16	4
Low income	7	11	28
Moderate income	18	16	27
High income	3	0	1
Unknown or Declined to Answer	12	0	21
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	unknown	11	
Medi-Cal	unknown	35	
Medicare	unknown	0	
Uninsured	unknown	0	

Annual Report FY 2024-2025

Executive Summary

The Primary Project provides short-term, individualized, non-directive play sessions for young children at risk for school adjustment problems. During the 2024-2025 academic year, the program served **84 students** (out of 88 referred) from transitional kindergarten through third grade across Bijou, Sierra House, Tahoe Valley, and Meyer's Elementary Schools within the South Tahoe Unified School District.

Referrals significantly increased this year, indicating a growing need within the district. Participants often faced challenges such as mild-to-moderate behavioral issues, emotional difficulties, peer relationship problems, and adverse home experiences. Notably, **60.7%** of participating children came from families reporting low, very low, or extremely low income, and **21.4%** lived in homes where English was not the primary language. The program served a diverse student population, with students representing various racial and ethnic backgrounds, reflecting the district's demographics.

Despite challenges with limited dedicated space, particularly at Sierra House Elementary, the program demonstrated significant positive outcomes. A majority of students who completed the program, initially exhibiting severe adjustment problems, showed improved social skills and classroom behavior, scoring within the range of typical school adjustment by year-end. This success was bolstered by enhanced collaboration between Primary Project Aides and school staff, fostering improved communication and continuity of care.

Program Overview and Participants

The Primary Project targets students in transitional kindergarten through third grade exhibiting mild-to-moderate school adjustment difficulties. Students are identified by classroom teachers, principals, and counselors based on observed behavioral, emotional, or relational challenges or known adverse home experiences. Parent consent is obtained after teachers complete a screening survey (the Walker Survey Instrument, or WSI).

Program Operations

Primary Project services were provided at Bijou Elementary, Sierra House Elementary, Tahoe Valley Elementary, and Meyer's Elementary School.

- **Staffing and Caseloads:**
  - **Primary Project Aide 1:** Provided sessions at Tahoe Valley and served **49 students** over the school year.
  - **Primary Project Aide 2:** Provided sessions at Sierra House and served **35 students** over the school year.
- **Referral and Completion Statistics:**
  - Total Referrals: **88**
  - Participated in Semester 1: **37**
  - Participated in Semester 2: **49**
  - Completed Semester 1: **36**
  - Completed Semester 2: **47**
- **Collaboration with School Staff:** A key strength this year was the increased participation of Primary Project Aides in regular meetings with school counseling staff and consultations with teachers. This enhanced communication and collaboration likely contributed to the increase in student referrals and improved continuity of care.

Challenges Encountered

The primary limitation on the number of children served was the **inadequate and limited space** available for sessions, particularly at Sierra House Elementary. Additionally, challenges arose when **teacher schedules were inflexible**, causing student sessions to overlap with recess or enrichment activities (music, math, library), which are important parts of their school day.

The most common reasons for student referrals this year included:

- Unstable home environments due to parental separation, death of a family member, or single-parent households.

- Loss of home or parental job loss.
- Students living with extended family members or foster parents often require school transfers.

Outcomes and Impact

At the end of the school year (June 15, 2025), students who completed the Primary Project demonstrated significant improvement in social skills and classroom behavior, as measured by the Walker Survey Instrument (WSI).

- **Baseline Assessment:** Students entering the program exhibited a higher-than-expected level of school adjustment issues. Slightly more than half of the participating group scored below the **10th percentile** on the WSI prior to beginning the program, indicating severe adjustment problems.
- **Post-Program Improvement:** Upon completion, the majority of these students scored within the range of typical school adjustment. On average, children who completed the program improved by slightly more than **15 percentile points** during their attendance.

Specific Impact Data:

- **Primary Project Aide 2 Cohort:**
  - **80%** (28 out of 35) of students saw their WSI scores increase.
  - **83%** (29 out of 35) completed the program (based on 8 sessions).
- **Primary Project Aide 1 Cohort:**
  - **67%** (18 out of 27) of students' WSI scores improved or stayed the same. Staff 2 noted that discrepancies might occur when different individuals complete the initial and exit WSI forms.

Qualitative Feedback and Anecdotes:

Both Primary Project Aides received overwhelmingly positive feedback from students, teachers, and parents, underscoring the program's positive impact.

- **Teacher Observations:**
  - Mrs. Whitson (Tahoe Valley) noted significant progress in M., attributing it to the individualized attention and support from our program.
  - Ms. Simington (Tahoe Valley) observed A. transform from a quiet and shy child to a much more talkative and responsive participant.
  - Ms. Moon (Meyers) was very impressed by T.'s improved attitude and engagement in class, linking it to his play therapy sessions.
- **Student and Parent Feedback:**

- One parent specifically requested continued PIP participation for her child, noting its help with anxiety from the previous year.
- B. (Sierra House) was referred again due to the program's positive impact on her calmness, reduced fidgeting, and increased classroom engagement.
- M. (Tahoe Valley) expressed appreciation for the judgment-free space and the ability to choose activities in PIP, a contrast to her home environment.
- Students expressed excitement about returning to PIP next year and encouraged friends to join. One student even considered a "permission slip for his dad to attend PIP as a Father's Day gift because he thinks I'm awesome!"
- Students enjoyed activities like the egg hunt and the hockey net, which introduced them to new games and fostered engagement.
- K. and N. (Tahoe Valley), initially nervous, became much more talkative and open through the program.

Recommendations and Future Outlook

The Primary Project remains a vital early intervention program for students in the South Tahoe Unified School District. The significant increase in referrals and positive outcomes demonstrates its effectiveness in addressing critical issues related to school adjustment. To further enhance program, reach and impact, addressing the persistent challenge of **inadequate dedicated space within schools**, particularly at Sierra House, should be prioritized. Collaborating with teachers to ensure greater **flexibility in scheduling sessions**, thereby avoiding conflicts with essential academic or enrichment activities, would also optimize student participation and benefit.

Primary Project – Pioneer Union School District

Provider: Pioneer Union School District

Project Goals

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

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

Expenditures	FY 2023-24	FY 2024-25
MHSA Budget	$50,000	$50,000
Total Expenditures	$18,565	$18,931
Unduplicated Individuals Served		30
Cost per Participant		$631
Age Group	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)		30
16-25 (transitional age youth)		0
26-59 (adult)		0
Ages 60+ (older adults)		0
Unknown or declined to state		0

Race	FY 2023-24	FY 2024-25
American Indian or Alaska Native		2
Asian		0
Black or African American		0
Native Hawaiian or Other Pacific Islander		0
White		30
Other		0
Multiracial		2
Unknown or declined to state		0
Ethnicity by Category	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino		
Caribbean		0
Central American		0
Mexican/Mexican-American/Chicano		0
Puerto Rican		0
South American		0
Other		6
Unknown or declined to state		24

Non-Hispanic or Latino		
African		0
Asian Indian/South Asian		0
Cambodian		0
Chinese		0
European		0
Filipino		1
Japanese		1
Korean		0
Middle Eastern		0
Vietnamese		0
Other		0
Multi-ethnic		1
Unknown or declined to state		28

Primary Language	FY 2023-24	FY 2024-25
Arabic		0
Armenian		0
Cambodian		0
Cantonese		0
English		30
Farsi		0
Hmong		0
Korean		0
Mandarin		0
Other Chinese		0
Russian		0
Spanish		0
Tagalog		0
Vietnamese		0
Unknown or declined to state		0

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian		0
Heterosexual or Straight		0
Bisexual		0
Questioning or unsure of sexual orientation		0
Queer		0
Another sexual orientation		0
Declined to State		0
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Male		18
Female		12
Declined to answer		0
Current Gender Identity:		
Male		0
Female		0
Transgender		0
Genderqueer		0
Questioning / unsure of gender identity		0
Another gender identity		0
Declined to answer		0

Disability	FY 2023-24	FY 2024-25
Difficulty seeing		0
Difficulty hearing or having speech understood		6
Mental disability including but not limited to learning disability, developmental disability, dementia		5
Physical/mobility		0
Chronic health condition/chronic pain		0
Other (specify)		0
Declined to state		0
Veteran Status ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Yes		0
No		0
Unknown or declined to state		0
Region of Residence	**FY 2023-24**	**FY 2024-25**
West County		0
Placerville Area		4
North County		0
Mid County		0
South County		26
Tahoe Basin		0
Unknown or declined to state		0

Economic Status	FY 2023-24	FY 2024-25
Extremely low income		0
Very low income		0
Low income		0
Moderate income		0
High income		0
Unknown or Declined to Answer		30
Health Insurance Status	**FY 2023-24**	**FY 2024-25**
Private		0
Medi-Cal		0
Medicare		0
Uninsured		30

Annual Report FY 2024-2025

Annual Report information is not available for this provider.

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.**

   The implementation of the Primary Project (PP) at Pioneer Elementary School during the 2024–2025 school year progressed largely in alignment with the County's MHSA Plan. With one part-time child aide serving the school five days a week, we were able to provide consistent support to students throughout the year. A total of 30 students were served, and demand remained high, with a waiting list in place all year—a reflection of the program's continued relevance and impact.

   Several accomplishments stood out this year. One of the most notable was the development of a new referral process that allowed parents to request support for their child through the classroom teacher. This change made the program more accessible and helped us identify students who might be dealing with challenges at home that staff were not aware of. Additionally, several students were referred to the school counselor for further support, ensuring that their needs were met beyond the scope of the Primary Project. Another major success was that, unlike last year, we had the same aide supporting the program throughout the entire year, which provided much-needed consistency for students.

   Despite these successes, the program faced several challenges. Scheduling sessions proved difficult due to the expansion of school-day activities, including new programs like intervention, counseling, music classes, and

special education services. These commitments often limited students' availability for PP sessions. Continuing sessions for students from the previous school year also presented a challenge, as their current teachers were not the ones who had originally referred them, making it harder to complete follow-up evaluations. Perhaps the most significant challenge was learning that funding for the Primary Project will not be available next year. This news was particularly difficult, as it means that some students currently receiving services will not be able to complete their sessions.

Overall, the Primary Project at Pioneer Elementary experienced a successful year in terms of service delivery and student support, despite ongoing logistical challenges and uncertainty about future funding.

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.

Throughout the year, Primary Project staff supported students dealing with challenges such as homelessness, home removals, school transitions, behavioral issues, and family changes like divorce. They provided referrals to counseling, taught adjustment and coping skills, and connected families with vital community resources. Staff also collaborated with teachers and administrators to advocate for students, ensuring they received the necessary support within the school environment. These efforts helped improve students' emotional well-being, school adjustment, and overall academic engagement.

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

The PP Program continues to provide high quality social emotional play-based interactions for a variety of students. The underserved and unserved are prioritized through a variety of recommendation mechanisms at the school site.

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 program features toys and activities that reflect a wide variety of cultures and ethnicities.

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.

Access to mental health services remains a pressing concern for many families in our community due to the significant distance to the nearest facilities, resulting in many children being underserved. By offering Primary Project directly on our school campus during school hours, we effectively eliminate transportation barriers, making early mental health support more accessible to students. For numerous families, Primary Project represents their first experience with mental health services, providing a positive and supportive introduction that often encourages openness to more intensive interventions when needed. Through education and stigma reduction efforts, Primary Project helps cultivate an inclusive school environment where mental health is openly discussed, reducing discrimination and encouraging students and families to seek help without fear.

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

Throughout the year, the Primary Project staff made numerous referrals primarily to individual counseling services to support participants' ongoing needs.

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

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

Student	Referral	Evaluation	Percent
1	24	45	22%
2	60	67	8%
3	54	91	39%
4	36	-	-
5	68	34	-34%
6	63	48	-15%
7	20	45	26%
8	56	55	-1%
9	77	59	-19%
10	40	61	21%
11	56	93	39%
12	26	61	42%
13	62	72	10%
14	71	79	8%
15	49	-	-
16	49	60	11%
17	38	-	-
18	57	-	-
19	70	85	15%
20	42	59	18%
21	72	72	0%
22	83	95	13%
23	62	44	-19%
24	41	48	8%
25	66	-	-
26	30	50	20%
27	79	-	-
28	44	72	30%

29	47	48	2%
30	54	79	27%
31	56	58	2%
32	65	80	16%
33	64	75	12%
34	64	74	10%
35	49	-	-
36	61	-	-
37	91	95	5%
38	74	85	10%
39	68	81	13%
40	52	-	-

The table above displays the scores of all students referred to the Primary Project (PP) during this school year. Some students do not have final scores recorded due to various reasons, such as leaving the school mid-year (L), missing end-of-session evaluation surveys from teachers (X), or unreturned permission slips (D). Outcome data from the Primary Project, measured using the Walker Assessment Scale (WAS), indicates that the majority of participating students demonstrated positive growth over the course of the program. Most students showed improved scores, with those referred through parent requests (P) showing particularly strong gains. Only a few students experienced a decline in scores. Overall, the results suggest that the program had a positive impact on student behavior and adjustment among those who completed it.

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

  Included in separate document

- **Measurement 3: Completion of year-end progress report to the County showing annual number of students served and pre- and post- WAS scores, identifying program successes, challenges faced and post-PP participation outcomes for the children.**

  Included in table above

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

   Submitted in a 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 program that enhances protective factors. By promoting early school engagement, fostering positive relationships with trusted adults, encouraging creative self-expression, and supporting skill development in a safe environment, the program helps children build resilience and emotional regulation. As a result, students show increased enthusiasm for school, improved social and emotional functioning, and reduced behavioral and emotional risk indicators, all of which contribute to healthier mental, emotional, and relational outcomes over time.

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, provide 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.**

    The total expenditures for the program were $22,371.13, with $18,931.47 paid with Primary Project Grant funds and $3,439.66 paid with in-kind contributions.

Wannem Wadati Project

Provider: Foothill Indian Education Alliance

Project Goals

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

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

Expenditures	FY 2023-24	**FY 2024-25**
MHSA Budget	$115,000	$115,000
Total Expenditures	$27,282	$103,514
Unduplicated Individuals Served	97	273
Cost per Participant	$281	$379
Age Group	FY 2023-24	**FY 2024-25**
0-15 (children/youth)	62	151
16-25 (transitional age youth)	4	63
26-59 (adult)	20	37
Ages 60+ (older adults)	11	22
Unknown or declined to state	0	0

Race	FY 2023-24	FY 2024-25
American Indian or Alaska Native	86	99
Asian	0	0
Black or African American	0	0
Native Hawaiian or Other Pacific Islander	0	0
White	7	116
Other	0	0
Multiracial	4	11
Unknown or declined to state	0	0
Ethnicity by Category	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino		
Caribbean	0	0
Central American	0	0
Mexican/Mexican-American/Chicano	0	47
Puerto Rican	0	0
South American	0	0
Other	0	0
Unknown or declined to state	0	0

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

Primary Language	FY 2023-24	FY 2024-25
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	95	273
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	2	0
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	0	0

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	0	0
Heterosexual or Straight	0	0
Bisexual	0	0
Questioning or unsure of sexual orientation	0	0
Queer	0	0
Another sexual orientation	0	0
Declined to State	97	0
Gender *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2023-24**	**FY 2024-25**
Male	40	111
Female	57	162
Declined to answer	0	0
Current Gender Identity:		
Male	0	0
Female	0	0
Transgender	0	0
Genderqueer	0	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Declined to answer	97	0

Disability	**FY 2023-24**	**FY 2024-25**
Difficulty seeing	unknown	0
Difficulty hearing or having speech understood	unknown	0
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	0
Physical/mobility	unknown	0
Chronic health condition/chronic pain	unknown	0
Other (specify)	unknown	0
Declined to state	unknown	0
Veteran Status ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Yes	3	5
No	94	0
Unknown or declined to state	0	0
Region of Residence	**FY 2023-24**	**FY 2024-25**
West County	14	32
Placerville Area	71	204
North County	5	0
Mid County	0	13
South County	7	1
Tahoe Basin	0	7
Unknown or declined to state	0	16

Economic Status	FY 2023-24	FY 2024-25
Extremely low income	0	0
Very low income	0	0
Low income	85	0
Moderate income	5	0
High income	7	0
Unknown or Declined to Answer	0	0
Health Insurance Status	**FY 2023-24**	**FY 2024-25**
Private	unknown	0
Medi-Cal	unknown	0
Medicare	unknown	0
Uninsured	unknown	0

Annual Report FY 2024-2025

Please provide the following information for this reporting period:

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

   Our program is successfully proceeding on target. We were able to outreach at numerous events and schools to share our very unique program and services available. With these meetings we have been successful with having talking circles at our local high schools. Our Crisis call is receiving calls from callers' years past. It is very assuring to hear the reporting back from our crisis line operator about how callers will call merely to just check in. The cultural activities are back into full swing with such high demand we are now offering cultural activities twice a month. This gives our cultural specialist 1:1 time with the students and adults who partake. We hold weekly talking circles with the students at the center after tutoring and over cultural activities or an option to finish an unfinished project they are working on.

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

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

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

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

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

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

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

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

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

perspectives and misunderstandings from the Native American families.

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

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

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

There were 273 unduplicated individuals, almost equal parts to male and female. Our families are very private and would not disclose if they are two-spirted.

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.**

We received many crisis calls and calls to inquire about the cultural activities. Many were stating it was their only way to connect with the native community as they are here alone while family lives out of state. This was proof with how detrimental not our services having were for our Native Community.

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

There were 3 referrals to County Behavioral Health.

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

Unknown

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

Unknown

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

Unknown

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

We utilized $58,982.79 in expenditure for our services throughout the 3rd and 4th quarter's. We are expecting to utilize our full budget this fiscal year. Our program was able to collaborate with other organizations and obtain donations such as additional material for skirt making, cultural books (native wellness books). Our collaboration with Foothill Indian Education Alliance, Inc to utilize the tutoring center and access to the students, families and communities has been beneficial with outreach.

14) Provide any additional relevant information.

We were able to service many students, families and community members. We are excited to continue to grow and have more opportunities for outreach.

Clubhouse El Dorado Project

Provider: NAMI El Dorado

Project Goals

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

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

Expenditures	FY 2023-24	FY 2024-25
MHSA Budget	$300,000	$322,342
Total Expenditures	$27,894	$322,341
Unduplicated Individuals Served	0	193
Cost per Participant	0	$1,670
Age Group	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	0	0
16-25 (transitional age youth)	0	27
26-59 (adult)	0	141
Ages 60+ (older adults)	0	21
Unknown or declined to state	0	4

Race	FY 2023-24	FY 2024-25
American Indian or Alaska Native	0	3
Asian	0	2
Black or African American	0	10
Native Hawaiian or Other Pacific Islander	0	0
White	0	98
Other	0	22
Multiracial	0	0
Unknown or declined to state	0	58
Ethnicity by Category	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino		
Caribbean	0	0
Central American	0	0
Mexican/Mexican-American/Chicano	0	7
Puerto Rican	0	0
South American	0	0
Other	0	0
Unknown or declined to state	0	41

Non-Hispanic or Latino		
African	0	1
Asian Indian/South Asian	0	1
Cambodian	0	0
Chinese	0	0
European	0	8
Filipino	0	0
Japanese	0	1
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	1
Multi-ethnic	0	8
Unknown or declined to state	0	110

Primary Language	FY 2023-24	FY 2024-25
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	0	156
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	0	0
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	0	37

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	0	4
Heterosexual or Straight	0	93
Bisexual	0	11
Questioning or unsure of sexual orientation	0	3
Queer	0	1
Another sexual orientation	0	2
Declined to State	0	79
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Male	0	84
Female	0	74
Declined to answer	0	35
Current Gender Identity:		
Male	0	84
Female	0	71
Transgender	0	1
Genderqueer	0	1
Questioning / unsure of gender identity	0	1
Another gender identity	0	1
Declined to answer	0	34

Disability	FY 2023-24	FY 2024-25
Difficulty seeing	0	0
Difficulty hearing or having speech understood	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	1
Physical/mobility	0	0
Chronic health condition/chronic pain	0	0
Other (specify)	0	0
Declined to state	0	192
Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2023-24**	**FY 2024-25**
Yes	0	0
No	0	193
Unknown or declined to state	0	
Region of Residence	**FY 2023-24**	**FY 2024-25**
West County	0	29
Placerville Area	0	116
North County	0	9
Mid County	0	13
South County	0	0
Tahoe Basin	0	3
Unknown or declined to state	0	0

Economic Status	FY 2023-24	FY 2024-25
Extremely low income	0	40
Very low income	0	15
Low income	0	12
Moderate income	0	8
High income	0	1
Unknown or Declined to Answer	0	117
Health Insurance Status	**FY 2023-24**	**FY 2024-25**
Private	0	13
Medi-Cal	0	78
Medicare	0	4
Uninsured	0	1

Annual Report FY 2024-2025

Please provide the following information for this reporting period:

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

   Since its opening, Clubhouse El Dorado, a program of NAMI El Dorado, has made significant strides in implementing its mission to provide a safe and supportive community for individuals experiencing mental health challenges. Out of 222 members, Clubhouse El Dorado has assisted 54 members in building professional resumes, resulting in 73 job interviews. From these efforts, 37 members have successfully secured employment and are now working toward achieving their employment and financial goals. Additionally, the program has linked 41 members with outside mental health resources and supported 6 members in continuing their education, helping them further develop skills and access opportunities for long-term success.

   Through the Clubhouse model, members are encouraged to set personal goals and work toward achieving them within a positive, supportive environment. The project has successfully helped many individuals reconnect with their communities, find understanding among peers with shared experiences, and access

critical resources, including primary care providers, therapists, counseling services, mental health support, and housing navigation assistance through partnerships with organizations such as the Tahoe Coalition's Navigation Center. These collaborative efforts, combined with the Clubhouse's focus on employment readiness, have allowed members to build sustainable career paths, increase financial independence, and improve their overall quality of life.

Over the past twelve months, Clubhouse El Dorado has also served 1,244 breakfasts, 2,434 lunches, and 2,372 dinners, ensuring that members have consistent access to nutritious meals every day. These meals not only help meet basic needs but also provide comfort, stability, and opportunities for social connection, which are essential to recovery and overall well-being.

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

   Clubhouse El Dorado has made a meaningful impact on improving mental health outcomes for children, families, and the wider community. By providing a safe, inclusive environment, the program has helped to reduce isolation and prolonged suffering among its members. Access to peer support and professional linkages has given individuals a renewed sense of hope and belonging, significantly reducing risks associated with suicide and crisis situations. The project has also supported youth and young adults struggling with school-related difficulties by connecting them with educational support and mentoring, which has increased school retention and success.

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

   Clubhouse El Dorado has placed a strong focus on serving unserved and underserved populations throughout El Dorado County. Many members come from rural areas where mental health services are limited, making the Clubhouse a vital point of connection. The program has also reached individuals who are experiencing homelessness or living in unstable conditions by providing not only meals and a safe space to belong but also connections to housing resources through community partners such as the Tahoe Coalition Navigation Center. The Clubhouse's open-door policy and no-cost membership have significantly lowered barriers to entry, making services accessible to those who might otherwise go without support.

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

   Collaboration and outreach have been central to the success of Clubhouse El Dorado. The program works closely with local agencies, nonprofits, and county partners to coordinate services and ensure members receive comprehensive support. Community outreach efforts have helped raise awareness about available

programs and services, particularly among those who have historically lacked access to mental health resources. The Clubhouse has also prioritized stigma reduction through peer-led discussions, educational opportunities, and community events designed to foster understanding and compassion for individuals living with mental illness. These efforts not only benefit the members directly involved but also contribute to building a more supportive and inclusive community across El Dorado County.

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

   • Measurement 1 – Number of members engaged in The Clubhouse.
   193
   • Measurement 2 – Number of members who maintain recovery.
   Based on survey 16 out of 17 responders
   • Measurement 3 – Number of members who gain employment outside of the clubhouse.
   37
   • Measurement 4 – Number of members who maintain stable housing.
   Based on survey 16 out of 17 responders
   • Measurement 5 – Number of members who report improved overall well-being.
   Based on survey 16 out of 17 responders
   • Measurement 6 – Number of family members who report improved well-being.
   Based on survey 13 out of 17 responders

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

   MHSA Expenditures $ 322,341.82
   • In-kind/leveraged contributions $ 1,199.48
   • Other expenses $ - 1,752.22
   National Alliance on Mental Illness 1 of 20 #7867
   El Dorado County Western Slope Amended Exhibit A
   and South Lake Tahoe
   • Total $ 320,789.08

7. **Provide any additional relevant information.**

Early Intervention Programs

Older Adult Enrichment Program

Provider: EDCA Lifeskills

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$55,000	$400,000	$400,000
Total Expenditures	$54,940	$127,770.06	$282,058
Unduplicated Individuals Served	71	81	103
Cost per Participant	$774	$1577	$2,738

Age Group	FY 2022-23	FY 2023-24	FY 2024-25
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	0	0	0
26-59 (adult)	5	5	4
Ages 60+ (older adults)	66	76	99
Unknown or declined to state	0	0	0

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	0	3	1
Asian	1	1	1
Black or African American	1	0	1
Native Hawaiian or Other Pacific Islander	0	1	1
White	68	74	54
Other	1	3	1
Multiracial	0	1	0
Unknown or declined to state	0	0	0

Ethnicity by Category	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino			
Caribbean	0	0	0
Central American	1	0	0
Mexican/Mexican-American/Chicano	6	5	2
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	5
Unknown or declined to state	0	0	0

Non-Hispanic or Latino			
African	1	0	2
Asian Indian/South Asian	0	0	1
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	1	0	0
Filipino	0	1	0
Japanese	0	0	1
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other/ North American	72	0	4
Multi-ethnic	0	0	4
Unknown or declined to state	0	0	46

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	69	80	57
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	2	1	2
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	0	46

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	0	1	1
Heterosexual or Straight	71	79	57
Bisexual	0	1	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	46
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male	11	25	11
Female	60	56	46
Declined to answer	0	0	46
Current gender identity:			
Male	11	25	11
Female	60	56	46
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 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing	2	9	8
Difficulty hearing or having speech understood	2	5	5
Mental disability including but not limited to learning disability, developmental disability, dementia	2	0	2
Physical/mobility	16	14	21
Chronic health condition/chronic pain	29	38	16
Other (specify)	0	0	0
Declined to state	0	0	46
Veteran Status ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	4	8	5
No	67	73	52
Unknown or declined to state	0	0	46
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	21	22	14
Placerville Area	36	39	45
North County	7	6	4
Mid County	7	12	10
South County	0	2	3
Tahoe Basin	0	0	0
Unknown or declined to state	0	0	0

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income	6	16	10
Very low income	18	20	6
Low income	21	15	17
Moderate income	15	24	16
High income	11	6	8
Declined to Answer	0	0	0
Health Insurance Status	**FY 2022-23**	**FY 2023-25**	**FY 2024-25**
Private/VA	8	8	8
Medi-Cal	6	11	20
Medicare	57	71	36
Uninsured	0	0	1

Annual Report FY 2024-25

Please provide the following information for this reporting period:

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

The Older Adult Enrichment Project continues to progress on target, with steady growth in both service delivery and community engagement. Implementation of program activities is proceeding smoothly, and the number of community members served continues to increase. A major milestone from the previous fiscal year was the successful acquisition of a new location to accommodate our expanding program. The transition to the new space has been smooth, allowing us to comfortably serve clients and host supervision meetings. This move has significantly enhanced our operational capacity. This year, we expanded our team by adding two key staff positions: a Program Manager and a Program Administrative Assistant. Additionally, we welcomed a new Clinical Supervisor following the retirement of our previous supervisor. These additions have strengthened the infrastructure and leadership of our program. We began the fiscal year with 13 Peer Counselors and successfully trained and onboarded 6 new counselors. These dedicated individuals are now actively providing counseling services to community members. We continue to offer: Individual counseling, resource linkage, referrals to appropriate services. Importantly, all community members who reached out for support were contacted within 24 hours and scheduled for an intake appointment within one week—demonstrating our commitment to timely and responsive care. A significant achievement this year has been

the launch of our Early Dementia Support Group, which complements our existing and growing Emotional Support Group held weekly at the Placerville Senior Center. The Early Dementia Support Group meets bi-weekly and is designed to: reduce social isolation, provide a safe, nonjudgmental space for sharing experiences, foster peer connection, empathy, and mutual support, promote meaningful engagement and enhance quality of life. With the addition of the Program Manager role, we have significantly increased our outreach efforts. As a result, community awareness of our services has grown, leading to greater participation and impact.

While the Older Adult Enrichment Project has experienced significant growth and success, several challenges have emerged that we continue to address proactively. As our program expands, our main office space has become increasingly limited, creating logistical challenges for staff and client services. Additionally, while the Placerville Senior Center remains a vital and convenient location for our clients, finding adequate space within the center to conduct sessions has been difficult. Despite these constraints, we have maintained ongoing, collaborative discussions with Senior Center leadership to explore creative solutions for space utilization and to preserve this important partnership. We were recently informed that our partnership with EDCA will conclude at the end of our current contract on June 30, 2026. In response, we have taken proactive steps to ensure program continuity and sustainability. We have applied for 501(c)(3) nonprofit status, which will allow us to operate independently and pursue a broader range of funding opportunities alongside our partnership with MHSA. We have established a new fiscal partnership with the El Dorado County Foundation, a move that positions us for long-term growth and community alignment. We are committed to maintaining a strong working relationship with EDCA through the remainder of our contract and are excited about the opportunities this transition presents for our future.

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

This past fiscal year 103 out of 140 referrals became ongoing peer counseling clients. The remainder 37 community members were given outside community resources. Our outcome measures demonstrate that .038% of our clients had more acute needs that persisted for less than 6 months, 34% less than 1 year, 20% less than 2 years and lastly 51% - 2 years or more. About 10% of our clients present with current or past suicidal ideation.

Our Lifestyle Hygiene Pre and Post assessments report that there was a significant increase in personal and social well-being, quality or relationships with family and friends, increase in social activities and accessing of community resources. Those who reported passive or mild suicidal ideation reported to their counselors that they were no longer experiencing these thoughts after participating. There were zero client suicides, and 2 cases were referred out to crisis care. All clients reported a new ability to use new skills learned in counseling for self-help, self-care, and to maintain progress made. End of counseling survey data demonstrates that 89.5% of clients reported that they felt like their counselor had given them healthy coping tools and that their emotional and mental state improved. They also reported that they felt more impowered to manage their own lives. This indicates an end to the prolonged suffering and a decrease in suicidal ideation.

The following client comments recorded from The Program's Outcome Surveys capture the benefits and reduction or elimination of prolonged suffering:

“Since starting Senior Peer Counseling "I feel more like myself again."

"My counselor H. was a great listener and gave my tools to help me feel better."
"A. was a significant help to me and helped me not feel judged. I was able to express myself freely".
"I was given the opportunity to work with my anxiety and that has helped. I enjoyed talking to S. and she made me feel I was on the right track"
" A. was very professional, very helpful, very understanding and listens well". He made good suggestions to make my life easier"
"J. was warm and friendly. She listened and was encouraging"
"Thank you for the good resources that made a big difference. I am working on getting happy again and you gave me direction."
"I think peer counseling is a great program and I will definitely recommend your services to anyone who may benefit from Peer Counseling. It was so helpful for me to have someone to talk to"

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

The Older Adult Enrichment Project has made meaningful progress in reaching and supporting unserved and underserved older adults, particularly those living with serious mental illness or emotional disturbance who have historically lacked access to adequate services that promote recovery, wellness, and resilience.
This year, our outreach efforts focused on identifying individuals at risk of:

- Social isolation and loneliness
- Homelessness or unsafe living conditions
- Post-Hospitalization Care and Senior living communities.
- Legal system involvement
- Declining physical and emotional health

We prioritized engagement with older adults in rural and low-income areas, those with limited mobility or transportation, and individuals disconnected from traditional mental health services. Many of these clients were receiving minimal or no support prior to connecting with our program.
Through peer counseling, we provided:

- Consistent emotional support from trained volunteers with shared life experiences
- Referrals to medical, legal, and financial resources
- Assistance navigating community services and benefits.
- Encouragement to rebuild family and social connections.

Our volunteer counselors, older adults themselves, played a key role in reducing stigma and building trust. Their lived experience and compassionate approach helped normalize mental health conversations and made services more approachable for those hesitant to seek formal treatment.

As a result, clients reported feeling more connected, supported, and empowered to take an active role in their well-being. Many re-engaged with healthcare providers, accessed essential services, and began rebuilding relationships that had previously been strained or lost. This progress reflects our commitment to equity,

inclusion, and recovery-oriented care for older adults who have been historically underserved by the mental health system.

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

The Older Adult Enrichment Project is committed to delivering services that are culturally responsive, linguistically accessible, and inclusive of the diverse backgrounds of older adults in our community. We recognize that cultural identity, language, and lived experience significantly influence how individuals perceive and engage with mental health services.

Our program integrates cultural humility and awareness into every aspect of service delivery. Volunteer counselors receive ongoing training in:

- Cultural sensitivity and inclusive communication
- Understanding the impact of cultural stigma on mental health
- Respecting diverse values, traditions, and family dynamics

We strive to match clients with counselors who share similar cultural or generational experiences whenever possible, fostering trust and rapport. Additionally, we adapt our approach to honor each client's unique background, beliefs, and preferences. To ensure language is never a barrier to care, we strive to:

- Provide services in multiple languages when possible (Spanish, Farsi, English)
- Utilize interpreter services for non-English-speaking clients
- Offer translated outreach materials and forms if necessary
- Collaborate with community partners who serve non-English-speaking populations

We actively engage with underserved racial and ethnic communities through:

- Targeted outreach in diverse neighborhoods and cultural centers
- Participation in multicultural events and senior fairs
- Partnerships with organizations that serve immigrant populations
- Representation of diverse voices in volunteer recruitment and training

By framing peer counseling as a non-clinical, supportive relationship, we reduce stigma and increase comfort among individuals who may be hesitant to seek traditional mental health services due to cultural or historical mistrust. Our efforts aim to ensure that all older adults, regardless of race, ethnicity, language, or cultural background, have equitable access to compassionate, respectful, and effective support.

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.

In 2025, Senior Peer Counseling significantly expanded its community presence through a wide range of outreach activities, presentations, and collaborative partnerships. These efforts aimed to raise awareness of our services, build community connections, and reduce stigma surrounding mental health in older adults.

Public Speaking Engagements

Our team delivered presentations to the following organizations:

- Friends of Seniors
- El Dorado County Commission on Aging
- El Dorado County Women's Fund
- Kiwanis Club of El Dorado County
- District Church Women's Council

Collaborative Partnerships

We strengthened relationships with key agencies and stakeholders, including:

- Marshall Medical Foundation
- El Dorado County Board of Supervisors (individual meetings)
- Behavioral Health Commission
- MHSA Team (contract review and program development)
- Placerville Senior Center – Information & Assistance Division
- Family Caregiver Support
- EDH Gilmore Senior Center
- El Dorado County Fire Departments
- El Dorado County Sheriff's Office
- El Dorado County Probation Department

Community Events & Business Outreach

Senior Peer Counseling participated in numerous community events and connected with local businesses:

- El Dorado Hills CSD Senior Resource Fair
- El Dorado County Fairgrounds Health Fair
- Senior Resource Fairs at Four Seasons and Heritage El Dorado Hills
- Eskaton Placerville
- Vista Hills Assisted Living, Eskaton Village, Eskaton Lincoln Manor, Gold Country Senior, Blissful Gardens
- Local businesses such as Grocery Outlet, High Sierra Quilters, and senior-friendly restaurants

Media & Advertising

We maintained a strong media presence through:

- Articles in *The Mountain Democrat* and *The Senior Times*
- Advertisements in *The Mountain Democrat*, *Around Here*, *The Clipper*, *The Gold Panner*, *The Windfall*, *Style Magazine*, and *Village Life*

Stigma reduction was a central focus of our work this year. Our approach included:
Volunteer Training & Education

Volunteer counselors received training in:

- Early Signs of Dementia
- Transference & Countertransference
- Empathy & Active Listening
- Grief & Loss
- Mandated Reporting

- Consent
- Self-care practices including yoga and self-soothing techniques

Peer-to-Peer Support Model

Our peer-based model reduces stigma by:

- Offering support from someone of a similar age with shared life experiences
- Framing counseling as a confidential, supportive relationship, not formal therapy
- Providing services free of charge, removing financial barriers
- Modeling help-seeking behavior through appropriate sharing of personal experiences

This approach helps normalize conversations around emotional health, making it more acceptable for seniors to seek support.

Empowering Older Adults as Leaders

Senior Peer Counseling challenges age-related stereotypes by empowering older adults to serve as counselors, mentors, and mental health advocates. Our volunteers—many in their 60's, 70's, and beyond, are not passive recipients of care, but active contributors to community wellness.

By openly addressing topics such as grief, loneliness, retirement, and cognitive changes, our counselors help normalize the emotional realities of aging and foster a culture of openness, resilience, and connection.

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

Measure #1

The program is in the process of developing and implementing Pro-social activities focusing on social skills, reducing isolation, and increasing support networks through group engagement. These programs are on track to be implemented this fiscal year. We were successful in gathering information from clients and community members regarding the need and focus of the groups through interviews and community engagement activities. During this time, we determined that the most needed focus was on reducing isolation, peer connection along with adjusting to retirement (reducing depression) and identifying purpose. In addition, we collect data from our pre- and post-consumer evaluations seen below.

Measure #2

100 percent of the clients we serve receive referrals to community resources upon initial contact with our program, intake process and counseling term. Approximately 60% are referred to a primary health provider and 10% are referred to mental health providers for a higher level of care or longer-term therapy.

Measure #3

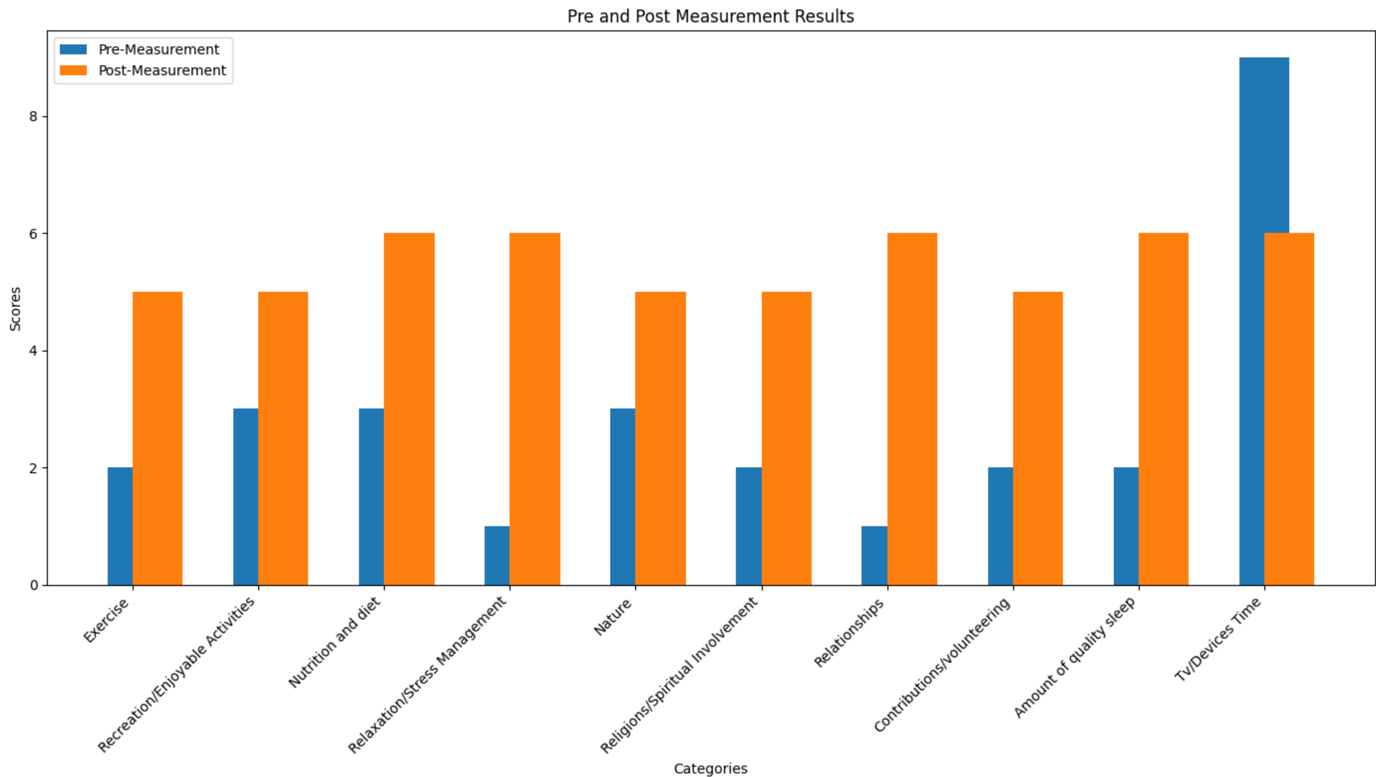
Data Results: N = 15 Rating Scale: 0 =deficient, 5 = healthy, 10 = Excessive

(54 participants completed the Pre-Measurement, 11 completed both Pre- and Post measurements, 43 have not completed the post measurement as they are still in counseling or refused to complete).

Results shown as Pre and Post average.

Exercise: 2-5	**Recreation/Enjoyable Activities: 3-5**
Nutrition and diet: 3-6	**Relaxation/Stress Management:1-6**
Nature: 3-5	**Religions/Spiritual Involvement: 2-5**
Relationships:1-6	**Contributions/volunteering: 2-5**
Amount of quality sleep: 2-6	**Tv/Devices Time: 9-6**

Visual Representation of Measure #3 Data Results



Key Points:

- Exercise: Improved from 2 to 5
- Recreation/Enjoyable Activities: Improved from 3 to 5
- Nutrition and Diet: Improved from 3 to 6
- Relaxation/Stress Management: Improved from 1 to 6
- Nature: Improved from 3 to 5
- Religions/Spiritual Involvement: Improved from 2 to 5
- Relationships: Improved from 1 to 6
- Contributions/Volunteering: Improved from 2 to 5
- Amount of Quality Sleep: Improved from 2 to 6
- TV/Devices Time: Reduced from 9 to 6

Measurement #4:

The ORS (Outcome Rating Scale) measurement tool, administered at the end of a client's counseling session, evaluates four key areas of psychological health. It also gathers feedback on the performance of peer counselors, the client's perception of changes, goal achievement, and their willingness to recommend the program. The results demonstrate that Senior Peer Counseling significantly enhances the quality of life for older adults and reduces the need for higher levels of care. This indicates that mental health issues are being effectively managed before they become severe and disabling, leading to overall improvements by the end of the counseling experience.

Data Results: N=19

My experience with a Senior Peer Counselor has been. 0 = least helpful, 10 = very helpful.

Average score: 10

I would recommend Senior Peer Counseling to others. Yes/No

Average Score: Yes

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

Average score: 10

Interpersonally, (family and or partner): 0=poor, 5=good, 10=excellent
Average score: 8
Social Activities (friends, peer support, family, hobbies, clubs) 0- not satisfied, 10 = very satisfied
Average Score: 7.1

The chart highlights high satisfaction across all categories, especially in Helpfulness and Emotional Well-being, with a clear note that clients would recommend the program to others.
Measurement 5:
As part of the Senior Peer Counseling program, clients are encouraged to actively monitor their progress toward their personalized wellness goals. Each week, during counseling sessions, clients complete a Session Summary Form where they self-report on their progress. This includes:

- Tracking improvements in emotional, interpersonal, and social well-being
- Reflecting on the implementation of skills learned during sessions.
- Utilizing resources provided by their counselor

This self-assessment process empowers clients to take ownership of their growth and provides valuable insights for both the client and counselor to guide future sessions. The data collected reflects meaningful improvements in clients' overall well-being.

Cours of Counseling Data Results: N = 88
How helpful was our session today? 0=not helpful, 5= very helpful
Average Score = 5
How do you feel after our session today?
Response: Worse = 0, Same = 3, Better = 85
Going back to your original concerns, do you feel there has been improvement?
Yes: 80
No: 5
Did not answer: 3
Post Counseling Results: N = 82
Overall improvement in the Presenting Problem: Improved, stayed the same, gotten worse.

Actual Numbers: Improved: 79   Stayed the same: 2   Gotten Worse: 1
Counseling Experience: 0 = Least helpful, 10 = Very Helpful
Average Score: 9.1

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

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

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

At Senior Peer Counseling, we work with clients who face a variety of significant risk factors, including:

- Social isolation and loneliness
- Disengaged or dysfunctional family relationships
- Grief due to the loss of loved ones
- Poor self-care and difficulty adjusting to retirement
- Physical disabilities and chronic pain impacting daily life
- Financial insecurity and lack of access to legal support
- Poor nutrition and unsuitable living conditions
- Loss of independence

These challenges often contribute to serious outcomes such as depression, anxiety, suicidal ideation, substance abuse, poor physical health, and withdrawal from community life.
Positive Impact of Peer Counseling
Clients who participate in Senior Peer Counseling consistently report feeling supported, understood, and less alone. Those involved in support groups and early dementia groups often form new, meaningful relationships, both within and beyond the group—creating a protective network of friendship and connection.
During treatment, clients show increased engagement with medical providers and community resources, helping them move closer to their wellness goals. Many reconnect with family members or repair strained relationships to a more satisfactory level. Others gain access to financial and legal assistance, contributing to greater life stability.
Clients referred to Adult Protective Services receive additional supportive care and report feeling safer and more secure. Through counseling, individuals begin to take greater agency over their lives, feeling more empowered and in control of their personal well-being.

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

3 clients were referred out to County Behavioral Health in the past fiscal year for chronic mental illness to receive weekly therapy and psychiatric care.

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

Unknown

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

Unknown

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

Expenditures:	
Licensed Clinical Supervisor and Program Management	**177,215.50**
Administrative Support	**13,503.50**
Rent	**10,800.00**
Advertising and Outreach	**3,968.15**
Training	**4,827.23**
Fingerprinting and Livescan	**504.00**
In-Kind Contributions	
Volunteer Hours	**2,858.95**
Bookshelves and labor	**500.00**
Presentation/Training	**600.00**
Uncovered (out of contract expenses)	**35,875.95**

13) Provide any additional relevant information.

Volunteer Peer Counselors: The Heart of Our Program

Senior Peer Counseling is proud to be powered by a dedicated team of 19 volunteer counselors, all aged 55 and older. These exceptional individuals are highly trained, compassionate, and committed lifelong learners who generously contribute their time and expertise to support older adults in our community.

Their work is the cornerstone of our program. Without their contributions, Senior Peer Counseling would either be unsustainable or require significantly more funding to operate with paid staff. These volunteers bring professionalism, empathy, and energy to every session, creating a safe and supportive environment for clients.

Importantly, the benefits of peer counseling extend to the volunteers themselves. Many report that the support they receive from clinical supervision, ongoing training, and peer collaboration enhances their own mental health and social well-being. This mutual support fosters a positive ripple effect, improving the emotional and social health of the clients they serve.

Volunteers also serve as role models for community engagement. Their example often inspires clients to volunteer in their own communities, further strengthening social bonds and promoting active aging.

We are deeply grateful to this stellar group of volunteers. Their dedication, compassion, and service are essential to the success of Senior Peer Counseling. This program simply would not be possible without them.

Quote from one of our cherished counselors:

I drive for Uber and Lyft and sometimes have personal clients that I drive to or from the international airport in Sacramento. I was on one of those trips when it came up in the conversation that I was a Senior Peer Counselor in our county for over 12 years. My passenger immediately perked up and said, "Oh! My Mom went to see one of

your counselors many years ago! She had significant anger issues that were making my life miserable! Soon after her first session her anger was significantly reduced, and over time she calmed down even more! That made my life significantly more bearable and even pleasant and greatly improved our relationship." This was very encouraging to me because, as counselors, we are aware that an improvement in our clients is an improvement of the lives of the people around them.

The ripple effect as I described here is a significant aspect of our work. This is why I always very sincerely thank my clients for coming in as they leave our session. As other people's lives improve, so, of course, does mine and that of people they don't even know, but affect. I also have no doubt that there are economic benefits in the sense that an ounce of prevention is worth many dollars of cure and angst, or even the cost of now unnecessary possible interventions. The social milieu becomes by that measure less turbulent and more easily navigable by all. I'm honored and grateful to be in this kind of service role in our community, and I'm very grateful to those generous individuals and institutions that significantly improve our community by supporting our action and its great benefits in our community!

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$300,000	$390,000	$390,000
Total Expenditures	$299,988	$389,956.25[4]	$389,918
Unduplicated Individuals Served	187	210	201
Cost per Participant	$1,604	$1856	$1940

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

Age Group	FY 2022-23	FY 2023-24	FY 2024-25
0-15 (children/youth)	41	52	58
16-25 (transitional age youth)	27	19	23
26-59 (adult)	108	129	107
Ages 60+ (older adults)	0	1	0
Unknown or declined to state	11	9	13
Race	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
American Indian or Alaska Native	0	0	0
Asian	2	5	2
Black or African American	2	2	1
Native Hawaiian or Other Pacific Islander	0	4	0
White	112	125	131
Other	26	21	30
Multiracial	6	8	9
Unknown or declined to state	39	45	28

Ethnicity by Category	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	24	22	26
Puerto Rican	0	0	4
South American	4	5	0
Other	0	0	0
Unknown or declined to state	0	0	0
African	2	2	1
Asian Indian/South Asian	2	5	1
Cambodian	0	0	0
Chinese	0	0	1
European	112	124	128
Filipino	0	0	0
Japanese	0	0	0
Korean	0	1	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	2	0
Multi-ethnic	7	7	10
Unknown or declined to state	36	46	28

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	182	202	187
Farsi	0	0	0
Hmong	0	0	0
Korean	0	1	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	2	0
Spanish	5	6	9
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	0	5

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2022-23	FY 2023-24	FY 2024-25
Gay or Lesbian	0	0	0
Heterosexual or Straight	99	118	110
Bisexual	7	7	5
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	0
Unknown or declined to state	81	36	27
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Male	44	59	66
Female	143	151	135
Unknown or declined to answer	0	0	0
Current Gender Identity:			
Male	44	59	66
Female	143	151	135
Transgender	0	0	0
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Unknown or declined to answer	0	0	0

Disability	FY 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing	1	0	0
Difficulty hearing or having speech understood	1	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	15	14	11
Physical/mobility	0	1	1
Chronic health condition/chronic pain	2	1	0
Other (specify)	1	1	4
Declined to state, none or unknown	167	193	165
Veteran Status ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	9	12	20
No	136	158	153
Unknown or declined to state	42	40	28
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	39	34	31
Placerville Area	38	64	72
North County	11	4	16
Mid County	23	25	16
South County	2	2	4
Tahoe Basin	20	19	21
Unknown or declined to state	54	62	39

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income	11	9	9
Very low income	10	6	19
Low income	61	77	64
Moderate income	56	62	79
High income	1	2	1
Unknown or Declined to Answer	48	54	29
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	65	62	85
Medi-Cal	69	93	85
Medicare	0	0	0
Uninsured	5	2	2
Unknown or Declined to Answer	48	53	29

Annual Report 2024-2025

1. **Program Progression**

The Infant Parent Center (IPC) continues in successes and innovation for prevention and early intervention for families 0-5 in the scope of psychotherapy and supportive services. **We served 379 new individuals through MHSA this year.** The review of the year clearly displayed a significant increase in stress and harm for families. IPC provided very intentional care and safety to families to relieve harm and instill new strengths, opportunities, and community connection.

- **394 individuals were served this fiscal year**
- **267 families served: 201 new families and 63 returning**
- **180 new families engaged in services**
- **131 families achieved treatment success in at least two areas of concern**
- **56 new families are continuing in services**

Important Notes: **Significant increases in families coming in with Suicidal Spectrum Issues, Risk of Removal for CPS, Risk of Abusive Head Trauma, Prolonged Suffering, Homelessness and Unemployment**

- **New Programs: Parallel and Co-Parenting Services**

***Major Accomplishments*:**

We have created multiple new prevention avenues for the 0-5 population including collaboration with El Dorado Coalition for Overdose and Prevention Education (COPE), El Dorado County Public Health, and Marshall CARES to create an inclusive welcoming to all caregivers to lower stigma, increase harm reduction and increase community belonging. The new website and flyers for women needing pregnancy support, substance care, and overall family services provided increased and much easier access. IPC was the creator and lead on these projects with COPE's graphic team bringing the creation to life electronically and hard copy will soon be available throughout the county.

In addition, IPC has worked diligently with the Perinatal Substance Treatment Coalition and partners to identify expectant women using substances, specifically fentanyl, to offer and bridge greater non-judgmental and inclusive supports and new services for better care for mother and baby.

New Programs:

We have expanded our parenting program this year to include Parallel and Co-Parenting services for separated or divorced caregivers. We have seen a high increase in this need over the last few years for parents of infants and toddlers. As we know, almost 90% of development occurs in these years and thus it is critical that caregivers are as cohesive and consistent as possible. We are, therefore, providing these two options to create a healthier expanded family system in two homes rather than the often-warring, high conflict and stress that many families endure during this life change. We have found great success in these cases as many of the caregivers start in Parallel Parenting but are able to create new bridges in communication and respect to then move on to Co-Parenting with open and connection parenting together.

The continued service of the Community Forum for frontline providers has been a great success this year. These collaboratives help increase service efficiency through the presentation of new programs, increased service options and thus more effective collaboration and linkage to services for families. We are already planning at least two more this coming fall and winter with specific topics on community funding options, greater prevention services and empowerment for families to better educate providers on needs and best practices.

Challenges:

As with most programs, funding is the largest challenge. IPC is a highly efficient agency, running 97% direct service only. This is very rare for non-profits as our administrative and management is also a direct service provider. We are working diligently to use all the funding possible to continue to offer our specialty high quality therapy to all families, but our main goal is to find further funding to support our highest need and financially stressed families. Again, the infant/toddler years are the highest level of vulnerability and development. It is imperative that all of these children are provided with proper services during the most important years, not just families who are able to afford it. If we do not serve these families now, we will be paying much greater social and financial costs later.

2. **<u>Overall Improvements</u>**

Suicide Support and Prevention: Sadly, we have had another year of increase in suicide spectrum concerns. Of the sixty-three (63) caregivers suffering, only two were held involuntarily and all others remained in their homes and stabilized with the collaboration of medical staff and additional support. IPC increased sessions and contact as needed and collaborated with medical and intensive staff throughout each client's process.

Perinatal Mood and Anxiety Disorders (PMADS): IPC served one hundred thirty-two (132) caregivers suffering with a PMAD. The continued increase speaks to the double facet of greater awareness and of the increase in stress, isolation, and harm our young families are enduring. We are working diligently with families and partners to support caregivers earlier to lower stress and harm for families.

Abusive Head Trauma (Shaken Baby Syndrome): Another high increase is infants at risk for Abusive Head Trauma (AHT). ***IPC served forty-five (45) families with no reports or observations of AHT.*** The increase of social, financial, and relational stressors is clearly affecting our families putting our most helpless, our babies, at very high risk of permanent harm or death. IPC is working with Child Welfare Services (CWS), Public Health, Marshall Hospital and Early Head Start (EHS) to address these risks and hopefully create better support for our highly stressed families.

Prolonged Suffering: One hundred forty-two (142) clients were identified as reporting relief of Prolonged Suffering. This increase is another indicator of greater stress and harm to our families. IPC's leadership in CAPC, Perinatal Substance Treatment Coalition and continuous community action is working together to find more options for family security and wellness.

Risk of Removal: As with other intense risks, we did have a significant rise in families at risk for removal from CWS. **Fifty-eight (58*) families were identified but no children were removed from their homes.*** Continued collaboration with CWS, Public Health and EHS has supported these families staying together or providing early support in foster care.

Incarceration and Unemployment: We had another increase in families struggling with incarceration (43) and unemployment (67). Unfortunately, we anticipate seeing a bigger increase next year. IPC has been working with CalWORKS, El Dorado County Probation and CWS to help bridge sustainable support services to keep families in a more secure environment.

Homelessness: *We have seen another increase in serving unhomed families this year; from twenty-three (23) to forty-six (46).* The opening of the new Phoenix Recovery House for women and children, the opening of the new apartment complex, and additional housing coming next year will all be helpful. However, it is clear that our county has a significant issue with unhomed families.

3. **Underserved / Unserved Populations**

Our teen parents have increased even more this year. IPC is dedicated to identifying caregivers who were teens when pregnant and to gaining better knowledge of their needs, as well as developing more collaboration and support. IPC served thirty-one (31) caregivers who were teens at the time of pregnancy. We are working to increase educational and employment opportunities with these caregivers, and our hope is to report a new program success next year.

4. **Cultural Awareness and Best Practices**

IPC has increased bilingual services with two therapists and expanded support in South Lake Tahoe. With the growing uncertainty for many families, we are working closely to prevent trauma for our young clients. IPC is active in all education, training, and better understanding of the increased complexities of our families experiencing cultural harm.

5. **Countywide Collaboration**

IPC leadership continued the 0-5 Community Forum this year with even greater success, with new bridges for family needs, input, and more effective service provision. We are currently working on a proposal to bridge a high-risk gap with pregnant mothers, substance use and mental illness. We are excited to bring the project forward in the coming year.

6. **Outcomes measures are as follows**

Measurement one

We provided a total of four hundred twenty-seven (427) assessments for the entire year.

Marschak Interaction Method (MIM) - IPC conducted sixty-nine (69) 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-nine (49) playroom observations 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 seventeen (117) perinatal assessments during this period with clients displaying progress in one or more of the following:

- Identifying perinatal mood and anxiety disorders
- Increasing protective factors
- Strengthening relationship with baby in utero
- Processing ambivalence, grief, and loss
- Linking family to resources that can minimize risk factors and increase competency

One hundred ninety-two (192) additional written assessments (Parent Stress Index, Becks Scales, etc.) were conducted.

7. **through 11. Behavioral Health Referrals for older children and adults**

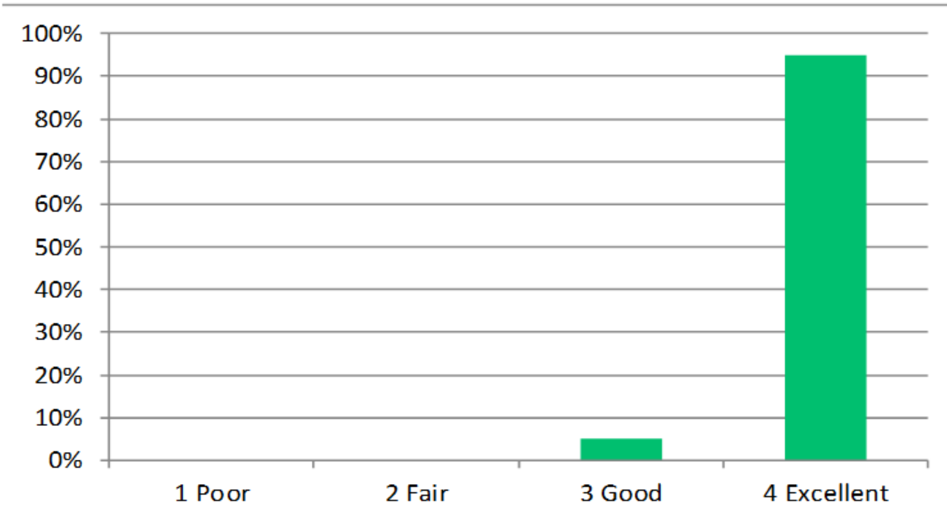
IPC abides by the Board of Behavioral Sciences requirement of providing three referrals. El Dorado County Behavioral Health (EDCBH) is always one of the referrals. Of these referrals, four chose EDCBH and one qualified for their services.

12. Plan Expenditures

All contracted expenses were spent.

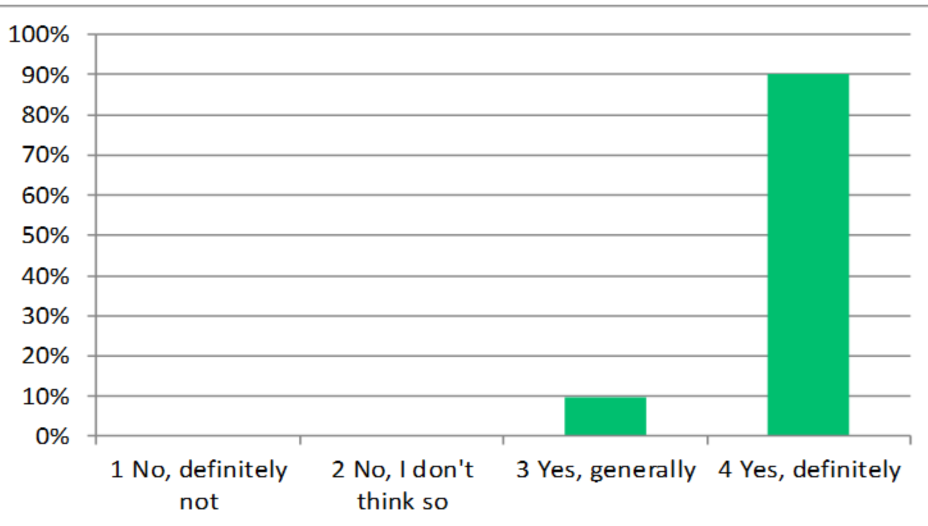
Client Satisfaction Survey
FY 2024/2025

How would you rate the quality of service you received?



1 Poor	0.0%	0
2 Fair	0.0%	0
3 Good	5.0%	2
4 Excellent	95.0%	38
	Total:	*40*

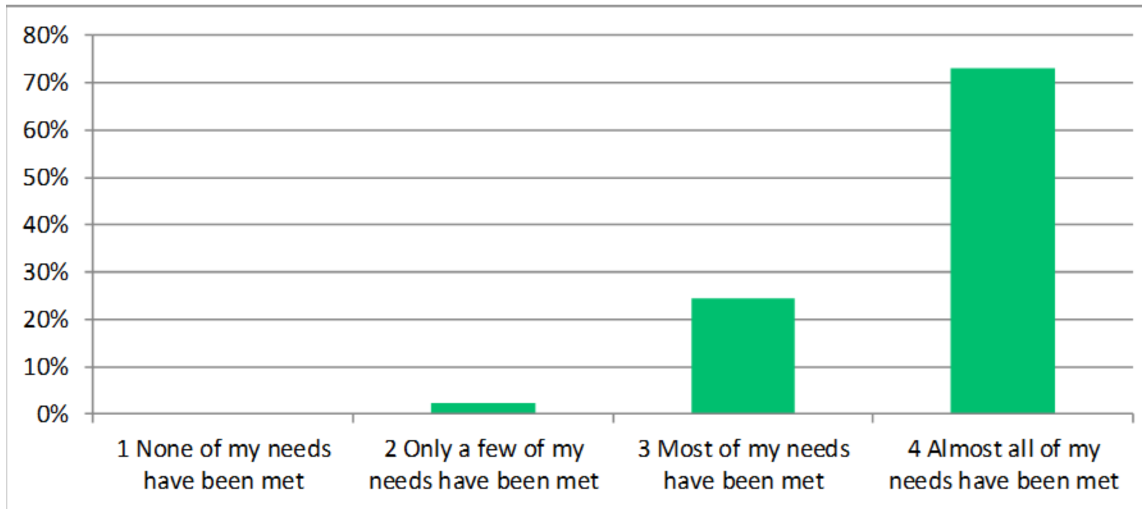
Did you get the kind of service you wanted?



1 No, definitely not	0.0%	0
2 No, I don't think so	0.0%	0
3 Yes, generally	9.8%	4
4 Yes, definitely	90.2%	37
	Total:	*41*

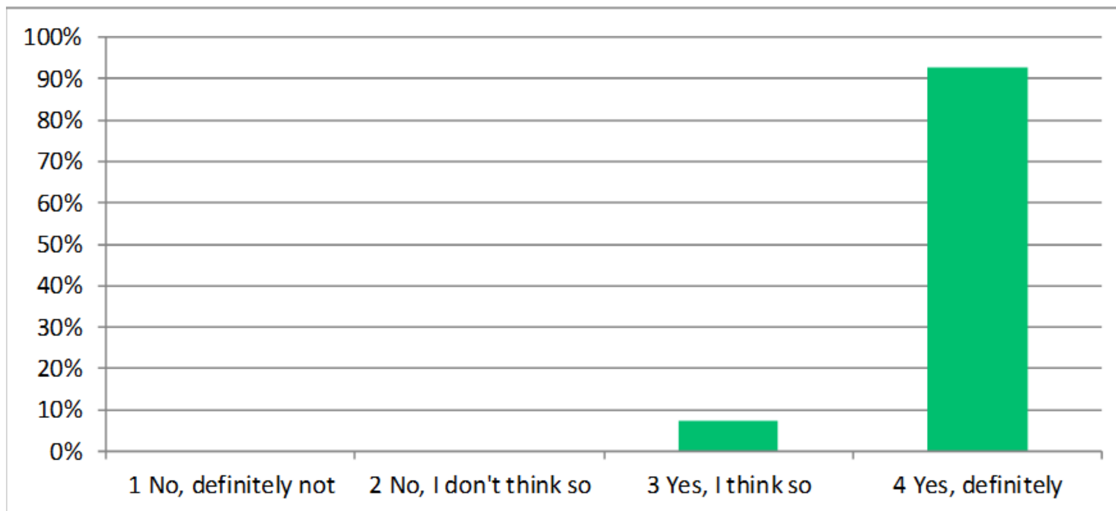
Client Satisfaction Survey
FY 2024/2025

To what extent has our program met your needs?



1 None of my needs have been met	0.0%	0
2 Only a few of my needs have been met	2.4%	1
3 Most of my needs have been met	24.4%	10
4 Almost all of my needs have been met	73.2%	30
	Total:	41

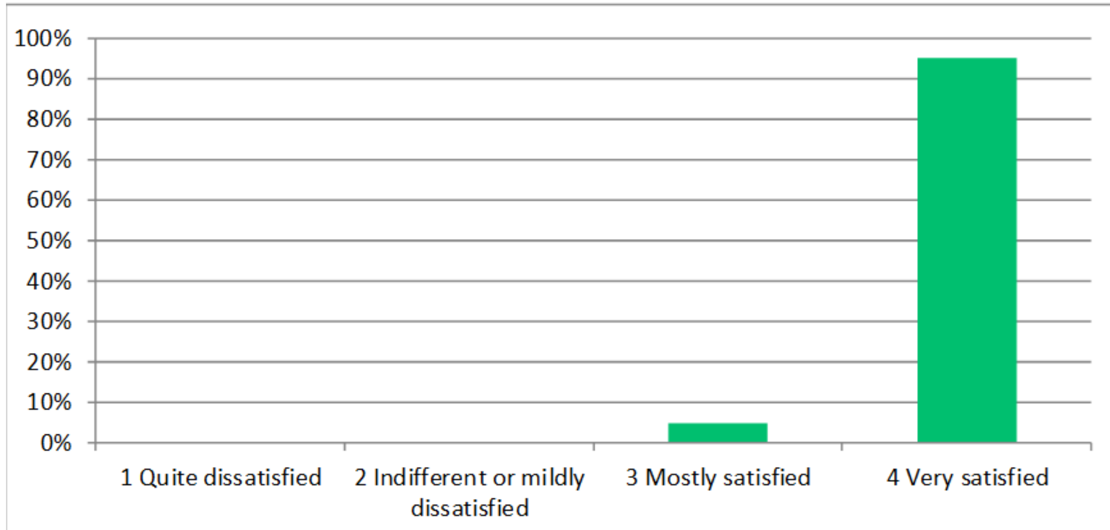
If a friend were in need of similar help, would you recommend our program to him or her?



1 No, definitely not	0.0%	0
2 No, I don't think so	0.0%	0
3 Yes, I think so	7.3%	3
4 Yes, definitely	92.7%	38
	Total:	41

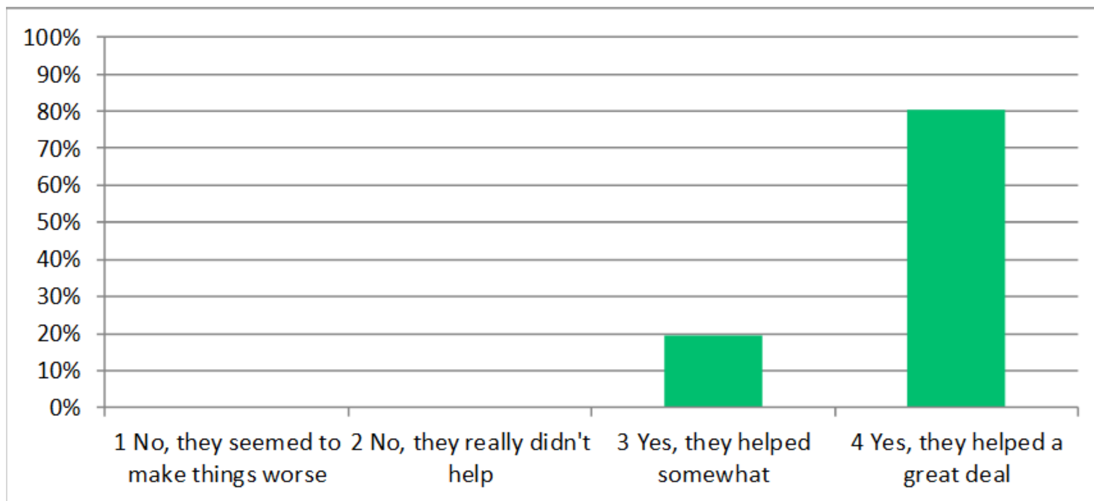
Client Satisfaction Survey
FY 2024/2025

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



1 Quite dissatisfied	0.0%	0
2 Indifferent or mildly dissatisfied	0.0%	0
3 Mostly satisfied	4.9%	2
4 Very satisfied	95.1%	39
	Total:	41

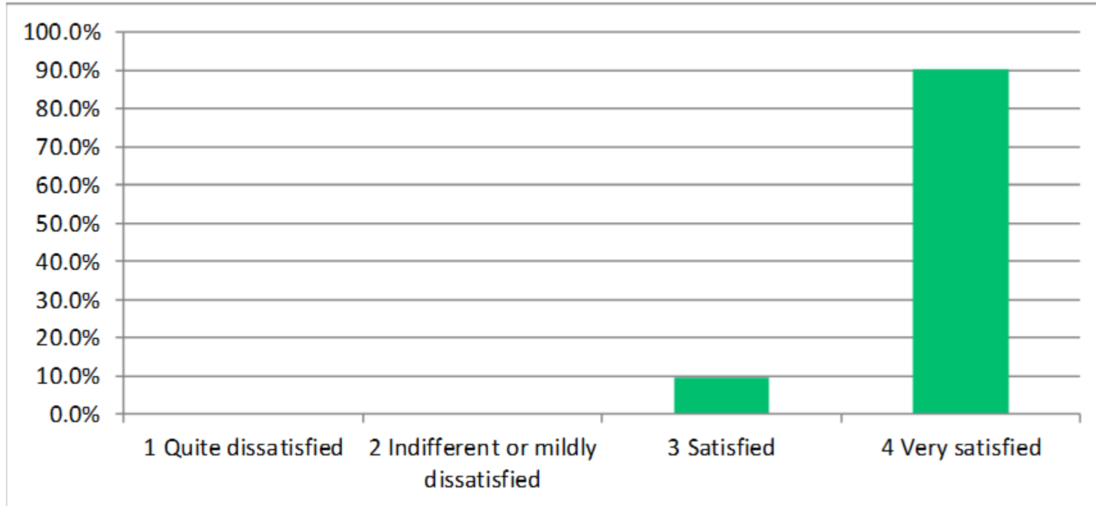
Have the services you received helped you to deal more effectively with your problems?



1 No, they seemed to make things worse	0.0%	0
2 No, they really didn't help	0.0%	0
3 Yes, they helped somewhat	19.5%	8
4 Yes, they helped a great deal	80.5%	33
	Total:	41

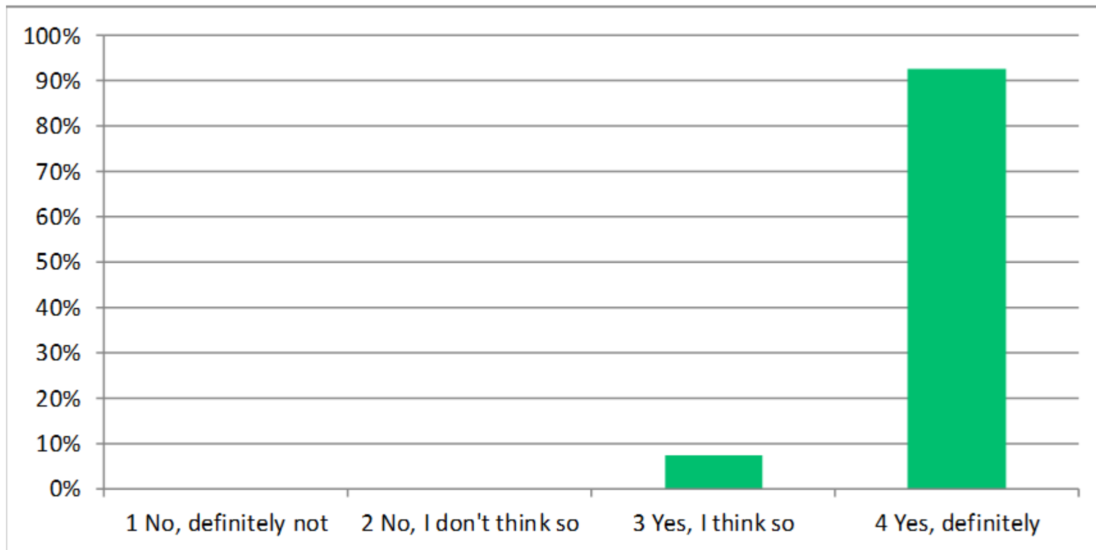
Client Satisfaction Survey
FY 2024/2025

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



1 Quite dissatisfied	0.0%	0
2 Indifferent or mildly dissatisfied	0.0%	0
3 Satisfied	9.8%	4
4 Very satisfied	90.2%	37
	Total:	41

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



1 No, definitely not	0.0%	0
2 No, I don't think so	0.0%	0
3 Yes, I think so	7.3%	3
4 Yes, definitely	92.7%	38
	Total:	41

Client Satisfaction Survey

FY 2024/2025

Do you have any other comments, questions, or concerns?

Very happy to have the therapy

I am able to parent my foster kids the way that I do and have had so much success with them due to the excellent guidance and support from the infant parent center

---

Jen is amazing and always encouraging. She is easy to talk to and is supportive during those rough times.

Amanda is amazing with my child

Jen has been a huge help to our marriage and my mental health. I recommend the program to anyone with young children seeking help. Thank you Jen!

Thank you, for all the advice and ideas You have shared, I really appreciate it appreciate it!

Lisa is the wonderful lady that has been helping me through a lot of heavy deals. She's very skilled at what she does, and I'm super grateful to have found the Infant Parent Center. Thank you!!

We love Jen she’s truly amazing

Colleen helped me steer my perspective back into the light, when everything around me felt dark. My only regret was not asking for help sooner. Thanks Colleen!

Rebecca is helping me see things so I can heal and learn tools to be a better parent

---

I can’t say enough great things about this program and Jen! She’s helped me feel more confident in my parenting and help my kids get through some really tough times.

I just wish the services could extend past age 5. It was so beneficial to my son and me.

The infant parent center helped me navigate anxiety and depression during my pregnancy and postpartum. My family is in a safer and healthier place because of the services provided.

Jen was really a lifesaver. She gave me tools and more importantly, hope for success, in supporting my child and our relationship. She also helped us with context and realistic expectations!

Wish the program could last longer! Definitely helpful in my life journey.

Jen has helped me so much from losing my mom and nephew to watching a friend get murdered I had a lot of issues and ptsd she helped me tremendously not only navigate that part of life but helped me become a better mom for my kids. This program is a literal life saver and I'm so thankful for it!

Thank you so much for the help!

This program has been a massive blessing to our family. We have received help and support that we otherwise would not have had.

I would love the grant to be continued for free services. Jen helped me tremendously!!

Amanda is amazing! The program is amazing! I've been coming here since I was pregnant with my first baby. My mental health is the best it's ever been because of the help I've received. I recommend this program any chance I get

---

Colleen was such a huge help, she was so positive and very easy to talk too.

Everyone that has worked with me and my family have been wonderful. I have recommended several people to utilize the Infant Parent Center. The one friend that took my recommendation seems to also be very blessed by the person she is working with. Thank you for your help and support. Keep up the good work!

Rebecca is wonderful :) I am very grateful for her support!

IPC has helped my family in unspeakable ways. I have tools for now and for later thanks to the time and dedication that IPC has devoted to me and my spouse and children in all aspects of our lives. I have referred people to the program and if there is any way I can do it better or different please let me know.

This program has helped me in my journey as a mother and helped me to open up to myself and accept feeling imperfect. I have even been able to work more in depth on my marriage and now my husband is also participating in the counseling program as well. It has been a blessing to our family in more ways than one.

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$345,000	$500,000	$500,000
Total Expenditures	$345,000	$488,392	$496,524
Unduplicated Individuals Served	40	48	33
Cost per Participant	$8,625	$10,174	$15,046
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	30	35	21
16-25 (transitional age youth)	10	13	12
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	0	0	1
Asian	0	1	0
Black or African American	4	1	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	29	38	24
Other	0	2	3
Multiracial	6	6	4
Unknown or declined to state	1	0	1

Ethnicity by Category	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino			
Caribbean	0	0	1
Central American	0	1	0
Mexican/Mexican-American/Chicano	1	1	3
Puerto Rican	0	2	2
South American	0	0	0
Other	1	1	1
Multi-ethnic	5	3	1
Unknown or declined to state	0	0	0
Non-Hispanic or Non-Latino			
African	4	0	0
Asian Indian/South Asian	0	1	0
Cambodian	0	1	1
Chinese	0	0	0
European	14	6	3
Filipino	0	0	1
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	5	25	15
Multi-ethnic	7	2	1
Unknown or declined to state	3	4	4

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	40	48	33
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	0

Sexual Orientation *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2022-23	FY 2023-24	FY 2024-25
Gay or Lesbian	0	0	0
Heterosexual or Straight	18	18	15
Bisexual	5	1	2
Questioning or unsure of sexual orientation	6	0	0
Queer	0	0	0
Another sexual orientation	1	0	0
Unknown or declined to state	10	29	16
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male	23	27	15
Female	17	21	18
Unknown or declined to answer	0	0	0
Current gender identity:			
Male	23	25	11
Female	14	18	17
Transgender	0	0	0
Genderqueer	2	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Unknown or declined to answer	0	5	5

Disability	FY 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing	0	2	1
Difficulty hearing or having speech understood	1	2	1
Mental disability including but not limited to learning disability, developmental disability, dementia	2	3	0
Physical/mobility	0	1	0
Chronic health condition/chronic pain	1	0	0
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 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	1	0	1
No	39	48	31
Unknown or declined to state	0	0	1
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	13	13	8
Placerville Area	18	24	15
North County	1	1	1
Mid County	2	8	5
South County	1	3	1
Tahoe Basin	1	0	3
Unknown or declined to state	4	0	0

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income	5	9	3
Very low income	5	7	8
Low income	12	11	6
Moderate income	10	9	4
High income	5	9	9
Unknown or declined to state	3	0	0
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	19	22	15
Medi-Cal	18	22	16
Medicare	0	0	0
Uninsured	0	1	0
Unknown or declined to state	3	3	0

Annual Report FY 2024-25

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.**

   Implementation of Prevention Wraparound Services has been successful in fostering community partnerships with Child serving entities and providing education on the goals of the program to increase referral sources. Throughout the fiscal year, Program has adopted and modified High-Fidelity Wrap processes to align with UCD Model and ensure services are provided to fidelity. Team was successful in linking families to long-term care as needed. Barriers/Challenges faced during the year include census limitations due to limited budget to effectively provide services to all individuals referred to program.

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).

Program supported in improving youth/family functioning through use of Wrap Model and providing variety of services to address the needs from multiple angles. Individualized services including Therapy, Skills, and Collateral support were effective in addressing the underlying needs that led to referral. Effective partnerships with county Probation, CPS, and schools supported in creating plans that addressed the needs of the youth/families and preventing further system involvement.

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."**

Undeserved Data

- Yes: 3
- No: 24
- Unknown: 6

Program utilized community/state resources to support underserved families in being connected to the appropriate care for long term support and sustainability once transitioned from PEI Program. When possible, families were connected to the appropriate providers (Insurance and ALTA Regional) for additional support.

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

All youth successfully decreased need for in-patient psychiatric hospitalization.

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.

Majority of youth referred by systems including CPS and Juvenile Justice maintained contact as part of case plans. Reduction of law enforcement interactions occurred for majority of the youth served.

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.

All but 2 youth referred/opened to services maintained placement or reintegrated to family-based settings.

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.

Agency Practices and Commitment to DEI includes quarterly Cultural Insight Activities to support in the development and implementation of culturally responsive practices. During intake, Program explores cultural practices and considerations to ensure services are supportive and considerate of the individuals/families served. Assessments are utilized to determine the impact of cultural/linguistic disparities that exist within life domains to support in treatment planning.

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.

Monthly cross-system collaboration with systems including CPS and Probation to support in increased understanding of each other's organizations/practices, identification of learning opportunities and identifying gaps to support in enhanced collaboration and service delivery. Attendance in community outreach events to increase community awareness of program/services. Education provided to individuals involved in our services to ensure strength-based, family centered practices and support in understanding stigma related to cultural/racial/ethnic identities as well as mental health/trauma impact on youth/family functioning and ability to make progress.

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

No data available.

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

13 Youth referred to County Behavioral Health to be assessed for Specialty Mental Health Service

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

No information available.

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

16 opened within 10 days (44%). On average they opened within 4 days

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

32 youth out of 33 (97%) had an initial CANS assessment

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

Various methods used to support in access to services including completing referrals on behalf of families when necessary to link to appropriate care (County Behavioral Health), offering services in variety of locations (home, office, community, school) and via various domains (phone, telehealth, in-person). Utilized

relationships with system partners to encourage engagement and highlighted benefit of services to increase engagement.

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

Data unavailable

16) Provide any additional relevant information.

No additional information.

Forensic Access and Engagement Project

Provider: El Dorado County staff

Project Goals

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

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

Expenditures	**FY 2023-24**	**FY 2024-25**
MHSA Budget	$150,000	$150,000
Total Expenditures	$138,000	$140,173
Unduplicated Individuals Served	156	273
Cost per Participant	$884	$513
Age Group	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	0	0
16-25 (transitional age youth)	15	23
26-59 (adult)	130	229
Ages 60+ (older adults)	11	21
Unknown or declined to state	0	0

Race	FY 2023-24	FY 2024-25
American Indian or Alaska Native	0	2
Asian	1	1
Black or African American	1	1
Native Hawaiian or Other Pacific Islander	0	0
White	56	94
Other	7	11
Multiracial	0	0
Unknown or declined to state	91	164
Ethnicity by Category	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino		
Caribbean	0	
Central American	0	
Mexican/Mexican-American/Chicano	1	
Puerto Rican	0	
South American	0	
Other	3	13
Unknown or declined to state	92	168

Non-Hispanic or Latino		
African	0	
Asian Indian/South Asian	0	
Cambodian	0	
Chinese	0	
European	0	
Filipino	0	
Japanese	0	
Korean	0	
Middle Eastern	0	
Vietnamese	0	
Other	0	85
Multi-ethnic	0	
Unknown or declined to state	60	7

Primary Language	FY 2023-24	FY 2024-25
Arabic	0	
Armenian	0	
Cambodian	0	
Cantonese	0	
English	76	131
Farsi	0	
Hmong	0	
Korean	0	
Mandarin	0	
Other Chinese	0	
Russian	0	
Spanish	1	1
Tagalog	0	
Vietnamese	0	
Unknown or declined to state	79	141

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	0	
Heterosexual or Straight	0	
Bisexual	0	
Questioning or unsure of sexual orientation	0	
Queer	0	
Another sexual orientation	0	
Unknown or declined to state	156	
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2023-24**	**FY 2024-25**
Male	103	170
Female	53	103
Unknown or declined to answer	0	
Male	0	
Female	0	
Transgender	0	
Genderqueer	0	
Questioning / unsure of gender identity	0	
Another gender identity	0	
Unknown or declined to answer	0	

Disability	FY 2023-24	FY 2024-25
Difficulty seeing	0	
Difficulty hearing or having speech understood	0	
Mental disability including but not limited to learning disability, developmental disability, dementia	0	
Physical/mobility	0	
Chronic health condition/chronic pain	0	
Other (specify)	0	
Declined to state or none	156	
Veteran Status **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2023-24**	**FY 2024-25**
Yes	0	
No	0	
Unknown or declined to state	156	

Region of Residence	FY 2023-24	FY 2024-25
West County	21	47
Placerville Area	56	102
North County	5	14
Mid County	10	32
South County	0	3
Tahoe Basin	29	1
Unknown or declined to state, or other	35	65
Economic Status	**FY 2023-24**	**FY 2024-25**
Extremely low income	0	
Very low income	0	
Low income	0	
Moderate income	0	
High income	0	
Unknown or declined to state	156	
Health Insurance Status	**FY 2023-24**	**FY 2024-25**
Private	0	
Medi-Cal	0	
Medicare	0	
Uninsured	0	
Unknown or declined to state	156	

Student Wellness Centers – Middle Schools

Provider: Summitview Child and Family Services

Project Goals

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

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

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$300,000	$476,000	$476,000
Total Expenditures	$277,921	$394,056	$424,467
Unduplicated Individuals Served	253	134	275
Cost per Participant	$1,099	$2,940	$1,543
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	253	273	295
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 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	5	16	15
Asian	2	5	2
Black or African American	8	4	2
Native Hawaiian or Other Pacific Islander	0	0	3
White	185	216	226
Other	12	13	12
Multiracial	12	10	13
Unknown or declined to state	29	9	22
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	14	11	19
Puerto Rican	0	0	0
South American	1	0	0
Other	1	12	0
Unknown or declined to state	14	5	0

Non-Hispanic or Latino			
African	6	1	0
Asian Indian/South Asian	0	0	1
Cambodian	1	0	0
Chinese	0	0	2
European	68	76	7
Filipino	0	6	4
Japanese	0	1	0
Korean	0	1	0
Middle Eastern	1	0	0
Vietnamese	0	0	0
Other	84	115	164
Multi-ethnic	11	15	0
Unknown or declined to state	52	0	45

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	241	262	279
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	12	6	12
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	0	5	4

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	5	2	1
Heterosexual or Straight	59	91	31
Bisexual	7	9	2
Questioning or unsure of sexual orientation	1	0	0
Queer	6	0	0
Another sexual orientation	4	0	0
Unknown or declined to state	171	171	261
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Male	111	119	113
Female	133	154	182
Unknown or declined to answer	9	0	0
Male	86	93	49
Female	101	124	75
Transgender	6	0	0
Genderqueer	5	0	0
Questioning / unsure of gender identity	1	1	0
Another gender identity	4	1	1
Unknown or declined to answer	50	54	170

Disability	FY 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing	1	1	0
Difficulty hearing or having speech understood	1	1	0
Mental disability including but not limited to learning disability, developmental disability, dementia	5	8	0
Physical/mobility	0	1	0
Chronic health condition/chronic pain	1	2	1
Other (specify)		4	4
Declined to state or none	7	3	290
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	0	0	0
No	0	273	295
Unknown or declined to state	253	0	0

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County	37	47	80
Placerville Area	122	111	145
North County	0	0	0
Mid County	85	81	52
South County	1	18	18
Tahoe Basin	0	0	0
Unknown or declined to state	8	16	0
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income	6	5	1
Very low income	8	9	3
Low income	28	32	26
Moderate income	58	76	29
High income	13	19	9
Unknown or declined to state	140	unknown	unknown
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	43	36	65
Medi-Cal	36	61	33
Medicare	0	0	0
Uninsured	3	4	1
Unknown or declined to state	171	unknown	unknown

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1) **The number of duplicated and unduplicated student contacts**.

295

2) **The number of student mental health assessments performed.**

229

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.**

17 - general outreach provided in person.

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.**

17 – EDC Behavioral Health, New Morning, El Dorado Community Health, Care Solace, Crisis Line, and Kaiser for medical and substance use linkages.

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

The past year was our third year with the Wellness Center Project, so our implementation strategies are well defined. The biggest challenge we faced this year was at one campus where we struggled having a confidential space. However, our leadership has met with that campus's administration, and they plan to provide a whole separate classroom this year to dedicate to the Wellness Center.

One lesson learned this year was to ensure the safety/risk protocols are clearly explained upfront on new campuses, as our agency's services are regulated by HIPAA, while our district partners fall under FERPA, which has always been a challenge to navigate. In our first year we learned to strongly encourage obtaining releases of information with the school if indicated for best practice with collaborating on interventions for clients.

Our biggest success was our expansion of Wellness Centers. In 2022, we started with five Wellness Centers, expanded to nine the second year, and this past year grew to 14. The new campuses we served were Herbert Green and Indian Creek in the Motherlode District, Lake Forrest in the Rescue District, and Schnell/Sierra in the Placerville District. We had to establish relationships with five new administrations and acclimate to their campus cultures.

Our growth and being welcomed back on all campuses, outcome measure results, and satisfaction survey feedback also speak to our successes over the year. Treatment goal attainment was the following: of those who participated in services, 137 met treatment goals, 63 partially met treatment goals, and 5 did not meet

treatment goals.

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

Of the 150 client responses we received from our satisfaction survey, 95% were satisfied with the services they received; 95% felt the staff were professional and courteous, 88% felt services were effective, 90% felt staff spoke to them in a way they understood, and 89% felt staff were sensitive to their cultural and ethnic background. The following quotes are a sample taken from the satisfaction survey in response to the prompt "what was the most helpful for you":

- The most helpful thing that helped me was talking about my anxiety and telling me how to calm myself down if I ever get stressed.
- Recognizing triggers.
- Challenging negative thoughts.
- Being able to talk about how I feel and having someone there to talk to and help me get through it.
- Stress-relieving exercises.
- Learning how to cope with anxiety.
- I felt like what was the most helpful was how I always cheered up the moment I walked into this room.
- Talking about my feelings and solving my problems.
- Finding self-worth and helping with confidence.
- Learning how to be more social with others.
- The help of every person in the group.
- Learning about boundaries.
- Learning things for my nervousness to go away.
- I feel more grounded and in control. Like it's not the end of the world, because it's not.

Of the 22 caregiver responses we received from our satisfaction survey, 97% were satisfied with the services their child received; 100% felt staff were professional and courteous, 97% felt services were effective, 100% felt staff spoke to them in a way they understood, and 98% felt staff were sensitive to their cultural and ethnic background. The following quotes are a sample taken from the satisfaction survey in response to the prompt "what was the most helpful for you":

- The relationship built with my child made him happy to see a counselor. It was very important to me that he felt like he had a safe place/person to turn to.
- How caring and kind she was to me and my daughter.
- The clinician did an amazing job establishing rapport with my child. My child looked forward to sessions and was excited to participate. Having that level of engagement has been so helpful!
- Direct help at school with her school and social issues.
- Just having a safe place to chat with friends and an adult.
- The ease of being seen and planning.
- My daughter has learned new skills in managing her emotional outbursts.

The survey feedback highlights the many goals of the Wellness Center project, including improving access to needed services, creating a welcoming and safe space on campus, and being available to provide psychoeducation and teach basic coping skills to a vast majority of middle and elementary school students.

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

6

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

1

Student Wellness Centers – High Schools

Provider: Sierra Child and Family Services

Project Goals

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

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

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$260,000	$414,400	$414,400
Total Expenditures	$259,680	$412,240	$414,080
Unduplicated Individuals Served	914	1088	1201
Cost per Participant	$284	$378	$344
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)		536	585
16-25 (transitional age youth)		369	400
26-59 (adult)		0	0
Ages 60+ (older adults)		0	0
Unknown or declined to state		183	216

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native		29	35
Asian		30	23
Black or African American		2	16
Native Hawaiian or Other Pacific Islander		5	12
White		557	575
Other		0	0
Multiracial		0	0
Unknown or declined to state		0	333
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean		0	0
Central American		0	0
Mexican/Mexican-American/Chicano		0	170
Puerto Rican		0	0
South American		0	0
Other		0	0
Unknown or declined to state		0	0

Non-Hispanic or Latino			
African		0	0
Asian Indian/South Asian		0	0
Cambodian		0	0
Chinese		0	0
European		0	0
Filipino		2	5
Japanese		1	2
Korean		2	1
Middle Eastern		0	0
Vietnamese		0	0
Other		0	0
Multi-ethnic		24	29
Unknown or declined to state		0	0

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic		1	2
Armenian		0	0
Cambodian		0	0
Cantonese		0	0
English		842	894
Farsi		1	0
Hmong		0	0
Korean		0	0
Mandarin		1	0
Other Chinese		0	0
Russian		6	3
Spanish		37	65
Tagalog		0	0
Vietnamese		0	0
Unknown or declined to state		200	236

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian		0	0
Heterosexual or Straight		0	0
Bisexual		0	0
Questioning or unsure of sexual orientation		0	0
Queer		0	0
Another sexual orientation		0	0
Unknown or declined to state		1088	1201
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male		0	0
Female		0	0
Unknown or declined to answer		1088	1201
Current Gender Identity:			
Male		0	0
Female		0	0
Transgender		0	0
Genderqueer		0	0
Questioning / unsure of gender identity		0	0
Another gender identity		0	0
Unknown or declined to answer		1088	1201

Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Difficulty seeing		0	0
Difficulty hearing or having speech understood		0	0
Mental disability including but not limited to learning disability, developmental disability, dementia		0	0
Physical/mobility		0	0
Chronic health condition/chronic pain		0	0
Other (specify)		0	0
Declined to state or none		1088	1201
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes		0	0
No		0	1201
Unknown or declined to state		0	0

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County		1088	1201
Placerville Area		0	0
North County		0	0
Mid County		0	0
South County		0	0
Tahoe Basin		0	0
Unknown or declined to state		0	0
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income		0	0
Very low income		0	0
Low income		0	0
Moderate income		0	0
High income		0	0
Unknown or declined to state		1088	1201
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private		112	38
Medi-Cal		66	95
Medicare		0	0
Uninsured		0	0
Unknown or declined to state		910	1068

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

Total number of unduplicated student contacts	1201
Total number of duplicated student contacts	5594
Total number of profiles (all time)	3760

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	1286

Reports from:

- Collateral Note
- Unique/Crisis Note

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

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

Total number of mental health assessments performed	4147

Report from:

CSSR-S

CANS
CALOCUS
ASQ Screening Tool (Safety Assessment)
CRAFFT
PQ16
PQ-B
YPSC35
PSC35
SDQ

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

Total number of student groups offered (not sessions)	72

Report from:

Group Note
Group Spreadsheet
Topics Offered:
Anxiety
Social Skills
Grief
Executive Functioning
Healthy Self Care Habits
Housing Insecurity and Community Resources
Depression Coping
DBT Anger
Communication/Peer Interaction
DBT

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

Number of students linked to an outside provider	157
Number of students linked to school-based provider	125
Parent led linkages following contact from Wellness Center staff	219

*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

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
Trauma

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$40,000	$40,000	$40,000
Total Expenditures	$40,000	$40,000	$40,000
Unduplicated Individuals Served	137	82	58
Cost per Participant	$292	$487	$689
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	34	32	118
26-59 (adult)	101	50	49
Ages 60+ (older adults)	1	0	0
Unknown or declined to state	1	0	0

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	0	1	0
Asian	8	2	13
Black or African American	1	3	3
Native Hawaiian or Other Pacific Islander	0	1	0
White	59	39	86
Other	13	20	1
Multiracial	5	3	19
Unknown or declined to state	51	13	45
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	6	0	0
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	0
Unknown or declined to state	0	82	0

Non-Hispanic or Latino			
African	1	0	0
Asian Indian/South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
European	0	0	0
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	1	0	0
Vietnamese	0	0	0
Other	17	0	0
Multi-ethnic	5	3	0
Unknown or declined to state	107	79	142

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic		0	0
Armenian		0	0
Cambodian		0	0
Cantonese		0	0
English		0	0
Farsi		0	0
Hmong		0	0
Korean		0	0
Mandarin		0	0
Other Chinese		0	0
Russian		0	0
Spanish		0	0
Tagalog		0	0
Vietnamese		0	0
Unknown or declined to state	137	82	167

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian		0	0
Heterosexual or Straight		0	0
Bisexual		0	0
Questioning or unsure of sexual orientation		0	0
Queer		0	0
Another sexual orientation		0	0
Unknown or declined to state	137	82	167
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male		0	0
Female		0	0
Unknown or declined to answer	137	82	167
Current gender identity:			
Male	48	24	73
Female	84	52	93
Transgender	0	0	0
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	4	1
Unknown or declined to answer	5	0	0

Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Difficulty seeing		0	0
Difficulty hearing or having speech understood		0	0
Mental disability including but not limited to learning disability, developmental disability, dementia		0	0
Physical/mobility		0	0
Chronic health condition/chronic pain		0	0
Other (specify)		0	0
Declined to state or none	137	82	167
Veteran Status **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes		0	unknown
No		0	unknown
Unknown or declined to state	137	82	unknown

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County		0	unknown
Placerville Area		0	unknown
North County		0	unknown
Mid County		0	unknown
South County		0	unknown
Tahoe Basin		0	unknown
Unknown or declined to state	137	82	unknown
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income		0	unknown
Very low income		0	unknown
Low income		0	unknown
Moderate income		0	unknown
High income		0	unknown
Unknown or declined to state	137	82	unknown
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private		0	unknown
Medi-Cal		0	unknown
Medicare		0	unknown
Uninsured		0	unknown
Unknown or declined to state	137	82	unknown

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Please provide the following information for this reporting period:

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

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

   Goal: Increased mental health service utilization by students
   Outcome: Goal met overall; varied annually. The 2021-2022 total visit number was 288 with 49 unique member encounters; however, the 2022-2023 total visit number was 303 with 70 unique member encounters. The 2023-2024 total visit number was 269 with 82 unique member encounters. The 2024-2025 total visit number was 167 with 58 unique member visits. In 2023-2024, the total active registrations were 17, with 147 total active registrations in 2024-2025.

   Goal: Decreased isolation that results from unmet mental health needs
   Outcome: Goal met. From July 2024 through June 2025, there were 167 total visits reported with 58 unique member encounters reported on TimelyCare. The visits saw the highest usage with sessions regarding stress, relationship issues, anxiety, and depression. Students are more consistently utilizing the peer-to-peer interaction sessions (Peer Community) compared with prior years. This service is where students can anonymously discuss their experiences with other students across the US. The top two topics on the Peer Community feature, with the highest usage in July and August 2024, were anxiety and depression.

   Goal: Decreased peer and family problems that result from unmet health needs
   Outcome: Goal met. From July 2024 through June 2025, 100% of users stated a mental health improvement score using the TalkNow feature, and 83% reported a mental health improvement after counseling visits. These outcomes demonstrate a significant increase in improvement by 18% with TalkNow, a 7% increase for counseling compared to 2023-2024. The top two concerns for both the TalkNow and scheduled counseling visits were stress and relationships issues. Every survey responder stated they felt more comfortable engaging with peers after the help of TimelyCare. July 2024 saw the highest number of comments on posts within the Peer-to-Peer modality, and August 2024 had the greatest number of unique posts on this platform.

   Goal: Reduce stigma and discrimination
   Outcome: Goal met. In the 2024-2025 academic year, the following ethnicities had visits with TimelyCare's services (in descending order): White – 51%, Hispanic or Latino – 15%, Prefer not to answer – 13%, Biracial or multiracial – 11%, Asian or Asian American – 8%, Black or African American – 2%. Scheduled counseling visits accounted for 75.4% of visits, followed by TalkNow at 16.8%, MedicalNow at 7.2%, and scheduled medical at 0.6%. 63.47% of all visits were performed in video modality, and 36.53% were via phone modality. In the 2024-2025 academic year, 55.78% of active registrations were made by female-identifying students, 43.54% by male-identifying students, and 0.68% by self-select identifying students. The largest age group was between 18-22 years old, with the 2nd largest age group being 23-29 years old, and the 3rd largest group being 30-39. These data points show that the stigma and discrimination were both reduced as there were students from various ages, ethnicities, and genders who utilized TimelyCare.

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

Outcome: Goal met. There were 9 requests made for Basic Needs which were all transferred and fulfilled by LTCC's Basic Needs program. LTCC's Basic Needs and Wellness will be discussed more thoroughly in Question #4.

Goal: Reduction in college failure or dropouts
Outcome: Unknown
Fall 2024 to Winter 2025 persistence rate for first-time full-time students went up 5 % (from 71% to 76%) in Annual Year 2024-2025, a six-year high

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

   At LTCC, TimelyCare has helped reduce serious student risks including suicide, prolonged suffering, school failure or dropout, incarceration, unemployment, and homelessness. By providing 24/7 virtual access to mental health care, students are able to get immediate support before challenges escalate. TimelyCare is integrated into our Basic Needs Services, where students seeking food, housing, or emergency support are also referred for mental health care. Depending on severity, referrals are made to TimelyCare or County Behavioral Health. This proactive approach has helped students stabilize their lives, stay enrolled, and avoid long-term negative outcomes, making TimelyCare a foundational support for LTCC students.

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

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

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

   Between July 1, 2024 and June 30, 2025, LTCC received a total of 9 Basic Needs requests that were all fulfilled. During this same time frame, LTCC served a total of 765 students through their Basic Needs Center, including 336 with food insecurity, 189 with mental health, 155 with housing, 195 with technology, and 148 with transportation. Specifically related to the 9 Basic Needs requests stemming from TimelyCare, 44.44% of requests were for food, 22.22% were regarding employment, and at 11.1% each were surrounding transit, housing, and financial services. The majority overlap between TimelyCare and Basic Needs was through scheduled counseling visits.

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

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

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

Measurement 1: Number of scheduled counseling visits and the average visit length.
126 scheduled counseling visits were requested with 126 completed. The average length of each scheduled counseling visit was 53.8 minutes, with a reported 83% mental health improvement. The average visit rating was 4.9 out of 5. February 2025 saw the highest number of counseling visits.
Measurement 2: Number of psychiatry visits and the average visit length.
We can provide Medical visit data but not psychiatry visit data.
Measurement 3: Breakdown by gender for the scheduled counseling visits and the psychiatry visits.
Total scheduled counseling visits by gender: female = 55.78%, male = 43.54%, self-select =0.68%
We don't have psychiatry data since we did not purchase psychiatry.

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

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

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

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

   Two client quotes:

"These past few months have been really stressful for me and my family. Without the access to, and support from, the people at TimelyCare, I don't believe I would have been able to take care of myself or my family. Having the ability to call any time and talk to someone who would listen and provide support helped me stay focused at work and allowed me to continue in a local CNA training program."

"After the loss of a family member, being able to connect to counselor support through TimelyCare helped me manage the emotional trauma and take care of my family. Without it, I am not sure what I would have done or who I could have turned to."

Stigma and Discrimination Reduction Program

Mental Health First Aid, safeTALK, and Community Education Project

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

Project Goals

- Raise personal awareness about mental health, including increasing personal recognition of mental illness risk-factors.
- Community members 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 (project is underway with an estimated execution in FY 2024/25)

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$113,000	$160,000	$160,000
Total Expenditures	$22,499	$2923	$8,000
Unduplicated Individuals Served	216		110
Cost per Participant	$104		$72
Number of Classes			8
Youth	5		
Adult	12		
Veterans	0		
Cost per Class	$		$1,000

Community Stigma Reduction Project

Provider: New Morning Youth and Family Services

Project Goals:

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

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

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$50,000	$100,000	$100,000
Total Expenditures	$0	$42,720[5]	$100,000
Unduplicated Individuals Served		67	187
Cost Per Participant		$637	$534
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)		23	72
16-25 (transitional age youth)		44	86
26-59 (adult)		0	0
Ages 60+ (older adults)		0	0
Unknown or declined to state		0	29

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

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native		3	3
Asian		0	0
Black or African American		5	5
Native Hawaiian or Other Pacific Islander		0	0
White		48	81
Other		0	0
Multiracial		11	12
Unknown or declined to state		0	86
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean		0	0
Central American		1	1
Mexican/Mexican-American/Chicano		10	11
Puerto Rican		0	0
South American		2	4
Other		0	0
Unknown or declined to state		0	6

Non-Hispanic or Latino			
African		0	4
Asian Indian/South Asian		0	0
Cambodian		0	0
Chinese		0	0
European		36	14
Filipino		0	0
Japanese		0	0
Korean		0	0
Middle Eastern		1	2
Vietnamese		0	0
Other		0	0
Multi-ethnic		11	10
Unknown or declined to state		6	61

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic		0	0
Armenian		0	0
Cambodian		0	0
Cantonese		0	0
English		62	185
Farsi		0	0
Hmong		0	0
Korean		0	0
Mandarin		0	0
Other Chinese		0	0
Russian		0	0
Spanish		3	2
Tagalog		0	0
Vietnamese		0	0
Unknown or declined to state		0	0

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian		0	1
Heterosexual or Straight		27	51
Bisexual		3	4
Questioning or unsure of sexual orientation		3	0
Queer		2	1
Another sexual orientation		0	0
Unknown or declined to state		32	130
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male		40	129
Female		18	58
Unknown or declined to answer		9	
Current gender identity:			
Male		40	127
Female		18	58
Transgender		6	2
Genderqueer		0	0
Questioning / unsure of gender identity		3	0
Another gender identity		0	0
Unknown or declined to answer		0	0

Disability	FY 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing		2	0
Difficulty hearing or having speech understood		0	0
Mental disability including but not limited to learning disability, developmental disability, dementia		3	16
Physical/mobility		1	1
Chronic health condition/chronic pain		0	3
Other (specify)		0	0
Declined to state or none		62	178
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes		0	0
No		67	187
Unknown or declined to state		0	0

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County		9	23
Placerville Area		24	111
North County		3	4
Mid County		6	32
South County		2	3
Tahoe Basin		2	0
Unknown or declined to state		31	14
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income		6	1
Very low income		2	6
Low income		21	17
Moderate income		9	26
High income		0	0
Unknown or declined to state		29	137
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private		8	18
Medi-Cal		19	74
Medicare		0	0
Uninsured		0	1
Unknown or declined to state		40	94

Annual Report FY 2024-25

Please provide the following information for this reporting period:

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

LGBTQ Services –

We are in the process of finalizing our collaboration with the Sacramento Community LGBT Center. The partnership will include monthly parent/ally support groups, a book library, quarterly presenters for the Queer Youth Group, quarterly pop-up events, and weekly on-site drop-in services including mental health support that will be hosted at the New Morning Shelter, the Ashby House. This process was delayed because the Sacramento Community LGBT Center had a transition in staffing for their Tri-County services.

Multiple trainings were provided in November 2024, facilitated by two associate mental health clinicians. One training was in-person only, and the others were via zoom.

Active participant in the Sacramento Rainbow Chamber of Commerce and Sacramento Rainbow Families

Youth Action Council –

Coordinating with EDC SUD and ACCEL/COPE to support facilitation of a countywide youth action council. The Youth Action Council is hosted at the Ashby House and led with the assistance of New Morning staff.

YAC provided two screenings/events of the Fentanyl High movie, one in Placerville and one in South Lake Tahoe. Both events filled to capacity and included resources in the lobby before and after the screening.
157 Placerville event attendees
76 South Lake Tahoe event attendees

Community Partnerships –

Gold Country Basketball for at-risk youth, New Morning discussing services provided and how to initiate services if needed
75 presentation attendees between three public games

EDCOE Board Member outreach regarding LGBTQ+ struggles on local school campuses
9 presentation attendees

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

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

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

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

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

New Morning's philosophy frames every client's situation not only from a developmental perspective but also from a trauma-informed and culturally sensitive perspective. When a youth or their family speak Spanish, we can immediately connect them with one of our Promotora's for culturally and language specific services. When a youth is engaged with any of our community partner programs, they are supervised by a team who understands the local resources and can provide a warm hand-off to any needed services.

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

New Morning's philosophy frames every client's situation not only from a developmental perspective but also from a trauma-informed and culturally sensitive perspective. When a youth or their family speak Spanish, we can immediately connect them with one of our Promotora's for culturally and language specific services. When a youth is engaged with any of our community partner programs, they are supervised by a team who understands the local resources and can provide a warm hand-off to any needed services.

6. Provide outcome measures of the services provided.

a. Measurement 1: Number of informing materials distributed.

Over 850 outreach materials distributed

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

Over 400 reached through presentations

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

Eleven clients were referred to County BHD for outpatient mental health services.

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

unknown

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

Total Project Expenditures in 24/25 FY = $100,000

10. Provide any additional relevant information.

Due to changes in the federal administration, New Morning has had to limit the information provided on our website to avoid disruption in our federal funding. We are now considering creating a website for our Community Stigma Reduction Project that is not directly connected to the New Morning site.

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$65,000	$60,000	$60,000
Total Expenditures	$58,253	$58,253	$58,253

Outreach to Increase Recognition of Early Signs of Mental Illness

Community Education Project

⁝ Parenting Classes Program

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$100,000	$218,000	$218,000
Total Expenditures	$40,281	$68,829	$89,345
Unduplicated Individuals Served	71	69	84
Cost per Participant	$567	$1092	$1064
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	0	2	0
16-25 (transitional age youth)	6	4	4
26-59 (adult)	65	63	76
Ages 60+ (older adults)	0	0	4
Unknown or declined to state	0	0	0

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	2	1	5
Asian	0	1	0
Black or African American	4	3	3
Native Hawaiian or Other Pacific Islander	0	3	0
White	63	56	74
Other	1	0	2
Multiracial	0	0	0
Unknown or declined to state	1	0	0
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean	0	0	0
Central American	3	3	0
Mexican/Mexican-American/Chicano	1	2	7
Puerto Rican	0	2	0
South American	0	0	0
Other	0	4	3
Unknown or declined to state	0	3	0

Non-Hispanic or Latino			
African	0	2	2
Asian Indian/South Asian	0	0	0
Cambodian	0	1	0
Chinese	0	0	0
European	2	1	1
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	1
Vietnamese	0	0	0
Other	5	33	16
Multi-ethnic	0	0	0
Unknown or declined to state	60	3	68

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	71	60	80
Farsi	0	0	0
Hmong	0	0	0
Korean	0	0	0
Mandarin	0	0	0
Other Chinese	0	0	0
Russian	0	0	0
Spanish	0	0	4
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 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	0	0	0
Heterosexual or Straight	18	53	81
Bisexual	1	0	2
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	0
Declined to State	52	6	1
Gender **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male	28	30	32
Female	43	39	52
Declined to answer	0		0
Current gender identity:			
Male	28	30	0
Female	43	39	0
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 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing	0	1	0
Difficulty hearing or having speech understood	0	2	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	2	8
Physical/mobility	0	0	3
Chronic health condition/chronic pain	0	6	4
Other (specify)	0	1	1
Declined to state or none	71	61	70
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	1	2	3
No	6	40	81
Unknown or declined to state	64	27	0

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County	13	13	19
Placerville Area	25	20	27
North County	6	8	4
Mid County	7	9	9
South County	2	3	1
Tahoe Basin	5	7	5
Unknown or declined to state	13	8	19
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income	0	11	11
Very low income	1	8	16
Low income	3	20	31
Moderate income	0	10	14
High income	0	2	3
Unknown or declined to state		0	9
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	2	8	14
Medi-Cal	13	28	42
Medicare	1	1	0
Uninsured	2	32	3
Unknown or declined to state	53	0	25

Annual Report FY 2024-25

Please provide the following information for this reporting period:

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

   The pandemic altered the original delivery of services from an in person to an online format as we found we were able to offer quality services to a larger group of individuals. Moving past the pandemic and experiencing other natural emergencies like fires, extreme heat and severe storms we saw how useful online services are. Additionally online groups eased the burden of childcare for our parents. We continued to prepare class packets for clients which could be picked up, mailed or emailed to participants as a way to deliver a high-quality group and assure that we were meeting the needs of all learning styles. We delivered Nurturing Parenting Group, and Parent Engagement Group throughout the year and were able to offer additional sections of each. This allowed parents to choose between morning and evening classes and also opened up availability for parents who have a protective order against them to participate. Finally, this year we launched a Co-Parenting group. This group was offered on two different days during the lunch hour making it accessible for both parents to attend together. This year we are working on making the packets fillable online which would ease or discontinue the need to print or physically deliver packets to parents.

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 or family maintenance case with the Agency. The Parent Engagement Group is available for parents at the beginning of their case whether the case is 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, and therapy referrals, etc. Additionally, we begin to lay the groundwork to help them to understand harm and danger and why this is a cornerstone of their case plans as it drives services.

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

Our newly introduced Co-Parenting Group provide parents a safe space to work through issues and daily occurrences with parenting they may not agree on. They are able to work together to create parenting plans that they both buy into. The goal is that with parents providing a united front, more predictability in the homes, similar rules and expectations, and consequences with follow through, this will reduce school failure, drop out, suicide and prolonged suffering. It should also reduce the need for CPS intervention.

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

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

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

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

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

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

The parenting group was started after a countywide collaboration between CPS, our local community HUBS and other local service providers. Our specific group works to reduce stigma often associated with CPS involvement by providing participants with dedicated space to take ownership over the circumstances leading to CPS intervention.

In other community parenting groups, it can be hard for families to discuss the sensitive issues that led to CPS involvement further exacerbating feelings of isolation and shame. Participants in our classes express appreciation for the freedom to share their story and experiences with others in similar situations.

Unfortunately, parents' real needs and concerns can be overlooked and unaddressed because they are reticent and/or struggle to honestly convey the myriad of complicating factors that are often at the heart of parents' struggles to effectively parent their children. Parents avoid topics of parental drug use, child abuse, neglect and domestic violence for fear of the information being used against them. Our parenting groups are unique in that we address these needs directly through close collaboration and communication with parents' service providers to ensure that the families are addressing the more critical and relevant issues. As previously mentioned, we also work with the participants to help them identify and understand how and why they became involved with CPS.

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

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

We served 84 individuals this fiscal year. Of these 18 were continuing clients and 66 started the program during this fiscal year.

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

Participants in our program have the benefit of working with facilitators who are also CPS social workers and therefore are in constant communication and collaboration with the primary case carrying social worker. As such, when issues or concerns arise, the facilitators can inform the case carrying social worker immediately so a Child Family Team meeting can be held to address and problem solve the issue. They also have a CPS social worker responsible for overall case management. The latter is primarily responsible for engagement with other "responders" depending upon the family's needs. Through the life of a family's open case with CPS, a myriad of different responders are accessed, including but not limited to community therapists, behavioral health, social services aids, probation officers, law enforcement, attorneys, other community providers as well as family support members. An estimate for the potential number of responders engaged can range from a low of 168 but could be as high as 200 or more as we work with a minimum of two responders per client.

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

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

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

During a CFT, there are required participants, and the Agency identifies other individuals including the family's own support network as long as the parents want them in attendance. Facilitators use email and the telephone to contact individual Social Workers, therapists, case aids, probation officers, lawyers, community service providers,

drug treatment counselors, Alta Regional staff and any other community partner applicable to a specific case as long as we have the requisite releases of information signed

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

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

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

Unknown

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

Unknown

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

Unknown

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

MHSA Budget	$100,000
Total Expenditures	$87,344.76
Unduplicated Individuals Served	84
Cost per Participant	$1063.62
Indirect Service Costs	

8) Provide any additional relevant information.

Peer Partner Project

Provider: Stanford Sierra Youth & Families

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$275,000	$400,000	$400,000
Total Expenditures	$231,633	$177,426 (includes CSS and PEI funding allocations)	$169,838 includes CSS and PEI funding allocations)
Unduplicated Individuals Served	79	88	85
Cost per Participant	$2,932	$2,017	$1,998
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	6	12	5
16-25 (transitional age youth)	12	12	11
26-59 (adult)	59	64	69
Ages 60+ (older adults)	2	0	0
Unknown or declined to state	0	0	0

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	3	4	2
Asian	0	0	0
Black or African American	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	56	60	62
Other	6	8	4
Multiracial	2	4	3
Unknown or declined to state	12	12	14
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean	1	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	6	7	2
Puerto Rican	0	0	0
South American	0	0	0
Other	2	5	11
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	12	10	3
Filipino	0	0	0
Japanese	1	1	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	41	52	52
Multi-ethnic	2	1	1
Unknown or declined to state	14	12	16
Primary Language	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	60	69	67
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	18	19	17
Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	0	0	2
Heterosexual or Straight	58	59	62
Bisexual	2	1	1
Questioning or unsure of sexual orientation	1	1	0
Queer	1	1	0
Another sexual orientation	3	4	1
Unknown or declined to state	14	22	21
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male	17	14	12
Female	61	73	73
Unknown or declined to answer	1	1	0

Current gender identity:			
Male	16	13	9
Female	45	64	63
Transgender	0	0	0
Genderqueer	1	1	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	2	1	0
Unknown or declined to answer	15	9	13
Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Difficulty seeing	12	12	9
Difficulty hearing or having speech understood	6	3	1
Mental disability including but not limited to learning disability, developmental disability, dementia	17	13	10
Physical/mobility	4	3	5
Chronic health condition/chronic pain	13	12	11
Other (specify)	6	4	2
Declined to state	4	0	0
Veteran Status **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	1	3	3
No	65	70	66
Unknown or declined to state	13	15	16

Region of Residence	FY 2022-23	FY 2023-24	FY 2024-25
West County	13	20	12
Placerville Area	27	35	41
North County	5	9	5
Mid County	7	9	6
South County	2	3	4
Tahoe Basin	2	2	3
Unknown or declined to state	23	10	14
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income	41	42	40
Very low income	13	12	9
Low income	11	20	16
Moderate income	4	4	8
High income	1	2	1
Unknown or declined to state	9	0	0
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	1	3	6
Medi-Cal	67	75	64
Medicare	1	1	2
Uninsured	1	1	1
Unknown or declined to state	9	0	0

Annual Report FY 2024-25

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.**

   We are now fully staffed with 2 full time parent partners, and one full-time Youth advocate, we have also implemented an in person monthly support group for families involved in navigating child welfare. Attendance is approximately 4-6 monthly- we hold this hybrid to also include Tahoe families virtually. Some topics that have been held in these spaces have been, effective and appropriate communication styles, self-care and what does it look like, co-parenting after cps involvement, building a supportive village, advocacy and using your voice, how to work with social workers, attorneys and service providers.

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).**

   While engaging with parents and youth involved in child welfare, parent partners and youth advocates have been focused and supportive in assisting families in understanding and navigating their case plans developed by their social workers.

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."**

   Please see listed above-

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

5) **Provide the number of potential responders engaged. "Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, community service providers, people wo provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, and disabling mental illness, provide support, and /or refer individuals who need treatment or other mental health services.**

6) **The setting(s) in which the potential responders were engaged. Setting providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.**

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

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

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

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

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

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

<u>Parent Partner Outcomes:</u> There were (53) clients who discharged from the Parent Partner program in 24-25 FY. Of those (53) discharges, (6) of those clients never engaged, and thus their outcomes will not be reported below in the measurements. Of the (47) parents who discharged and completed the program:

Measurement 1: (26) clients were on the family reunification track, and (20) (77%) reunified with their youth.
Measurement 2: (20) clients were on the family maintenance track, and (18) (90%) maintained their family unit.
Measurement 3: (47) clients reduced child abuse and maltreatment risk factors.

<u>Youth Advocate Outcomes:</u> There was 1 youth who discharged from Youth Advocacy program in 24- 25 FY.

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

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

The total fiscal year expenditures for the program were $194,122.06

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

We have been able to build a working and collaborative relationship with the Tahoe basin to be able to provide and offer parent and youth partner support to this community. We hold monthly check-ins with Tahoe and Placerville workers to share updates on referral processes and find any barriers that need to be supported and processed to continue to ensure families are receiving effective and appropriate services. We have Hired a bilingual parent partner who has been able to connect and support our Spanish speaking population that has removed language and resource barriers for approximately 6 families in the 4 months of hire.

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$75,000	$96,000	$96,000
Total Expenditures	$74,935	$96,000	$81,415
Unduplicated Individuals Served	106		112
Cost per Participant	$707.55		$726
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	89		
16-25 (transitional age youth)	17		
26-59 (adult)	0		
Ages 60+ (older adults)	0		
Unknown or declined to state	0		
Race	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
American Indian or Alaska Native	4		7%
Asian	0		
Black or African American	5		5%
Native Hawaiian or Other Pacific Islander	0		
White	66		48%
Other	13		2%
Multiracial	17		
Unknown or declined to state	1		

Ethnicity by Category	FY 2022-23	FY 2023-24	FY 2024-25
Caribbean	0		
Central American	0		
Mexican/Mexican-American/Chicano	11		38%
Puerto Rican	0		
South American	0		
Other	1		
Unknown or declined to state	3		
Non-Hispanic or Non-Latino			
African	0		
Asian Indian/South Asian	0		
Cambodian	0		
Chinese	0		
Eastern European	66		
Filipino	0		
Japanese	0		
Korean	0		
Middle Eastern	0		
Vietnamese	0		
Other	26		
Multi-ethnic	13		
Unknown or declined to state	1		
Primary Language	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Arabic	0		
Armenian	0		
Cambodian	0		
Cantonese	0		
English	93		
Farsi	0		
Hmong	0		
Korean	0		
Mandarin	0		
Other Chinese	0		
Russian	0		
Spanish	13		
Tagalog	0		
Vietnamese	0		
Unknown or declined to state	0		

Sexual Orientation **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	0		
Heterosexual or Straight	0		
Bisexual	0		
Questioning or unsure of sexual orientation	0		
Queer	1		
Another sexual orientation	0		
Declined to State	105		
Gender **Collection of this information from a minor younger than 12 years of age is not required.*	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Male	53		
Female	52		
Transgender	0		
Genderqueer	1		
Questioning / unsure of gender identity	0		
Another gender identity	0		
Declined to answer	0		
Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Difficulty seeing	0		
Difficulty hearing or having speech understood	0		
Mental disability including but not limited to learning disability, developmental disability, dementia	25		
Physical/mobility	0		
Chronic health condition/chronic pain	0		
Other (specify)	0		
Unknown or declined to state	81		

Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	0		
No	106		
Unknown or declined to state	0		

Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	41		
Placerville Area	50		
North County	0		
Mid County	10		
South County	2		
Tahoe Basin	3		
Unknown or declined to state	0		
Economic Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Extremely low income	10		
Very low income	19		
Low income	48		
Moderate income	29		
High income	0		
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private	8		
Medi-Cal	98		
Medicare	0		
Uninsured	0		

Annual Report FY 2024-2025

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 continues to progress on target and in full alignment with the County's MHSA Prevention and Early Intervention (PEI) Plan. During FY 2024/25, BBBSNS expanded its mentoring matches by 12%, successfully enrolling 49 new youth and recruiting 39 new volunteer mentors. Recruitment, screening, training, and match support activities have been implemented as described in the MHSA Plan. Key accomplishments include:

- Launching a new school-based mentoring pilot program at two middle schools.
- Expansion of virtual mentoring options for youth in remote areas.
- Strengthened collaboration with school counselors and family resource centers for early identification of at-risk youth.

Challenges encountered included delayed background clearances and volunteer drop-off during school breaks, though these were mitigated through targeted re-engagement efforts and flexible onboarding options.

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

The Mentoring for Youth program continues to foster improvements in youth well-being and resilience by addressing MHSA's target negative outcomes: suicide, prolonged suffering, school failure/dropout, and removal of children from their homes.

- **Suicide Prevention & Mental Health Support**: Youth participating in the program reported greater connectedness and improved coping mechanisms. No youth participants in FY 2024/25 attempted or expressed suicidal ideation after intervention.
- **Prolonged Suffering:** Regular mentor contact and consistent emotional support reduced symptoms of isolation, anxiety, and stress for both youth and families.
- **School Success:** 89% of youth mentees showed improved school attendance and academic engagement, with 72% demonstrating improved behavior or academic scores based on school feedback.
- **Family Stability:** Mentoring relationships contributed to improved communication within families, with parents reporting stronger youth behavior and reduced household conflict.

Secondary positive impacts included reductions in risk factors associated with incarceration, unemployment, and homelessness. Early intervention through mentoring and connection to community resources has provided stabilizing influence and support for youth facing instability.

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

   BBBSNS made significant progress in reaching unserved and underserved rural and low-income youth. Nearly 54% of newly matched youth were from low-income households, and 38% identified as Hispanic/Latinx or Native American. Collaboration with local tribal organizations and rural schools expanded outreach to youth who had previously lacked access to mentoring or behavioral health supports.

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 services are provided in a culturally and linguistically appropriate manner. BBBSNS recruited bilingual mentors and provided cultural competency training to all volunteers and staff. Outreach materials were translated into Spanish, and partnerships with local cultural organizations were built to ensure inclusivity. Ongoing DEI (Diversity, Equity, and Inclusion) workshops helped reduce racial/ethnic disparities and fostered trust with underrepresented families.

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.**

   BBBSNS actively collaborated with county mental health services, family resource centers, school districts, and faith-based organizations to increase access and reduce stigma around mental health needs. Outreach activities included community events, youth resource fairs, and presentations to parent groups. The agency continues to provide supportive referrals to medically necessary care through established relationships with county behavioral health providers. Programs emphasize positive youth development, normalizing help-seeking behavior and combating stigma around counseling and mental health support.

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

   a. **Child Intake: Contractor will assess child and family whenever possible, for program effectiveness.** All participating youth and families completed intake assessments. 92% reported satisfaction with the enrollment process.
   b. **Volunteer Enrollment: Contractor will assess potential volunteers for acceptance into program.**

39 volunteers completed screening and were matched; 85% retention rate maintained throughout the year.

c. **Child Assessment: Contractor will use completed pre-match and annual behavior evaluations and monthly volunteer match support of all enrolled children.**
   Ongoing match support occurred monthly. Annual youth evaluations indicated measurable improvements in self-confidence, relationship-building, and emotional regulation.
d. **Contractor will administer Big Brothers Big Sisters pre-match and end-of-school-year surveys, such as the "Start Early" interactive survey to enrolled children.**
   83% of youth reported feeling more confident and 78% indicated improved classroom behavior post-participation.
e. **Contractor will administer Big Brothers Big Sisters "Strength of Relationship" survey to volunteer mentors.**
   Average mentor relationship strength score increased by 12% from pre- to post-match, indicating deeper and more effective mentoring relationships.
f. **Contractor shall provide testimonials, as appropriate, from parents, mentors and children.**
   Parents and mentors shared multiple success stories, including improved school behavior, re-engagement with family life, and reduced behavioral challenges.

New Match Spotlight: Alison & Lucette – Turning Waitlist Hope into Opportunity

Alison, a longtime Truckee resident with deep community ties, joined our program to make a meaningful difference. Raised in the Bay Area, she experienced a happy, stable childhood filled with family connection, sports, and strong role models. She brings those same values—trust, teamwork, and perseverance—into her new role as a Big Sister.

Lucette, an energetic and bright 11-year-old, was one of the Littles patiently waiting for a mentor. Known for her kindness, academic drive, and love for the outdoors, she dreams of becoming a lawyer one day. While she sometimes faces moments of anxiety, she is eager to build confidence, explore new opportunities, and share adventures with someone who understands her aspirations.

When Alison and Lucette were recently matched, the connection was instant. They bonded over a shared love for sports, the outdoors, and their community. Alison enters the match with openness, patience, and a deep commitment to building trust. Lucette is excited to have a mentor who will guide, encourage, and celebrate her successes along the way.

Mentoring relationships like this are powerful. They not only provide friendship and guidance, but also measurable, life-changing outcomes. Our evidence-based General Mentoring Program tracks progress nationally through two surveys:

Youth Outcome Survey (YOS) results for youth in our program show:

- 81% had no further disciplinary events, suspensions, or expulsions
- 66% improved grades, class participation, and attitude

•52% were less likely to skip school
•46% were less likely to begin using illegal drugs
•27% were less likely to begin using alcohol

Strength of Relationship Survey results show:

•100% of Littles rated their relationship with their Big as "very important" (5 out of 5)
•Average closeness rating was 4.7 out of 5, indicating strong trust and connection

These results prove what we see every day—mentoring works. Youth in our program build greater self-esteem, develop stronger academic skills, and gain the tools to make constructive life decisions. These preventative measures help increase graduation rates, decrease isolation, and strengthen communities.

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

- Total Youth Served (Unduplicated): 112
- Gender: 54% female, 46% male
- Ethnicity: 38% Hispanic/Latinx, 7% Native American, 5% African American, 48% White, 2% other
- Age Range: 6–17 years
- Volunteers: 77 active mentors

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

Approximately 380 adults (teachers, parents, and community members) were engaged as potential responders through outreach and education events on identifying early signs of youth mental health needs.

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.)**

Potential responders were engaged across multiple settings:

- Local schools and after-school programs
- Family Resource Centers
- Recreation centers
- Faith-based organizations
- Online community webinars
- County youth conferences

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

Responders included school counselors, teachers, parents, youth advocates, coaches, clergy, and healthcare clinic staff.

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

During FY 2024/25, 8 youth were referred to behavioral health services for additional support (counseling, trauma therapy, or family stabilization services).

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

Of the 8 referred youth, 6 successfully engaged and maintained regular mental health treatment.

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

•Total Project Expenditures: $174,600
•Leveraged Resources: $51,300 (in-kind volunteer hours, local business donations, foundation grants and events, and community member contributions)

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

The Mentoring for Youth Project continues to demonstrate that consistent, one-to-one mentoring is a highly effective early intervention strategy for improving youth mental health, resilience, and community connectedness. In FY 2024/25, BBBSNS strengthened cross-sector collaboration with local behavioral health and education partners, laying a foundation for long-term sustainability and deeper impact.

Access and Linkage to Treatment

Psychiatric Emergency Response Team (wellness) Project

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

Project Goals:

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

Numbers Served and Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$500,000	$1,000,000	$150,000
Total Expenditures	$182,971	$278,322	$134,422
Unduplicated Individuals Served	73	55	35
Cost per Participant	$2,506	$5,060	$3,840
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)		1	4
16-25 (transitional age youth)		11	8
26-59 (adult)		35	12
Ages 60+ (older adults)		6	5
Unknown or declined to state		2	2

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native		0	
Asian		1	
Black or African American		0	
Native Hawaiian or Other Pacific Islander		0	
White		24	12
Other		3	5
Multiracial		0	
Unknown or declined to state		27	17

Ethnicity by Category	FY 2022-23	FY 2023-24	FY 2024-25
Hispanic or Latino			
Caribbean		0	
Central American		0	
Mexican/Mexican-American/Chicano		0	1
Puerto Rican		0	
South American		0	
Other		2	1
Unknown or declined to state		0	
Non-Hispanic 0r Non-Latino			
African		0	
Asian Indian/South Asian		0	
Cambodian		0	
Chinese		0	
Eastern European		0	
Filipino		0	
Japanese		0	
Korean		0	
Middle Eastern		0	
Vietnamese		0	
Other		0	
Multi-ethnic		0	
Unknown or declined to state		53	33

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic		0	
Armenian		0	
Cambodian		0	
Cantonese		0	
English		32	
Farsi		0	
Hmong		0	
Korean		0	
Mandarin		0	
Other Chinese		0	
Russian		0	
Spanish		0	
Tagalog		0	
Vietnamese		0	
Unknown or declined to state		23	

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
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 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male		27	19
Female		28	16
Declined to answer		0	0
Current gender identity:			
Male			
Female			
Transgender			
Genderqueer			
Questioning / unsure of gender identity			
Another gender identity			
Declined to answer			

Disability	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
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)			
Unknown or declined to state			
Veteran Status ***Collection of this information from a minor Younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes			
No			
Unknown or declined to state			
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County:		10	0
Placerville Area:		17	8
North County:		4	2
Mid County:		4	2
South County:		1	11
Tahoe Basin:		1	0
Unknown or Declined to State		18	9

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income			
Very low income			
Low income			
Moderate income			
High income			
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private			
Medi-Cal			
Medicare			
Uninsured			

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

Annual Report FY 2024-25

Please provide the following information for this reporting period:

Mobile Crisis Unit

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division
Sierra Mental Wellness Group

Project Goals:

- Respond in a timely manner to crisis calls that include persons with mental health and/or substance use crisis needs.
- Coordinate with law enforcement partner agencies to meet community needs, and when appropriate reduce the amount of time law enforcement spends at the crisis.
- Respond in partnership with law enforcement, or when appropriate without law enforcement, to meet community crisis needs.
- Provide follow-up services after a crisis to ensure that individuals are receiving necessary services.
- Provide supportive services to family members during the crisis, and as possible following the crisis response.

Numbers Served and Cost (note: FY 24/25 was the first year for these services)

*Cost per participant is based on expenditures April-June when program was fully implemented.

Expenditures	FY 2024-25
MHSA Budget	$1,250,000
Total Expenditures	$1,248,364
Unduplicated Individuals Served	104
Cost per Participant	$6,724[6]
Age Group	**FY 2024-25**
0-15 (children/youth)	8
16-25 (transitional age youth)	18
26-59 (adult)	53
Ages 60+ (older adults)	25
Unknown or declined to state	0

[6] Cost of administrative start-up is accounted for in the total expenditures.

Race	FY 2024-25
American Indian or Alaska Native	
Asian	3
Black or African American	3
Native Hawaiian or Other Pacific Islander	
White	64
Other	23
Multiracial	
Unknown or declined to state	11

Ethnicity by Category	FY 2024-25
Hispanic or Latino	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	4
Puerto Rican	
South American	
Other	5
Unknown or declined to state	11
Non-Hispanic 0r Non-Latino	53
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other	
Multi-ethnic	
Unknown or declined to state	31

Primary Language	FY 2024-25
Arabic	
Armenian	
Cambodian	
Cantonese	
English	93
Farsi	
Hmong	
Korean	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
Unknown or declined to state	11

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2024-25**
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 2024-25**
Assigned sex at birth:	
Male	47
Female	57
Declined to answer	
Current gender identity:	
Male	
Female	
Transgender	
Genderqueer	
Questioning / unsure of gender identity	
Another gender identity	
Declined to answer	

Disability	FY 2024-25
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)	
Unknown or declined to state	
Veteran Status ***Collection of this information from a minor Younger than 12 years of age is not required.***	**FY 2024-25**
Yes	
No	
Unknown or declined to state	
Region of Residence	**FY 2024-25**
West County:	11
Placerville Area:	21
North County:	2
Mid County:	3
South County:	
Tahoe Basin:	55
Unknown or Declined to State, or other	8

Economic Status	FY 2024-25
Extremely low income	
Very low income	
Low income	
Moderate income	
High income	
Health Insurance Status	**FY 2024-25**
Private	
Medi-Cal	
Medicare	
Uninsured	

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

Annual Report FY 2024-25

Please provide the following information for this reporting period:

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

   The implementation of the Community-based Outreach and Linkage Project, beginning in April 2025, is proceeding in alignment with the County's MHSA Plan. Since implementation, Sierra Mental Wellness Group (SMWG) has developed its staffing capacity and enhanced mobile response protocols in alignment with DHCS guidelines and SAMHSA best practices. Major accomplishments include successful recruitment and retention of crisis response staff, the onboarding of leadership and administrative staff to support quality assurance, and implementation of enhanced documentation practices aligned with Medi-Cal and MHSA reporting requirements. A key challenge was the need to adapt operations to shifting community needs during extreme weather conditions, which impacted rural response times in hard-to-reach areas. We also experienced intermittent leadership shortages, requiring temporary redistribution of responsibilities.

2. **Briefly report on how the Community-based Outreach and Linkage Project has improved the overall mental health of El Dorado County residents, and how the Community-based Outreach and Linkage 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).**

The Community-based Outreach and Linkage Project has significantly contributed to early identification and intervention for individuals experiencing behavioral health crises. Through timely mobile responses and proactive engagement, we have helped reduce the likelihood of psychiatric hospitalizations, law enforcement involvement, and prolonged mental health suffering. SMWG's work has directly contributed to reducing risks of suicide and involuntary detention through de-escalation techniques and stabilization in the community. By providing trauma-informed and strengths-based crisis care, the program has improved community safety and individual well-being.

3. **Provide a brief narrative description of progress in providing services through the Community based Outreach and Linkage Project to unserved and underserved populations.**

   SMWG has prioritized equity by providing services to all populations within the community, including individuals experiencing homelessness, and residents of remote, rural regions of El Dorado County. Efforts have included coordination with local shelters, law enforcement and other service providers to enhance access.

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

   The Mobile Crisis Team operates with a strong focus on cultural humility and linguistic accessibility. Staff receive training in cultural responsiveness, including modules on LGBTQ+ inclusion, generational trauma, and implicit bias. We maintain culturally inclusive resource lists and utilize interpreter services when needed. Efforts to reduce disparities include service provision in communities with limited access to services. Staff debrief regularly to assess and improve cultural responsiveness in field interventions.

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.**

   SMWG has been developing collaborative relationships with law enforcement, local hospitals, and behavioral health agency. Key activities this fiscal year included:
   - Participation in meetings with El Dorado Behavioral Health
   - Coordination with law enforcement on availability and protocols
   - Linking individuals to outpatient therapy, psychiatric care, and primary care services

6. **Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Community-based Outreach and Linkage project are:**

- **Measurement I: Number of persons with a mental health and/or substance use crisis who receive a response from the CCMU.**

MCT services were implemented in April 2025, therefore the data only reflects one quarter of the fiscal

year. Since that time, SMWG completed a total of 82 mobile crisis responses. Of these, 85% included follow-up contact within 72 hours, ensuring continuity of care and increased stabilization.

- **Measurement 2: Number of mobile crisis encounters resolved onsite.**

MCT services were implemented in April 2025, therefore the data only reflects one quarter of the fiscal year. Since that time, approximately 32 encounters (representing 39%) were fully resolved onsite without the need for emergency room transport or law enforcement detention. These field-based resolutions reduce strain on systems and preserve client dignity.

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$150,000	$172,500	$172,500
Total Expenditures	$149,998	$172,500	$171,696
Unduplicated Individuals Served	91	58	81
Cost per Participant	$1,648	$2974	$2,119
Age Group	**FY 20223-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)	0	0	0
16-25 (transitional age youth)	0	1	1
26-59 (adult)	46	28	43
Ages 60+ (older adults)	45	29	37
Unknown or declined to state	0	0	0

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native	3	2	0
Asian	0	1	1
Black or African American	1	1	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	84	42	71
Other	0	0	0
Multiracial	2	8	5
Unknown or declined to state	1	4	4
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	2	2	4
Puerto Rican	0	0	0
South American	0	0	0
Other	1	0	1
Unknown or declined to state	4	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	1	1
Japanese		0	0	0
Korean		0	0	0
Middle Eastern		0	0	0
Vietnamese		0	0	0
Other (Caucasian)		3	3	4
Multi-ethnic		0	0	0
Unknown or declined to state		81	0	2

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
Arabic	0	0	0
Armenian	0	0	0
Cambodian	0	0	0
Cantonese	0	0	0
English	82	56	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	0	0
Tagalog	0	0	0
Vietnamese	0	0	0
Unknown or declined to state	9	2	3

Sexual Orientation ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gay or Lesbian	1	0	0
Heterosexual or Straight	80	54	72
Bisexual	0	1	2
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	10	3	7
Declined to State	0	0	0
Gender ****Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Gender assigned at birth			
Male	77	46	65
Female	14	12	16
Declined to answer	0	0	
Current Gender identity			
Male	69	39	63
Female	10	12	16
Transgender	1	0	0
Genderqueer	0	0	0
Questioning / unsure of gender identity	0	0	0
Another gender identity	0	0	0
Declined to answer	11	7	3

Disability	FY 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing	24	13	21
Difficulty hearing or having speech understood	39	22	28
Mental disability including but not limited to learning disability, developmental disability, dementia	15	10	9
Physical/mobility	50	30	36
Chronic health condition/chronic pain	46	29	34
Other (specify)	23	5	6
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 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes	86	56	79
No (Family Member)	5	2	2
Unknown or declined to state	0	0	0
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County	11	10	8
Placerville Area	45	24	39
North County	4	3	3
Mid County	9	5	7
South County	1	1	3
Tahoe Basin	9	4	13
Unknown or declined to state	12	9	8

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income	58	34	48
Very low income	16	10	13
Low income	14	6	7
Moderate income	3	4	6
High income	0	0	1
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private / VA	57	42	51
Medi-Cal	32	20	32
Medicare	16	11	9
Uninsured	5	1	3

Annual Report FY 2024-25

Please provide the following information for this reporting period:

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

Implementation activities as described in El Dorado County's MHSA 3-year plan are proceeding on target. Outreach efforts are at full capacity. Our team is dedicated to working with many agencies who serve veterans throughout El Dorado County specifically but work with many agencies throughout California to help get the specific needs of our veterans met. VOP continues to reduce the negative consequences of untreated mental illness through connection to mental health supports or verification that such connection is already in place. VOP also provides supportive services through times of crisis so that a Veteran's mental health remains stable. Our major accomplishments are: 1) the number of homeless Veterans who have been housed through this and other leveraged funding, 2) the number of Veterans who received emergency shelter and 3) the large number of Veterans who, while they do not engage directly with VOP, receive resources, supplies and referrals to other Veterans Service Providers through outreach events. In our online reporting, we count only Veterans who complete intake and assessment directly with VOP and who receive actual financial assistance. This past year we have served many clients who are not 'new' to our organization nor our VA and community partners. We strive to be fiscally responsible when funding these return veterans as it would be unrealistic to think that we can provide gap services once and never have them need assistance again. We fully expect that these veterans are still suffering for years after their mental health issues raised alarms in their lives. 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. As always, we collaborate with our partner agencies and other funding streams when we cannot serve a client through VOP.

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

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

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

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

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

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

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

Our team regularly participates in El Dorado County's Coordinated Entry meetings where high priority clients are discussed with the group of providers. This collaboration has proved valuable to bring very vulnerable veterans to the top of everyone's minds many times. We collaborate with intakes, services, referrals and assistance scheduling during these meetings. El Dorado Veteran Resource (EDVR) office remains open with minimal hours thanks to a few dedicated volunteers. Volunteers of American (VoA) is back to full capacity and has resumed intake in person as well as by internet or phone. We collaborate regularly with The Citrus Heights Vet Center, Gilmore Foundation, VASH, EDVR and VoA. Intake and assessment are ongoing through Only Kindness and can be accessed through our outreach phone line 530 344-1864 and/or via email at vets@onlykindness.net. We also provide a form to connect via our website at www.onlykindness.net. We provide in-person intakes, but often times it is more convenient for the Veterans to meet the team in person after the initial intake has been done to get them logged into our system expediently. A flyer with Available Mental Health Resources is provided to all Veterans encountered through VOP outreach efforts, at intake or when Veterans have face to face appointments with the team and this year, well over 700 flyers were handed out. We provide a multitude of mental health resources and referrals throughout El Dorado County including but not limited to resources such as Every Mind Matters and the Suicide Prevention Network (SPN). Through Veterans Treatment Court, Veteran participants are linked to all forms of physical and mental health as part of a mandated treatment program. We hold SPN trainings for our and volunteers when it is available to help reduce any stigma and discrimination that we may be unconsciously holding.

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

Outcome measures for the Veterans Outreach project are:

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

  Please see the online report for unduplicated numbers served and demographics. Note: The number served represents Veterans for whom we were able to complete full intakes and provide direct services to. There are many more Veterans that we connect with at outreach events such as fairs, stand-downs, HUBs who are connected to other Veteran Service Providers or other more appropriate resources.

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

	MEASUREMENT 2
Referral Type (Kind of Treatment) (View Sub Report in a **New Window** or in **Excel**)	**Number Referrals Made to Treatment**
Community Based Support	
Alcohol Programs	0
Community Based Support Groups	5
Drug Programs	0
DV Supports	0
MAFB/MH/AOD Svcs	11
NAMI	0
Private Counselor working with Veterans	4
Substance Use Disorder Svcs	1
VA Based Residential Recovery Programs	0
Veteran Resource Centers (SVRC etc.)	1
Veterans Treatment Court	1
Community Health Centers	
Barton Wellness	2
EDC Mental Health	0
EDCHC	1
Hospital or Private Healthcare Provider	3
Tribal Health	0
VA Medical Center	7
Community Health Centers	
4 Paws 2 Freedom	0
Stars and Stripes Dog Rescue	0
Victory Village	
Amador County	0
Auburn	0
Other	2
Total	**38**

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

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

	MEASUREMENT 3
Referral Type (Kind of Treatment) (View Sub Report in a **New Window** or in **Excel**)	**Number of Referrals that Clients Followed Through With**
Community Based Support	
Alcohol Programs	0
Community Based Support Groups	4
Drug Programs	0
DV Supports	0
MAFB/MH/AOD Svcs	1
NAMI	0
Private Counselor working with Veterans	3
Substance Use Disorder Svcs	0
VA Based Residential Recovery Programs	0
Veteran Resource Centers (SVRC etc.)	1
Veterans Treatment Court	0
Community Health Centers	
Barton Wellness	0
EDC Mental Health	0
EDCHC	1
Hospital or Private Healthcare Provider	2
Tribal Health	0
VA Medical Center	3
Community Health Centers	
4 Paws 2 Freedom	0
Stars and Stripes Dog Rescue	0
Victory Village	
Amador County	0
Auburn	0
Other	1
Total	**16**

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

Time between Start Date of Mental Illness and Date Entered into Project	
Less than One Year	5
One to Two Years	8
Three to Five Years	7
Six to Ten Years	8
More than Ten Years	36
Mental Illness Start Unknown	10

- **Measurement 5: If known, the average interval between the referral and engagement in treatment, defined asparticipating 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)	20.13

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

Implementation challenges include transportation obstacles, a Veterans resistance to mental health support, the lack of affordable housing, a Veterans low credit scores and previous evictions, the difficulty keeping up with the rise in the cost of living paired with limited income. Successes are the number of Veterans now participating in counseling and mental health services along with preventing homelessness and the robust collaboration with other veteran service providers. Lessons learned are that there are many funding sources available, and when we work in collaboration, we can meet all of a Veteran’s current needs.

Suicide Prevention and Stigma Reduction Program

Suicide Prevention and Stigma Reduction

Provider: Suicide Prevention Network

Project Goals

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

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

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$140,000	$300,000	$300,000
Total Expenditures	$93,036	$0	$0
Unduplicated Individuals Served			
Cost per Participant			
Age Group	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
0-15 (children/youth)			
16-25 (transitional age youth)			
26-59 (adult)			
Ages 60+ (older adults)			
Unknown or declined to state			

Race	FY 2022-23	FY 2023-24	FY 2024-25
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Other			
Multiracial			
Unknown or declined to state			
Ethnicity by Category	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
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			
Eastern European			
Filipino			
Japanese			
Korean			
Middle Eastern			
Vietnamese			
Other			
Multi-ethnic			
Unknown or declined to state			

Primary Language	FY 2022-23	FY 2023-24	FY 2024-25
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 2022-23**	**FY 2023-24**	**FY 2024-25**
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 2022-23**	**FY 2023-24**	**FY 2024-25**
Assigned sex at birth:			
Male			
Female			
Declined to answer			
Current gender identity:			
Male			
Female			
Transgender			
Genderqueer			
Questioning / unsure of gender identity			
Another gender identity			
Declined to answer			

Disability	FY 2022-23	FY 2023-24	FY 2024-25
Difficulty seeing			
Difficulty hearing or having speech understood			
Mental disability including but not limited to learning disability, developmental disability, dementia			
Physical/mobility			
Chronic health condition/chronic pain			
Other (specify)			
Declined to state			
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Yes			
No			
Unknown or declined to state			
Region of Residence	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
West County			
Placerville Area			
North County			
Mid County			
South County			
Tahoe Basin			
Unknown or declined to state			

Economic Status	FY 2022-23	FY 2023-24	FY 2024-25
Extremely low income			
Very low income			
Low income			
Moderate income			
High income			
Health Insurance Status	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**
Private			
Medi-Cal			
Medicare			
Uninsured			

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

Innovation Projects

Introduction

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

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

This Outcome Measures Report that accompanies the Fiscal Year 2026-2029 BHSA Integrated Plan provides outcome information for the Innovation Projects of Fiscal Year 2024/25:

El Dorado County did not have any active Innovation projects during FY 24-25.

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 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$35,000	$35,000	$35,000
Total Expenditures	$22,722	$18,587	$29,483

Outcome Measures: WET Coordinator Project

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

The WET Coordinator maintains the previously executed contracts with PESI, Inc., California Institute for Behavioral Health Solutions, and the California Mental Health Services Authority, which provide virtual and in-person training opportunities for BH staff on an as needed basis. Currently in process is an agreement for the provision of biennial Law & Ethics training that will help satisfy mental health clinicians' annual CEU requirement. The WET Coordinator also disseminates information about publicly available trainings among BH managers and supervisors, staff, relevant community-based organizations, and the public, depending upon the topic.

Workforce Development Project

Project Goals

- Increase the number of training opportunities for the public behavioral health system workforce.
- Identify career enhancement opportunities for existing behavioral health workforce.

- Increase the retention rates for current behavioral health workforce staff.
- Increase the number of new staff recruited into the behavioral health workforce.
- Increase the number of bilingual/bicultural behavioral 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 behavioral health field.

Cost

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$165,000	$160,000*	$160,000
Total Expenditures	$26,019	$37,466**	$38,553
Total Number of Trainings	347***	115	179

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

**Increased expenditures in FY 23-24 reflects better reporting of staff time spent at off-site trainings and conferences.

*** Data reported here included trainings completed by substance use disorder services, public guardian and mental health services staff, whereas data for FY 23-24 and FY 24-25 includes training completed by mental health services staff only.

Outcome Measures: Workforce Development Project

Measurement 1*: *Number of Training Opportunities for the Public Mental Health System Workforce (including staff, contractors, volunteers, and consumers)*

Number of Staff Receiving Training: 103
Number of Training Topics: 179 training titles / 26 training categories
Number of Hours of Training: 1085 staff hours / 327 training hours

* Data previously reported here included training taken by staff from Substance Use Disorder Services and the Office of the Public Guardian; whereas data for FY 23-24 and FY 24-25 includes only mental health services staff.

Cultural Competency Training FY 24-25			
Training Event	Name of Presenter	# of Attendees	Length of Training (hours)
Abuse and Neglect of Elders	Netsmart My Learning Pointe	1	1
Counseling Lesbian Gay Bisexual and Transgender (LGBT) Clients v.2 (R)	Netsmart My Learning Pointe	5	1

Cultural Competence: The Immigrant Experience Ethnicity and Families	Netsmart My Learning Pointe	13	1
Cultural Competence: The Immigrant Experience The Impact of Migration on Families	Netsmart My Learning Pointe	16	1
Cultural Competence: The Immigrant Experience The Legal Hoops of Immigration	Netsmart My Learning Pointe	12	1
Culture Counts: Mental Health Care for African Americans	Netsmart My Learning Pointe	7	2
Culture Counts: Mental Health Care for American Indians and Alaska Natives	Netsmart My Learning Pointe	11	2
Culture Counts: Mental Health Care for Asian Americans and Pacific Islanders	Netsmart My Learning Pointe	4	2
Culture Counts: Mental Health Care for Hispanic Americans	Netsmart My Learning Pointe	4	2
Culture Counts: The Influence of Culture and Society on Mental Health (R)	Netsmart My Learning Pointe	20	2

Diversity in the Workplace	Netsmart My Learning Pointe	12	1
Domestic Violence in the LGBT Community	Netsmart My Learning Pointe	1	1
Exploring Cultural Awareness Sensitivity and Competence v.2	Netsmart My Learning Pointe	7	1
Immigration and Its Impact on Children's Mental Health	Netsmart My Learning Pointe	2	1
Military Culture Part 1: An Introduction to the United States Armed Forces	Netsmart My Learning Pointe	1	1
Military Culture Part 2: Formalities of the Military	Netsmart My Learning Pointe	1	1
What is Cultural Humility? The Basics.	Netsmart My Learning Pointe	13	1
Introduction to Culturally Responsive Crisis Care for Tribal and Urban Indian People	Department of Health Care Services' Medi-Cal Mobile Crisis Technical Assistance Center (DHCS M-TAC)	9	2

Introduction to Culturally Responsive Crisis Care for Diverse Communities	DHCS M-TAC	8	1.5
Collaborative, Culturally Responsive Crisis Safety Planning	DHCS M-TAC	12	3
Crisis Response Strategies for Adult Individuals with Intellectual and or Developmental Disabilities	DHCS M-TAC	7	2
Crisis Response Strategies for Children, Youth, and Families, Including Intellectual/Developmental Disabilities (I/DD)'	DHCS M-TAC	6	2.5
Cultural Competence In Healthcare: Laying The Foundation	PsychU - Elizabeth Bennet, Valerie Purdie-Greenaway, Kimberly Lonergan, & Mark Tacelosky	1	1
Improving Cultural Competency for Behavioral Health Professionals	U.S. Department of Health & Human Services	6	5
Culturally Responsive Crisis Care in LGBTQ+ Communities CoP	DHCS M-TAC	1	1

Culturally Responsive Crisis Care in Youth and Young Adult Communities'	DHCS M-TAC	1	1.5
LGBTQ+ Identities 201: Going Beyond Understanding to Empowering	National Council for Mental Wellbeing	3	1
Providing Equitable Care for LGBTQ+ Youth in Rural Communities	National Council on Mental Wellbeing	3	1
Suicide & Black Americans: Statistics, Faith, & Contextual Competence	PsychU - Amika Simmons-Yon	1	1
The Impact Of Systemic Racism On Black Americans Wellness	PsychU	1	1
What is Cultural Humility?	Psych Hub, Pitt Office of Engagement and Community Affairs	2	1

Recruitment and Retention Project

Cost

Expenditures	FY 2023-24	FY 2024-25
MHSA Budget	$100,000	$100,000
Total Expenditures	$1,905	$5,419
Unduplicated Staff Members Served	7	10
Cost per Staff Member	$272	$542

Capital Facilities and Technology (CFTN)

Introduction

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

Electronic Health Record Project

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$950,000	$950,000	$950,000
Total Expenditures	$351,542	$560,451	$830,325

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

Telehealth Project

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$75,000	$75,000	$75,000
Total Expenditures	$0	$0	$0

The Behavioral Health Division continues to explore methods to maximize the use of telehealth (phone and video) to best serve its clients.

Integrated Community Wellness Center

Expenditures	FY 2022-23	FY 2023-24	FY 2024-25
MHSA Budget	$1,000,000	n/a	$1,500,000
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 2024-25 Revenue and Expenditure Report (RER)

The FY 2024-25 Revenue and Expenditure Report as submitted to DHCS on January 30, 2026 is included as part of this Outcomes Report.

As a result of California Advancing and Innovating Medi-Cal (CalAIM) FY 23/24 was the first time this report has included MHSA Intergovernmental Transfers (MHSA IGT). This amount is reported as an expenditure, however, it has an equal and opposite offsetting revenue not reported through the RER. As such, MHSA IGT amounts have been excluded from this Outcomes Report as a more accurate reflection of direct service expenditures.

Note: Discrepancies found between this Outcomes Report and RER have been noted and will be corrected as part of the FY 24/25 RER through allowable adjustments.