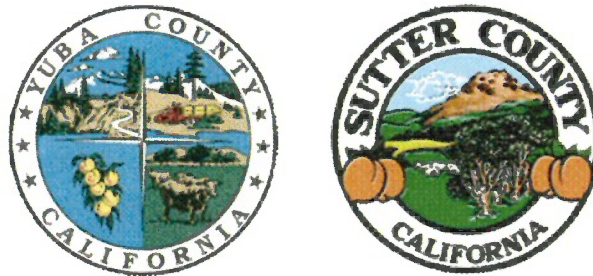


SUTTER-YUBA MENTAL HEALTH SERVICES



Draft- Fiscal Years 2015/2016

Annual Update to the Three-Year Program and Expenditure Plan

Posted for 30-day Public Review and Comment:
May 4, 2015 to June 4, 2015

**** Draft Only*****
Open for Public Comment

*Sutter-Yuba Mental Health Services (SYMHS)
Fiscal Year 2015/2016 MHSA Annual Update to the Three-Year
Program and Expenditure Plan*

The intent of SYMHS's MHSA Annual Update for Fiscal Year 2015/2016 is to provide the Sutter/Yuba communities with a progress report of each of the components within MHSA: 1- Community Services and Supports; 2-Prevention and Early Intervention; 3-Workforce, Education and Training; 4-Innovation; and 5-Capital Facilities/Technological Needs.

Per MHSA regulations, County Mental Health Departments are required to submit a Three-Year Program and Expenditure plan and update it on an annual basis, based on the estimates provided by the State and in accordance with established stakeholder engagement and planning requirements. This Annual Update reports program activities for the Fiscal Year 2013/2014 and the first half of the Fiscal Year 2014/2015. A projected 2015/2016 MHSA Funding Summary can be found of page 60.

There are also 3 newly-proposed items included in this update, which include:

- 1. Mental Health Services Act Coordinator. A Mental Health Service Act (MHSA) Coordinator will provide oversight and coordination for all of SYMHS MHSA Programs. The position will be added for the 2015-2016 budget year.*
- 2. Significant Update to the Ethnic Services, Latino Outreach Program. See page 24 for description.*

3. *Significant Update to the Capital Facilities Program, to include a new Capital Project- Psychiatric Emergency Services Program. See page 44 for description.*

The following provides a chronological overview of the program sections included in this Annual Update:

- *A brief overview of Sutter and Yuba counties*
- *A description of the SYMHS planning process*
- *A progress report of SYMHS MHSA activities for Fiscal Year 2013/2014 and the first half of 2014/2015 for the following MHSA Programs:*
 - *Full Service Partnership Programs*
 - *Age 0-5 Partnership*
 - *Children’s System of Care*
 - *Transition Age-Youth Partnership*
 - *Adult/Older Adult Partnership*
 - *Community Services and Supports:*
 - *General System Development*
 - *Adult Urgent Services*
 - *Youth Urgent Services*
 - *Outreach and Engagement*
 - *Bi-County Elder Services Team*
 - *Ethnic Outreach Services*
 - *Prevention and Early Intervention*
 - *Community Prevention Program*
 - *First Onset Team*
 - *Innovation Program*
 - *Workforce, Education, and Training Program*
 - *Capital Facilities and Technology Program*

revenue and expenditure report attached, is true and correct to the best of my knowledge.

Nate Black, CPA
County Auditor-Controller (PRINT)

Signature

Date

¹Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

MHSA Community Program Planning and Local Review Process

County: Sutter-Yuba Mental Health Services

30-day Public Comment period dates: May 4, 2015 through June 4, 2015

Date of Public Hearing: June 4, 2015

COUNTY DEMOGRAPHICS AND DESCRIPTION

Sutter- Yuba Mental Health Services (SYMHS) is a division of the Sutter County Human Services Department. SYMHS provides mental health services and drug and alcohol services to residents of both Sutter County and Yuba County.

Sutter County is located in Northern California with 609 square mile and is home to approximately 95,851 people. Of this total, 21.2% are Spanish speaking and 6.5% are Punjabi speaking. The amount of people aged under 5 is 6.9%, aged under 18 is 26.6%, and aged over 65 is 13.9%. Women comprise just over 50% of the population. These figures are based on the most recent census data.

Yuba County is located in Northern California with 644 square miles and is home to approximately 73,439 people. Of this total, 5.0% are Laotian (Hmong speaking), and 17.2% are Spanish speaking. The amount of people aged under 5 is 8.4%, aged under 18 is 28.3%, and aged over 65 is 11.0%. Women comprise just fewer than 50% of the population. These figures are based on the most recent census data.

The County seat in Yuba County is Marysville and the County seat in Sutter County is Yuba City. The county seats are separated by the Feather River and they are less than 2 miles apart.

COMMUNITY PROGRAM PLANNING

Provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

- 1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2015-2016 Annual Update.*

Sutter-Yuba Mental Health Services' MHSA 2015-2016 Annual Update maintains current programs at current service levels. This annual update was made available for

Public Review for 30 days at Sutter-Yuba Mental Health Services, County Libraries, and the County Administrators' Offices. In addition, this annual update was posted on our County website along with the original plan and the

augmentation to the plan. Clients, family members, and stakeholders continue to be involved in the ongoing planning and implementation of the Plan. Participation occurs throughout the organization. A brief description of some of the ways in which participation occurs is below:

- The Behavioral Health Advisory Board membership is composed of consumers, family members and community stakeholders and meets the first Thursday of every month.
- Community stakeholders, clients, and family members continue to be active committee members and active stakeholders in a variety ways, which include, but are not limited to: Monthly Cultural Competence Committee Meetings, Innovation Program- Annual Learning Meeting Sessions, MHSA Annual Update Community Feedback Sessions, Latino Empowerment Center Meetings, Workforce Education and Training Activity Meetings, and SYMHS Training Attendees. All of these opportunities enable the community, clients, and family members to give input on system design issues and make recommendations for improvement.

2. Identify the stakeholders involved in the Community Program Planning (CPP) Process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.).

<i>Behavioral Health Advisory Board</i>	<i>Sutter County Office of Education</i>
<i>Bridges to Housing</i>	<i>Sutter County Probation</i>
<i>Casa De Esperanza</i>	<i>Sutter County Sheriff</i>
<i>Catholic Ladies Relief Society</i>	<i>Sutter County Welfare</i>
<i>Consumers/Family Members</i>	<i>Sutter-Yuba Friday Night Live</i>
<i>Contracted Peer Staff</i>	<i>SYMHS Adult Services</i>
<i>Domestic Violence Services provider</i>	<i>SYMHS Children's Services</i>
<i>Foster Parents Association</i>	<i>SYMHS CSOC</i>
<i>Grace Source</i>	<i>SYMHS Ethnic Services</i>
<i>Hands of Hope</i>	<i>SYMHS PES</i>
<i>Harmony Health Clinic</i>	<i>SYMHS Resource Services</i>
<i>Hmong American Association</i>	<i>SYMHS Substance Use Disorders</i>
<i>Marysville Joint Unified School District</i>	<i>Victor Treatment Services</i>
<i>Marysville Joint Unified School District</i>	<i>Yuba City Police Department</i>
<i>Options for Change First Steps</i>	<i>Yuba City Unified School District</i>
<i>REST</i>	<i>Yuba County APS</i>
<i>Rideout Hospital</i>	<i>Yuba County BOS</i>
<i>Salvation Army and the Depot</i>	<i>Yuba County CalWorks</i>
<i>Services</i>	<i>Yuba County CPS</i>
<i>St. Andrew's Church</i>	<i>Yuba County Department of Social</i>
<i>St. John's Church</i>	<i>Yuba County Health and Human Services</i>

Sutter County BOS	Yuba County HHSD
Sutter County CPS	Yuba County Probation
Sutter County Employment Services	Yuba County Welfare
Sutter County Jail	

LOCAL REVIEW PROCESS

1. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 day review.*

The 30 day public comment process for review of the FY 2015/2016 MHSA Annual Update and Expenditure Plan, commenced on May 4, 2015. The notification of public hearing and FY 2015/2016 MHSA Annual Update and Expenditure Plan was distributed to all Sutter-Yuba Mental Health Services provider sites, and made available at the Sutter County and the Yuba County main libraries. This notification of public hearing and the update were available for public review at the Sutter-Yuba Mental Health Services website, Network of Care website for Sutter County, Network of Care website for Yuba County, Facebook, and LinkedIn. The internet addresses are listed below:

*<http://www.co.sutter.ca.us>
<http://www.Sutter.networkofcare.org>
<http://www.Yuba.networkofcare.org>*

The Notice of Public Hearing was mailed to all Behavioral Health Board members; was posted at the Sutter County and Yuba County main libraries; was posted in the Appeal-Democrat newspaper; and was provided to anyone who requested a copy. Public comments could either be emailed to m Spooner@co.sutter.ca.us or mailed to MHSA Coordinator, Sutter-Yuba Mental Health Services, at 1965 Live Oak Blvd., Suite A, P.O. Box 1520, Yuba City, CA 95992-1520 or presented in person. The public hearing before the local Behavioral Health Board was held on June 4, 2015. The public comment period will be ended at the conclusion of that meeting.

2. *Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments. Include a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

Summary to come following the close of the public hearing period after June 4, 2015.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

In the Community Services and Supports Section, you will find individual program descriptions, available program-specific data, and any challenges and significant updates. Below is a general overview of the SYMHS FSPs:

FY 2013/2014

FSP Age Group	Total Clients Served
Child	100 (51.5%)
TAY	57 (29.4%)
Adult	37 (17.5%)
Older Adult	3 (1.5%)
TOTAL SERVED	194
Gender	
Male	111 (57%)
Female	83 (43%)
Race	
American Native or Alaskan Native	4 (2.1%)
Black or African American	7 (3.6%)
Multiple	8 (4.1%)
None Listed	5 (2.6%)
Other	12 (6.2%)
Other Asian or Pacific Islander	1 (0.5%)
Unknown/Not Reported	3 (1.5%)
White or Caucasian	154 (79.4%)

FY 2015/2016 (First Half of Fiscal Year: July 2014 through December 2014)

FSP Age Group	Total Clients Served
Child	62 (44.9%)
TAY	47 (34.1%)
Adult	27 (19.6%)
Older Adult	2 (1.4%)
TOTAL SERVED	138
Gender	
Male	78 (56.5%)
Female	60 (43.5%)
Race	
American Native or Alaskan Native	4 (2.9%)
Black or African American	5 (3.6%)
Multiple	6 (4.3%)
None Listed	5 (3.6%)
Other	11 (8.0%)
Other Asian or Pacific Islander	1 (0.7%)
Unknown/Not Reported	2 (1.4%)
White or Caucasian	150 (75.4%)

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

1. *Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performance outcomes.*

Full Service Partnership (FSP), Age 0-5

The FSP 0-5 Program is a full service, intensive treatment for children age 0-5 who have behavioral problems that significantly impact their social, emotional, and educational experiences. The children and families served meet all or some of the following risk factors: children are at risk of out of home care; exposed to violence in the home and/or community; may have parent(s) with a mental health or substance abuse disorder; at risk of homelessness; belong to a racial/ethnic minority or disadvantaged group.

Some of our more recent achievements in working with these families are:

- *In 2014, 3 of our clients got adopted and 2 of those were successfully closed out of FSP services.*
- *1 male child who had been hospitalized twice in the Fall of 2013 and was missing a lot of school due to behavior, avoided hospitalization in 2014 and is now stable in school and home.*
- *A 4-year old female client, who had 5 foster homes in less than a year, was stabilized in 1 long term foster home and is stable at school.*

Approximately 19 clients were served in the 0-5 Program for FY 2013/2014. 13 clients were male and 6 were female. 11 clients were not Hispanic, 3 identified as Mexican/Mexican American, and 5 identified as other Hispanic/Latino. 8 clients are white, 3 identified with two or more races, 3 were other Non-White, 2 were Native American, 1 was Eskimo/Alaskan Native, 1 was Vietnamese, and 1 was unknown.

During the first half of FY 14/15, 15 clients have been served so far.

Program Evaluation Efforts:

To establish a baseline and progress of child's functioning, the following evaluation tools are currently being utilized: Child Behavior Checklist for Ages 1.5-5; Screen for Child Anxiety Related Disorder (SCARED) Weekly Assessment of Child Behavior-P (WACB-P).

2. *Describe any challenges or barriers, and strategies to mitigate.*

One of the challenges is that there is low number of staff in the 0-5 program (one Therapist/Supervisor, one Intervention Counselor; and one part time parent partner) and some referrals have to be referred out to our community provider, VCSS.

3. *List any significant changes in Annual Update, if applicable.*

There are none at this time; the program is progressing as planned.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performance outcomes.*

Full Service Partnership (FSP) Age 6-15/ Children's System of Care (CSOC)

Children's System of Care (CSOC) coordinates the efforts of several county agencies, including Probation, Child Protective Services, the schools and Mental Health to provide a single plan for intensive services that are required to keep children in the most natural and least restrictive setting as possible.

Each family participates in the process of planning and assessing the services and interventions they receive to help youth function more effectively in school, home and the community. Services include case management, therapy, substance abuse counseling (when appropriate), psychiatric services, crisis services, and housing services.

Services are provided to youth (and their families) between the ages of 6-15 who have been assessed to have severe mental health needs or emotional disturbances that put them at risk of placement in psychiatric hospitals, high level group homes, or incarceration. Services are provided in the home, community or in the schools. The goal of CSOC is to keep kids safe, at home, in school and in the community.

As a result of services through CSOC, the majority of clients are able to transition to lower levels of care from high level group homes or were maintained in the home. With services, clients were also able to stay in school and in their communities.

During FY 2013/2014, there were approximately 88 clients served through CSOC. 33 of these clients were female and 55 were male. 70 of the clients were non-Hispanic, 11 were Mexican/Mexican-American, and 7 were Other Hispanic/Latino. 67 of these clients were White, 8 were other Non-White, 6 identified multiple races, 3 were Black or African American, 2 were Native American, 1 was Filipino and 1 was Guamanian.

During the first half of FY 14/15, 28 clients have been served so far.

Program Evaluation Efforts:

In addition to utilizing data from the DCR, the CALOCUS is used to determine the level of service intervention a client needs. We are in the process of exploring the Child Behavior Checklist as an added outcome measure and as a way to

identify specific behaviors and symptoms that should be a focus of treatment. Staff will need to be trained in utilizing this measure, and the agency will need to identify a funding source to purchase this measure.

2. Describe any challenges or barriers, and strategies to mitigate.

During FY 2013/2014, there were many changes in CSOC with the loss of a program manager and additional long term staff. A replacement Program Manager has been hired and as of November 2014.

Another barrier is access to the lack of age-appropriate activities in the community. This has been somewhat mitigated with the use of MHSA funds to assist clients in accessing sports and other recreational activities. Staff has also worked with clients in identifying safe extra-curricular activities that can occur in the community.

3. List any significant changes in Annual Update, if applicable.

There are none at this time; the program is progressing as planned.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performance outcomes.*

Full Service Partnership (FSP) - Transition-age Youth (TAY), Ages 16-25

The TAY Full Service Partnership program has a “Whatever It Takes” philosophy. The TAY population is young adults (ages 16-25) with serious mental health or co-occurring mental health and substance abuse issues that result in psychiatric hospitalizations, incarceration, homelessness, school failure and unemployment. The average TAY student is male, over age 18, has little family/social support, has a substance abuse issue in addition to a mental health disorder, did not finish high school, has never been gainfully employed and has no income, if not on SSI, may be transient, and has had at least some contact with the legal system.

We prioritize young adults who have been involved in or are aging out of other systems, such as residential placements in group home facilities, the child welfare/foster care system, and juvenile probation supervision. Most of the students are referred by SYMHS in-patient staff or the above agencies. We also accept self-referrals, if appropriate. Referrals are further prioritized by the current risk factors and acuity of mental health symptoms or diagnosis.

TAY “students” are served by a multi-disciplinary treatment team of mental health professionals including a Therapist, Case Manager or “Mentor”, Substance Abuse Counselor, Peer Mentor, Housing Resource Specialist, Vocational Resource Specialist, Nurse and a Psychiatrist. TAY students choose from a menu of services offered by these professionals. The treatment is individualized to best meet the recovery needs and current developmental stage of each TAY student. Many of the services are provided where it is most convenient for the student - home, community or the TAY office.

Three days per week, TAY staff provides group rehabilitation services including independent living skills classes. Examples of these classes include money management, cooking skills, understanding how to read an apartment rental lease, writing an effective resume and cover letter, appropriate social skills in the workplace, etc. In addition, we cover psycho educational wellness topics, such as understanding one’s mental health symptoms and how to successfully cope with them, the impact of substance use on mental health symptoms, how to get along well with others, communication skills, etc. TAY staff also focuses on the development of healthy positive leisure time skills and experiences such as field

trips in the community and working out at a local gym with Peer Staff through the paid TAY gym membership.

TAY students also have after-hours emergency phone access to TAY staff via an “on-call” cell phone that allows them to talk to a staff member who knows them personally without having to call or visit SYMH Psychiatric Emergency Services to talk with someone who does not know them well. Crises can be upsetting for clients and we have found they are more comfortable when they can call and speak with someone they already know.

In Fiscal Year 2013/2014, 57 clients were served through TAY. Of the 57 TAY clients, 22 were female and 35 were male. In the TAY program, 44 clients were non-Hispanic, 8 were Mexican American, 4 were Other Hispanic/Latino, and 1 was Cuban. 41 TAY clients are white, 3 clients are black, 4 are other non-white and 9 identified as two or more races.

During the first half of FY 14/15, 55 clients have been served so far.

Program Evaluation Efforts:

Assessing quantitative outcomes of the TAY- FSP program has been a challenge due to lack of feedback from the information submitted to the Data Collection and Reporting (DCR) database. Positive qualitative outcomes from TAY FSP services include the observation by staff that there is marked decrease in the number of in-patient hospitalizations, days hospitalized and homelessness. Some decrease in incarceration has also been noted, but not as significant as the other issues. Education and employment gains remain a challenge for many TAY students. A significant improvement in overall life satisfaction appears to be a positive outcome for many participants as well. In addition it appears that many of the students who participate do not go on to seek services through SYMHS’s Adult system.

In addition, for evaluation purposes the Levels of Care Utilization Scale (LOCUS) tool has been used for several years; however the data has not been analyzed or extrapolated to provide useful information up to this point. Use of the Milestones of Recovery Scale (MORS) was also implemented this past year and is showing promise as a method to measure program success assisting TAY students in their recovery journey.

2. Describe any challenges or barriers, and strategies to mitigate.

There is more demand for substance abuse counseling services than can be currently met by the one part-time time assigned counselor and could be mitigated by hiring additional staff to address the substance abuse needs of the TAY population.

3. List any significant changes in Annual Update, if applicable.

A significant change over the past year was the addition of the TAY -FSP Innovations project, the TAY-Away (Post TAY) program. Modeled as a step down or final phase of the TAY FSP program, this three year pilot project is testing outcomes for TAY students who continue in the program past age 26 or who no longer need the high intensity of the traditional TAY program compared to former TAY students who were discharged without this step down service. The TAY-Away program allowed for an additional case management staff to be hired to focus on community integration for TAY-Away students. Please see the Innovation Section of this report for more information.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

1. *Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performances.*

Sutter-Yuba Mental Health Services' (SYMHS) Integrated Full Service Partnership (FSP) Healthy Options Promoting Empowerment (HOPE) Program Component

SYMHS provides intensive community-based services for individuals who are between the ages of 26 to 59 years old with severe mental illnesses and/or co-occurring disorders, which are underserved, at risk of homelessness, hospitalization or re-hospitalization, and/or incarceration to achieve improved quality of life and community stability. The FSP also provides intensive community-based services to older adults aged 60+ who are diagnosed with severe mental illness and who may also have complex medical needs, co-occurring disorders, and/or specialized needs related to mental health and aging.

FSP SUPPORT:

- *Housing Resource Specialist: Coordinates with existing housing programs; develops partnerships with local landlords; assists clients in locating affordable temporary/ emergency/ transitional/ permanent housing. The Housing Resource Specialist assists clients with paper work and navigating systems in order to avoid homelessness.*
- *Employment Resource Specialist: Assesses and provides a wide variety of employment and pre-employment resources for clients who have expressed interest in community employment. The Employment Resource Specialist coordinates a Vocational Training Program that provides time-limited paid work skills training through supported employment at a variety of local businesses.*
- *Wellness & Recovery Center: Peer Staff, Peer Volunteers, and County providers work as an integrated team to provide a wide range of wellness and recovery-oriented activities and services such as Culinary Academy, Home Economics, Double Trouble, Pathways to Recovery, Town Hall, Art and Music Groups, Peer Counseling, building social support, community reintegration, and employment training opportunities.*

Highlighted below are some client achievements in this program:

- *During FY 2013-14, there were 21 individuals who were assisted with maintaining their community placements in independent living.*

- *During this time period, there were 5 individuals who had co-occurring successes, with clients stopping their use of substance abuse and maintaining their sobriety.*
- *During this time period, there were 3 individuals who were assisted by interfacing with their primary care providers due to significant medical issues. This prevented the person's health from being further compromised.*

The following information was obtained from the DCR reports regarding adults participating in the HOPE program during FY 2013-14:

- *Arrest rates for the 48 partners 1 year prior to starting FSP services was 18. Arrest rates for the 43 partners who completed 1 year of service in the FSP were 1. Arrest rates for the 33 partners who completed 2 years of service in the FSP were 0. Arrest rates for the 25 partners who completed 3 years of service in the FSP were 0. Arrest rates for the 13 partners who completed 4 years of service in the FSP were 0. Arrest rates for the 7 partners who completed 5 years of service in the FSP was 1.*
- *Incarceration rates for 48 partners for 1 year prior to starting FSP services were 4 members for a total of 347 days. 43 members completed at least 1 year of FSP services with 1 incarceration for 287 days. 33 members completed at least 2) years of FSP services with 1 incarceration for a total of 32 days. 25 members completed at least 3 years of FSP services with 0 incarcerations. 13 members completed at least 4 years of FSP services with 0 incarcerations. 7 members completed at least 5 years of FSP services with 0 incarcerations.*
- *Employment rates for 48 partners 1 year prior to starting the FSP services was 2; both in supported employment for 4 hours per week. Employment at start of the partnership was 1 in supported employment for two (2) hours per week.*
- *Nursing Psych or Psych Hospital days for 48 partners for 1 year prior to starting FSP services included 19 partners being admitted for a total of 1,064 days. 42 partners completing at least 1 year in FSP services required 11 admits for a total of 562 days. 33 partners completing at least 2 years in FSP services required 6 admits for a total of 103 days. 25 partners completing at least 3 years in FSP services required 5 admits for a total of 168 days. 13 partners completing at least 4 years in FSP services required 1 admit for a total of 11 days. 7 partners completing at least 5 years in FSP services required 2 admits for a total of 31 days.*
- *SYMHS emergency events for 48 partners for 1 year prior to starting FSP services included 31 partners experiencing 93 mental health emergencies. After completing at least 1 year, 43 members were enrolled in FSP services with only 1 of them experiencing 1 mental health emergency. After completing at least 2 years, 33 members were enrolled in FSP*

services with 0 partners experiencing a mental health emergency. After completing at least 3 years, 25 members were enrolled in FSP services with only 1 of the partners experiencing 1 emergency mental health event. After completing at least 4 years, 13 members were enrolled in FSP services with 0 partners experiencing a mental health emergency. After completing at least 5 years, 7 members were enrolled in FSP services with 0 partners experiencing a mental health emergency.

The following information was obtained from the DCR reports regarding older adults participating in the FSP program during the FY 2013-14:

- *Arrest rates for the 7 partners for 1 year prior to starting FSP services were 2. Arrest rates for the 5 partners who completed 1 of service in the FSP were 0. Arrest rates for the 1 partner who completed 2 years, 3 years, 4 years, and 5 years was 0.*
- *Incarceration rate for all members prior to and for the next 5 years was 0.*
- *Employment rates for all partners prior to and for the next 5 years were 0.*
- *Nursing Psych or Psych Hospital days for 7 partners for 1 year prior to starting FSP services included 2 partners being admitted for a total of 75 days. 5 partners completing at least 1 year in FSP services required 0 admits. 1 partner completing at least 2 years, 3 years, 4 years, and 5 years required 0 admits.*
- *SYMHS emergency events for 7 partners for 1 year prior to starting FSP services included 4 partners experiencing 10 mental health emergencies. After completing at least 1 year, 5 partners were enrolled in FSP services with 3 of them experiencing 9 mental health emergencies. After completing at least 2 years, 3 years, 4 years, and 5 years, 1 partner was enrolled in FSP services with 0 partners experiencing a mental health emergency.*

Approximately 34 adults and 3 older adults were served in the Adult FSP for FY 2013/2014, 21 were females and 16 were males. Ethnic populations included 25 Caucasians, 2 African-Americans, 2 Hmong, 2 non-white, and 6 unknown. 35 English was the primary language for 35 individuals and Hmong was the primary language for 2 individuals.

Approximately 27 adults and 2 older adults were served in the Adults FSP for the first half of FY 2014/2015.

2. *Describe any challenges or barriers, and strengths to mitigate.*

SYMHS has been following the medical model for treatment. The FSP team is in the process of transferring to a more recovery-oriented program model. In March 2015, all case management staff will be attending the prestigious Recovery-Oriented/Immersion training by the MHALA Villages, which will be the beginning for transforming the FSP program model to a more recovery focused model.

3. List any significant changes in Annual Update, if applicable.

None at this time, the program is progressing as planned.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performance outcomes.*

MHSA Adult Urgent Services

The Adult Urgent Services program is responsible for intake and access to adult outpatient services, and for providing or connecting consumers with urgent and ongoing therapy, case management, medication, and dual diagnosis services as needed.

Notable program achievements include short wait times for Clinic triage and intake/assessment (walk-in clinic available weekly every Tuesday and Wednesday), short wait times for Urgent Services psychiatric services (4.91 days average) and relatively short wait times for non-urgent psychiatric services (28.3 days average).

In FY 2013/2014, there were 1, 379 (unduplicated) individuals age 18 and up who came for walk-in during Open Access Clinic hours, 1,198 of whom were triaged, and 434 of whom completed a full intake/assessment. 337 individuals received psychiatric evaluations, 84 of whom were scheduled for Urgent Services medication appointments. 1,015 individual therapy sessions were held (ethnicity/race data forthcoming). FY 14/15 will be analyzed at the completion of the fiscal year for the MHSA Adult Urgent Services Program. The race/ethnicity breakdown for the FY 2013/2014 clients is as follows:

*White: 59.8%
Latino/Mexican/Other Hispanic: 12%
Multi-ethnic: 3.7%
Black/African American: 3.5%
Native American/Eskimo/Alaska Native: 1.7%
Asian Indian: 1.5%
Asian/Filipino/Pacific Islander: 1%
Other Non-White: .4%
Hmong: .3%
Blank/Did not answer: 16%*

Program Evaluation Efforts:

The program will continue to measure wait-time outcomes for all offered services, in order to continually provide quick access to services.

2. Describe any challenges or barriers, and strategies to mitigate.

One of the current challenges in Adult Urgent Services is that because of reduction in number of outpatient psychiatrists, there are fewer slots for urgent medication appointments. Staff is making an effort to mitigate this by scheduling a weekly one- hour consultation slot with the outpatient psychiatrists to discuss difficult cases and to expedite access to psychiatric medications when needed. A second barrier is that we continue to have very high numbers of individuals coming to Open Access who are reporting significant mental health symptoms/mental health history and are also using illicit drugs. A unified approach to treating both issues is sometimes difficult to achieve. We are attempting to mitigate this by developing an interdisciplinary dual diagnosis treatment team to work with our high acuity dual-diagnosed clients. Our Open Access Clinic team member who was previously split between Adult Urgent Services and SUDS will work full time with the Adult Urgent Services team, focusing on the dual-diagnosis population.

3. List any significant changes in Annual Update, if applicable.

None at this time, the program is progressing as planned.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

1. *Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performance outcomes*

MHSA Youth Urgent Services

The SYMHS MHSA Youth Urgent Services provides expedited access to all youth outpatient services for youth who have been taken to Psychiatric Emergency Services Department when experiencing suicidal or homicidal ideation, and following evaluation, the youth is not hospitalized and sent home with a safety plan.

The Urgent Services Team is comprised of a therapist and a case manager. The team either works on the crisis to stabilize and then move to longer-term services, or stabilizes the youth and family to enable discharge. The team conducts weekly reviews with a multi-disciplinary team to ensure every child who visits Psychiatric Emergency Services or are hospitalized have been offered adequate care whilst in hospital and upon release.

For FY 2013/2014, there was a total of 20 new and unduplicated clients, plus 1 consultation, and 7 duplicated clients were carried over and seen from the prior fiscal year. 9 of these 20 clients are male, and 11 were female. 8 clients have identified as Caucasian, 7 as Latino, 2 as Caucasian/Latino, 1 as African American, 1 as Caucasian/African American, and 1 as East Indian. The age breakdown for the FY 2013/2014 clients is as follows:

Age 4: 1
 Age 11: 1
 Age 12: 3
 Age 13: 3
 Age 14: 1
 Age 15: 3
 Age 16: 5
 Age 17: 3

For the first half of FY 14/15, there have been 19 new and unduplicated clients and 7 duplicated clients have been carried over and seen. 5 of these 19 clients are male and 14 clients are female. 14 clients have identified as Caucasian, 2 as Latino, 1 as African American, 1 as Hmong, and 1 as Mien. The age breakdown for the first half of the 14/15 clients are as follows:

Age 12: 1
 Age 13: 4

Age 14: 5
Age 15: 2
Age 16: 2
Age 17: 5

Program Evaluation Efforts:

The evaluation of effectiveness of the Urgent Service Youth Program is measured in the number of repeat visits to Psychiatric Emergency Services and the number of children engaged in Urgent Services that were not hospitalized.

For FY 2013/2014: 0 new clients returned to Psychiatric Emergency Services

0 new clients were hospitalized

For 1st half of FY 14/15: 3 new clients returned to Psychiatric Emergency Services

2 clients hospitalized

2. Describe any challenges or barriers, and strategies to mitigate.

During this period of time, there was a change of leadership within Psychiatric Emergency Services which is the sole referral source for Urgent Service Youth Program. Meetings took place and staff was re-trained on the referral process for the Urgent Services Youth Program. Psychiatric Emergency Services has a large staff who are scheduled 24/7 and change from time to time, but overall the communication system works very well.

3. List any significant changes in Annual Update, if applicable.

None at this time, the program is progressing as planned.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performance outcomes.*

Bi-County Elder Services Team (BEST)

The Bi-County Elder Services Team (BEST) is an Older Adult Services Program that has been developed to serve older adults aged 60 and over who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community. There is currently a .55 FTE allocated to the BEST Program. The BEST staff person provide assessments, treatment planning, therapy, case management and outreach to community entities that work with older adults and to older adults themselves.

Since program inception, the BEST program continues to maintain relationships with community entities that serve older adults, such as Sutter/Yuba counties' Adult Protective Services, senior housing entities, senior legal services, private caregiver companies, etc. BEST has continued to be in high demand for outreaches, as there are many requests for community outreaches, even after having educated over a 1000 people in Sutter/Yuba communities about older adult mental health issues over the past decade.

The BEST Program is currently serving 54 Individuals/Families. The current age range in the BEST program ranges from late 50's to middle 80's. The unduplicated count for those served in FY 2013/2014 was 59 individuals. The unduplicated count for those served by BEST for FY 2014/2015 for the 2nd quarter for October 2014 through December 2014 is 38 clients.

In collaboration with PEI, the BEST staff person conducted 28 outreach events in FY 2013/2014 and reached 446 individuals by training them about older adult mental health issues. In FY 2014/2015, there have been 10 outreach events and 163 individuals trained in older adult mental health issues.

Program Evaluation Efforts:

There has been a very low incidence of BEST clients needing hospitalization over the past few years. To staff knowledge, this has been 4 BEST clients that have required hospitalization in that time period. Client satisfaction surveys from Spring 2014 of older adults has shown that 79% felt that they are getting along better with family members, as a result of the services they received. 70% felt they are better able to cope when things go wrong, as a result of the services they have received. The BEST staff person and administration are in the

process of identifying more program outcome measurements that would help to further measure program effectiveness.

2. Describe any challenges or barriers, and strategies to mitigate.

Currently, there is only one .55 FTE assigned to the BEST Program. However, there is a plan in place to relieve this position of other duties assigned and to return it to at least .75 FTE.

3. List any significant changes in Annual Update, if applicable.

There are none at this time; the program is progressing as planned.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

SYMHS Ethnic Outreach Program

The MHSA Ethnic Outreach Team consists of Latino and Hmong providers who have sensitivity to and understanding of the mental health and other special needs of the persons they serve. Bilingual outreach, referral, linkage, counseling, and other services are provided in a variety of settings, such as schools, homes, local primary care clinics, community agencies, SYMHS Clinic, and the Hmong Outreach Center.

The Ethnic Outreach Program formerly had an Asian-Indian Outreach program, but due to lack of staffing and decreased community demand, the targeted outreach has been discontinued, but the Asian-Indian community continues to be served by all of the SYMHS in a culturally-responsive and culturally-appropriate manner.

In FY 2013/2014, the Ethnic Services Program served 298 unduplicated clients. In the first half of 2014/2015, the Ethnic Services Program has served 183 unduplicated clients.

The remainder of the Ethnic Outreach Program provides program descriptions, program challenges, and significant changes for the Hmong Outreach Program and the Latino Outreach Program.

Hmong Outreach Program:

- 1. Provide a program description (must include number of clients served, age, and race/ethnicity). Include achievements and notable performance outcomes.*

The Hmong Outreach Center was established under the MHSA CSS plan in efforts to provide culturally and linguistically responsive mental health services to the underserved Hmong population in Yuba and Sutter counties. In efforts to reduce stigma and increase access, the Center is located in Olivehurst, CA, where the majority of the Hmong population resides. Services are provided by bilingual/bicultural Hmong staff. The Hmong Outreach Program currently provides intake assessments, groups, 1:1, case management, crisis intervention, and consultation services. At this time, the Program mainly services the Hmong adult population due to there being a limited number of Hmong children/youths in services because of stigma and lack of mental health awareness in children among Hmong parents.

The most notable program achievement includes developing culturally responsive rehab group services that runs 4 days/week and being able to engage/retain 46 individuals in this service.

In FY 2013/2014, the program served 67 individuals and families. In the first half of FY 2014/2015, the Hmong Program has served 55 individuals and families from July 2014 to December 2014.

Program Evaluation Efforts:

Evaluation for this program is currently underway. Hmong Outreach staff is currently working on developing a logic model and evaluation tool for the Center with technical assistance from the Mental Health Association of San Francisco. A stigma assessment survey was recently developed and will be used to assess and improve services and program activities.

2. Describe any challenges or barriers, and strategies to mitigate.

The concept of mental health counseling and counseling services are relatively new to the Hmong population and so it has been a challenge to engage and retain this group in services. Strategies that have been used and will continue to be used in engaging and retaining individuals in services include: group outings, cultural activities and activities familiar to this population, and eliminating transportation barriers by providing transportation to/from the Center for group services.

Efforts are also currently being used to reach out to Hmong youths and young adults to educate about mental health services. More specifically, a logo contest for the Hmong Outreach Center has been launched as a creative opportunity for dialogue, education and outreach to Hmong youths and young adults about mental health illness.

In addition, the Center has launched the Hmong Traditional Healer's Project as part of Prevention and Early Intervention (PEI) efforts to cross train and collaborate with Hmong traditional healers in identifying the first onset of mental health illness. To date, the Project has worked with and trained 17 Hmong traditional healers and provided a minimum of 15 informal/formal cross trainings to western providers about Hmong traditional healing practices, including 2 sessions with Sutter Yuba Mental Health Services psychiatrists.

The Center is also currently in its very beginning phases of implementing a project as part of Innovations (INN) titled "A culturally competent collaboration to address serious mental illness in the Traditional Hmong population." See the Innovation Section of this report for more information.

3. List any significant changes in Annual Update, if applicable.

There are none at this time; the program is progressing as planned.

Latino Outreach Program:

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, and costs per person). Include achievements and notable performance outcomes.***

The Latino Outreach Program is a previously approved program under the Ethnic Services CSS Work Plan. The existing Latino Outreach Program seeks to reduce disparities in the underserved Latino population in Sutter and Yuba Counties by providing outreach, education and individualized behavioral health treatment that is based on the principles of psychosocial rehabilitation, recovery concepts and cultural awareness.

In FY 2013/2014, the Latino Outreach Program served 216 unduplicated individuals. In the first half of FY 2014/2015, the program has served 127 unduplicated individuals.

The Latino Outreach Team has remained focused on providing culturally responsive services, which have included:

Direct Services: Assessment, Individual Therapy, Group Therapy, Family Therapy, Consultations, Community-Based Services, Case Management, Referrals/Linkages to Community Resources, and School-Based Mental Health Services.

Outreach and Education: Community Outreach, Educational Outreach, Consumer and Family Education, Nurtured Heart Parenting Classes, Strengthening Families , Seeking Safety, Mental Health First Aid, and Yellow Ribbon Training.

In addition to the above core services, the Latino Outreach Program provides transportation, culturally and linguistically appropriate behavioral health services-as directed by the client, convenient evening appointments, child care, and referrals to Resource Specialists in Housing, Employment and PEI.

- 2. Describe any challenges or barriers, and strategies to mitigate.***

Since its inception, the Latino Outreach Program has transformed service delivery and service strategies for the Latinos in the Sutter and Yuba counties. Despite this significant CSS achievement, mental health stigma and access issues have continued to be significant barriers to services, as evident by client feedback to staff, data from community-based surveys, and as evident by a continual trend of low service access rates for local Latinos, when compared to small county and statewide Latino/Hispanic access data for mental health services. The most current and available data shows that the Latino/Hispanic

access rate is 2.97%, which is 25% less than that of the small county averages (3.96%) and 22% less than the statewide average (3.81%).

To learn more about the barriers to access, SYMHS assembled a Performance Improvement Project (PIP) Committee. The PIP and Latino Outreach Team created a “Mental Health Survey Questionnaire” and conducted 14 outreaches and completed 197 surveys. Survey respondents were asked to identify personal barriers to accessing behavioral health services. The results were the following:

<i>Barrier</i>	<i>Total Responses</i>	<i>In-House</i>	<i>Community</i>	<i>VCSS</i>
<i>I do not speak English</i>	134	20	111	3
<i>I cannot afford services</i>	127	20	106	1
<i>I did not know MH existed</i>	99	19	79	1
<i>Family/friends will judge me</i>	79	23	55	1
<i>No one to greet in Spanish</i>	77	22	55	0
<i>I would refer family/friend here</i>	74	19	52	3
<i>No transportation</i>	72	12	58	2
<i>Mental health services are for crazy people</i>	65	19	45	1
<i>I do not have child care</i>	63	14	49	0
<i>Business hours inconvenient</i>	31	6	25	0
<i>Business location inconvenient</i>	31	4	26	1

Following further data validation by staff and consumer feedback, SYMHS administration assembled the Latino Outreach team and invited community leaders to help identify updated program aspects that would help to address the Latino access and stigma issues in behavioral health.

3. List any significant changes in Annual Update, if applicable.

SYMHS conducted a thorough community stakeholder process for the Latino Outreach Program Update. It was felt that the community could provide valuable comment in moving forward with updating the Latino Outreach Program. Three “Latino Empowerment” Stakeholder Discussion meetings were held for the purpose of identifying ways to address Latino stigma and access. The meetings were held on: February 11, 2015, March 3, 2015 and April 21, 2015. The following organizations were represented at the meetings: SYMHS, North Valley Hispanic Chamber of Commerce, Sutter County Superintendent of Schools, Sutter County Board of Supervisors, local health providers, Migrant Education Program, Western Farm Workers Association, Head Start/E-Center, Alliance for

Hispanic Advancement, Yuba College, City of Marysville, Harmony Health, and Yuba County Unified School District.

Updated Program Aspects:

To address the access barrier, services will be provided at a new service location, in a non-stigmatizing existing county rented office space in the Holly Oak business complex. This business complex has the added bonus of being conveniently located near affordable public housing that is home to many Latino beneficiaries and near the Sutter County Social Services/Welfare departments. In addition, bus transportation is nearby. The Holly Oak office will be renamed by the Latino Outreach Center Staff, with help from the newly-created Latino Community Work Group in order to select an updated title that will resonate with Latinos. Additionally, this site offers a more conducive drop-in/resource center environment.

The updated Latino Outreach Center will continue to provide prior services to the unserved and underserved Latino population in Sutter and Yuba counties. However, the new service location will provide for:

- A reduction in Latino behavioral health disparities by providing improved access through the provision of services in a community setting that is near actively utilized community resources and client housing sources;*
- Improved integration of single providers of mental health and drug/alcohol treatment for those with co-occurring disorders;*
- Improved integration between child and adult systems to bridge gaps in services;*
- A culturally sensitive, family-friendly approach to service planning and delivery; and*
- Peer-delivered services that support wellness and recovery.*

Services will continue to be provided to Latino clients at the Sutter-Yuba Mental Health Services', 1965 Live Oak Blvd., Yuba City, CA site and limited English speaking clients will continue to be provided free language assistance services in their preferred language through bi-lingual staff, Language Line Services and NorCal Center for Deafness and Hard of Hearing. The bi-lingual/ bi-cultural Spanish- speaking Intervention counselor will still have time set aside in her schedule to provide interpretation and navigation assistance for Spanish speaking clients accessing psychiatry/med support services at the 1965 Live Oak Blvd., Yuba City, CA main campus site.

The updated Latino Outreach Center will sustain a culturally competent behavioral health workforce consistent with the culture and language of the Latino community. This workforce consists of three Mental Health Therapists, a Substance Use Disorder (SUD) / Prevention and Early Intervention (PEI) Counselor, an Intervention Counselor, a Peer Mentor, and a Parent Partner. At the new service location, the behavioral health providers and support staff will

continue to provide high-quality care and treatment, while promoting wellness and recovery through direct services, outreach and education and community partner agency collaboration.

However, SYMHS intends to go beyond relocating services and actively collaborate with the local Sutter/Yuba Latino leaders, experts, and community resource providers to build a comprehensive referral/resource network guide that would increase the Latino community's awareness and utilization of local resources, which will include resources to education, general health, behavioral health, employment, training, immigration, advocacy, and family support. It is our belief that if we work with the community to actively refer Latinos to all of the available resources, then we will see that the community can create opportunities for improved health and an overall, improve the quality of life for Sutter/Yuba Latinos because of early awareness and more prompt access to needed services.

To do this, SYMHS will assemble and lead a Latino Community Workgroup. The purpose of the Latino Workgroup will be to collaboratively work together to assess all of the Sutter/Yuba community resources and then develop a community referral network and resource directory. The Latino Workgroup will be tasked with:

- 1) Creation of a Latino Resource Directory that includes, but is not limited to education, health, behavioral health, employment, training, immigration, advocacy, and family support.*
- 2) Creation of a Referral Directory that identifies the designated referral person at each organization in the network.*
- 3) A potential standardized referral form that is used by all network members.*
- 4) A feedback loop to track referral completion and follow-up with individuals.*
- 5) Guidance and assistance in the upcoming SYMHS Marketing Campaign for the grand opening of the service site.*

As mentioned, SYMHS will oversee the creation and guide the tasks of the Latino Work Group. Work group participation is unpaid and voluntary. Representation to include:

- 2- SYMHS representatives*
- 1- SYMHS Consumer/Family Member Representative*
- 1- Community School Representative*
- 1- Migrant Education Representative*
- 1- General Health Care Representative*
- 1- Immigration Advocate Representative*
- 1- Latino Community Group Representative*
- 1- Housing Representative*
- 1- Spirituality/Religious Community Representative*

SYMHS will request applications from the community and upon Mental Health Director review and Latino Outreach Team review, SYMHS will select the

representatives and alternates, if more than one community member applies. While SYMHS values and will always accept feedback from the community, for the purposes of productivity, it is felt the Latino Work Group will be able to accomplish more tasks if we keep the group small and action-oriented.

Timeline: SYMHS is hopeful that the new service site will open in the late fall of 2015, pending there are no major construction/renovation facility needs. The Latino Workgroup will begin immediately following the approval of the 2015/2016 MHSA Annual Update, which is expected by July 2015.

MHSA/CSS Elements and Goals Preserved:

MHSA Essential Elements:

- 1) Community collaboration*
- 2) Cultural competence*
- 3) Client and family-driven services*
- 4) Wellness, recovery, and resiliency program focus*
- 5) Integrated service experience for clients and family members*

The five MHSA essential elements will remain reflective in the service location and program strategies. Additionally, the updated Latino Outreach Center will continue to embed culturally appropriate services, partnerships with ethnic-specific outreach and services at schools, primary care clinics, and community programs, community cultural practices, childcare, and transportation into all service strategies to treat and also proactively reach Latino adults and children who may have emotional and/or behavioral disorders. SYMHS also plans to actively engage the community with the new Latino Workgroup and promote community collaboration.

Program Evaluation Efforts:

SYMHS currently obtains the following for data collection/evaluation purposes: the number of clients served and race/ethnicity data from the DCR reporting system, the access rate data from APS healthcare, and the annual client satisfaction survey. The Latino Outreach Team and administration will be working to identify more culturally-competent tools to evaluate program effectiveness and evaluate client satisfaction with the cultural appropriateness of SYMHS offered-services. Additionally, there will be agency efforts to identify ways to measure reductions in disparities.

MHSA Program Component PREVENTION AND EARLY INTERVENTION

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.*

Community Prevention Program (PEI)

The PEI team is making significant progress in implementing the PEI plan. Because this is a comprehensive plan with many facets, we have been concentrating on a few pilot projects to get started. It has been exciting to talk with people in our communities and see their positive reaction to the idea of designing prevention activities. Many have also expressed interest in receiving education about recognizing early signs of mental illness and how to find assistance for people with first onset of mental issues.

16 SYMHS staff has a portion of their time dedicated to PEI activities. There is one full-time Prevention Services Coordinator, who has additional duties as well. The PEI Program Manager has 45% of her time allocated to PEI and has additional duties in other areas. Our PEI plan has 5 major components: Community Prevention Team, Mentoring, Strengthening Families, Recreational Opportunities, and First Onset Team. The Community Prevention team is going out into the SYMHS communities and providing various kinds of trainings, most notably in suicide prevention and parent education.

PEI Mission Statement

Sutter Yuba Mental Health Services Prevention and Early Intervention Team will develop capacity by providing training of various program designs to bring service access and delivery to families and neighborhoods with an emphasis on prevention and early intervention. The goal is to empower the community of providers to meet the needs of the targeted groups through community participation and leadership.

PEI Vision Statement

Sutter and Yuba counties' communities share responsibility for promoting strong mental health and resiliency among individuals in their many diverse communities. Prevention and early intervention approaches are tools for empowerment and social justice that emphasize holistic and integrated approaches to mental health, Drug and Alcohol issues.

When asked to identify the groups in most need of mental illness prevention and early intervention the top five survey responses were:

1. People who have attempted suicide or might (61%).
2. People who start to show signs of mental illness (42%).
3. People with history of mental illness and/or substance abuse (40%).
4. People facing trauma in their or their families lives (40%).
5. Children and youth in stressed families (39%).

These choices are reflected repeatedly in Sutter-Yuba Counties PEI projects.

FY 2013/2014 Data/Outcomes for Community Prevention Program:

Suicide Prevention ASIST – \$16,718.98

Trained 125 Community Agency Staff

Estimated cost per student \$133.75

Safe Talk – \$1,300.00

Trained 41 Community Partners

Estimated cost per students \$31.70

Mental Health First Aid – \$4,335.00

Trained 149 Community Agency Staff

Estimated cost per student \$29.09

Yellow Ribbon Suicide Prevention – \$63,852.78

Trained all Sutter & Yuba High Schools, 8,300 students plus faculty & staff

Estimated cost per student, faculty and staff, \$7.69

Ethnic Outreach Traditional Healers Project– \$41,039.39

1490 people reached

Estimated cost per client \$27.54

Traditional Healer Program – traditional healers from an educational program that included training in Western medical processes through Rideout Fremont Hospital, Bi-County Ambulance, and SYMHS Psychiatrists and SUDS Manager. Also, there was a class segment with the Yuba County Sheriff's department. The PEI team taught the SYMHS psychiatrists how Shamans are trained as well.

Total Prevention & Early Intervention Community Outreach – \$137,734.54

14,130 people reached

Estimated cost per client \$9.74

Mentoring

Big Brother Big Sisters – \$21,929.01

13 ongoing matches

Estimated cost per match \$1,686.84

Camptonville Community Partnership – \$6,450.14

20 Youth Participants

Estimated cost per match \$322.50

Strengthening Families – \$10,594.96

Staff members from 20 different Agencies have completed Strengthening Families training. The Salvation Army and the First Lutheran Church have provided the program to families in Yuba Sutter which served 40 participants.

Estimated cost per staff and other participants- \$176.58

Recreation – \$52,047.56

Provided funding for recreational opportunities to identified at-risk populations throughout bi-county area. To date there have been projects approved for 1,745 children's activities.

Estimated cost per child - \$29.82

Program Evaluation Efforts:

The PEI Community Prevention Team has a tracking activities process using the activity sheet that describes the PEI Category within the SYMHS PEI Plan and the type of activity that staff provided. Complete activity reports are emailed or faxed to the Prevention Services Coordinator and posted to the PEI Project Spreadsheet tracking trainings, outreach, meetings, and ethnic specific services specific to the PEI Plan. We have follow up surveys, for trainings, suicide prevention screenings, and the PEI Outcome Survey- all of which are posted on the Network of Care website.

2. Describe any challenges or barriers, and strategies to mitigate.

An ongoing program challenge is new staff that is hired and need to be trained and any changes in leadership always present challenges. An additional bilingual Spanish Resource Specialist would be helpful. We have had only one full-time staff person, which has made it very challenging.

3. List any significant changes in Three-Year Plan, if applicable.

Sutter Yuba Mental Health Services is restructuring Prevention and Early Intervention under our Substance Use Disorder Services (SUDS) Program Manager and combined the SUDS prevention staff and PEI staff, giving us five full-time employees. We hired a bilingual Spanish Resource Specialist and added a full time Intervention Counselor to help with our challenges of staffing Prevention and Early Intervention activities.

**MHSA Program Component
PREVENTION AND EARLY INTERVENTION**

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.*

First Onset Team (PEI)

The purpose of the First Onset Team at SYMHS is to provide early intervention for those identified as experiencing the first onset of mental illness. Provided services are detailed below.

1) Mental Health Consultation in Primary Care – Mental Health clinicians consult with pediatricians or other primary care providers to improve individuals' access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early intervention services (CY, TAY, A, OA). Existing psychiatric emergency workers, social workers, and psychiatrist support and work with the First Onset Team. The First Onset Therapist is the first contact with the Primary Care provider with the existing psychiatric emergency team providing ongoing consultation. The First Onset Team and Mental Health staff work directly with three local health clinics and private care physicians on early identification of mental illness and the appropriate interventions to implement.

2) Aggression Replacement Training (ART) – ART aides in the early identification of mental illness and addresses stigma issues through the interaction of the training. Aggression Replacement Training® (ART®) is a multimodal psycho educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART® is to improve social skill competence, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach pro-social skills. In anger-control training, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.

6 individuals' have been trained to be ART trainers: 4 Sutter County Probations staff members and 2 PEI staff members.

3) *Education/Training at community sites – Training topics include stigma, suicide prevention, early identification of mental illness, and first onset signs and issues. Activities could occur at such sites as foster care independent living, Better Day, tribal health, schools, alcohol and drug programs, domestic violence intervention sites, homeless programs, and spiritual community.*

Funds are currently supporting services to individuals who enter our service system, which are identified as having never previously received mental health treatment. The former Chief Psychiatrist spoke with pediatricians in the community about use of psychotropic medications and offered specific consultation to support them.

FY 2013/2014 Data/Outcomes:

5 Mental Health Consultation in Primary Care events have occurred. 34 adults (55% of the participants identified as White and 45% of the participants identified as Asian).

*Total Cost \$23,468.32
Cost per adult: \$690.23*

Program Evaluation Efforts:

The PEI Onset Team has a tracking activities process using the activity sheet that describes the PEI Category within the SYMHS PEI Plan and the type of activity that staff provided. They are emailed or faxed to the Prevention Services Coordinator and posted to the PEI Project Spreadsheet tracking trainings, outreach, meetings, and ethnic specific services specific to our PEI Plan.

2. Describe any challenges or barriers, and strategies to mitigate.

There is a lack of treatment due to failure to recognize the need of mental health treatment by Primary Care clinics. Potential strategies for mitigation include the creation of effective linkages between primary care clinics and providers with mental health. Additionally, the expansion of the ART program capacity would help to increase the number of trainers available to the schools and the community. Lastly, the offering of stigma, suicide prevention, and identification of mental illness education to the community at a variety of non-traditional sites/settings will help the community to understand the importance of early recognition and treatment options for mental health.

3. List any significant changes in Three-Year Plan, if applicable.

The former SYMHS Child Psychologist talked with local family and pediatric providers about their ability to provide mental health services as primary care physicians with consultation from psychiatrists at mental health. We currently do

not have a Psychologist to provide guidance to primary providers any consultation at this time.

MHSA Program Component INNOVATION

Sutter-Yuba Mental Health Services (SYMHS) has three innovation projects in various stages of implementation. The projects were designed with a thorough community planning process. The projects were approved for funding by the Mental Health Services Oversight & Accountability Commission (MHSOAC) on October 24, 2013.

Detailed below are each SYMHS Innovation Program and its accompanying program description, implementation status, barriers/challenges, and any significant changes anticipated for the 2015/2016 fiscal year.

Title: Innovation Project #1- *Improving mental health outcomes via interagency collaboration and service delivery learning for supervised offenders who are at-risk of or have serious mental illness (Innovation Project 1).*

Purpose:

- *Increase the quality of services, including improved outcomes*
- *Promote interagency collaboration*

Description:

Innovation Project 1 utilizes, to its advantage, the bi-county structure and new pioneering relationships with county probation departments and applies existing mental health approaches to the AB109 offenders and other supervised offenders in two new and different county settings: community-based setting (post-release) and institution-based setting (pre-release). Identical outcome measures from each setting/county will be analyzed to see which approach SYMHS should further employ to consistently offer quality services, including improved outcomes for AB109 supervised offenders and other supervised offenders. Fellow counties in California usually have to pick an approach and blindly employ it for duration of time before they can determine if it is the best for their population. It is our hope that if our innovation is successful, other counties can learn to partner with other like-counties with like-populations and together launch two different strategies and evaluate in a parallel analysis each county's outcomes to determine the best approach. This removes the need for an individual county to try relentlessly to find the best approaches. It enables counties to innovatively evaluate service approaches. Counties so often work in isolated silos and we want to promote collaboration between counties and the sharing of information, failures, successes, and resources.

Project Status:

Innovation Project 1 is in the early implementation stage. SYMHS has facilitated the planning and implementation phases to keep the focus of the innovation on learning and instill the MHSA elements into all project phases. To foster and

maintain a collaborative relationship, Sutter-Yuba Mental Health Services, Yuba County Probation, and Sutter County Probation have all been active decision-makers in project planning and implementation.

We are still in the early implementation status because we have had the challenges of recruiting and hiring the mental health clinicians for the project. As of January 2015, the mental health therapists have been hired and are currently completing the Sutter County orientation process and completing required training in the project measurement tools being trained in the data. The finalized evaluation design includes: Scale (MORS), LOCUS, STRONG, URICA, and the Partner Collaboration Tool. Data collection will immediately follow, thus beginning the project's three-year time frame.

Challenges:

Initially, the Sutter County treatment team envisioned that the assessment, post recovery plan, and connections to ancillary services would be completed in the first 30 days of client contact while he/she is still in-custody at jail. However, after implementation, it was identified by Sutter County clinical staff that this is very difficult and impossible at times to conduct the post recovery plan immediately with the client and that it actually rushes the entire process. In moving forward, the initial assessment will be conducted by Sutter-County within the jail, but the post recovery plan may be conducted while the client is in probation. Project staff will still attempt to do as much as time permits within the in-custody setting, but will not do so in a manner that can affect the quality of services for the innovation client.

Significant Changes:

The minor treatment change for Sutter County Probation is noted above, but no significant changes are expected at this time, the project is progressing as planned.

Innovation Project #2- A culturally competent collaboration to address serious mental illness in the Traditional Hmong population (Innovation Project 2)

Purpose:

- Increase the quality of services, including improved outcomes*

Description:

The Hmong community in the Sutter and Yuba counties is an underserved population that has a unique understanding of what they believe about mental health. The concepts of mental health do not exist in the traditional Hmong culture. To traditional Hmong clients', mental health ailments, such as low energy, sadness, auditory and visual hallucinations, nightmares, poor appetites, racing thoughts, etc. are considered to stem from spiritual causes. SYMHS has historically been successful in proactively addressing the cultural needs of the mentally ill Hmong population. SYMHS provides a Hmong Outreach Center,

which is a place where the Hmong population can socialize and receive culturally appropriate services. Additionally, SYMHS created the Traditional Healers Project, which provided a unique way for us to bridge a gap between the mental health clinical staff and community Traditional Healers for the purpose of sharing information, and training each other on western mental health and general health practices/beliefs and traditional Hmong practices/beliefs.

Innovation Project 2 is a cultural collaboration that is the next step in this continuum of learning. The innovation project seeks to learn if traditional Hmong alternative treatment methods are integrated into western modalities and if spirituality is addressed, will this result in an increase in the quality of services and improved mental health outcomes for Hmong clients with serious mental illness? This dual use of westernized mental health treatment and traditional practices for the treatment of Hmong clients' mental health symptoms is considered innovative because this is a new concept to mental health. The project introduces a new mental health approach and practice for the Hmong mental health clients, with the goal that other communities could learn from the outcomes of the innovation and replicate it to improve the mental health outcomes for their respective Hmong clients.

The project will assist Hmong clients by providing them access to traditional Hmong healing through provided coordination services and funds that will aid in covering some of the costs of the ceremonies, rituals, and offerings. The funding of this project supports a project staff member whose role is to assist the client in accessing an appropriate traditional healer that specializes in treating the identified symptoms. Additionally, this staff person coordinates the client's traditional healing services with his/her current mental health services.

Project Status:

Innovation Project 2 is in the final stages of implementation. We experienced initial project staffing challenges because of staff changes, but we have hired a Hmong-bilingual Intervention Counselor to staff the project. Despite the preliminary staffing challenges, we have continued to plan the project. The project team has finalized needed project protocols and organization policies and procedures. Project marketing to clients will begin soon and data collection will immediately follow, beginning the project's three-year time frame.

Challenges:

We initially experienced hiring challenges, but that has since been resolved.

Significant Changes:

There are none at this time; the program is progressing as planned.

Innovation Project #3- *Continued mental health and wellness support for the new Post-TAY clients who are in recovery from a serious mental illness (Innovation Project 3)*

Purpose:

- Increase the quality of services, including improved outcomes

Description:

The purpose of continuing mental health and wellness support to the Post-TAY (Transition Age Youth) population that is recovering from serious mental illness is to increase the quality of services, including improved outcomes for the Post-TAY with the introduction of specialized mental health and wellness support services that address the unique needs of this population. The Post-TAY population consists of those youth who are ending TAY Services, but whose needs would not be well served in the HOPE Full Service Partnership (FSP) or Adult Outpatient Programs. Following the conclusion of the TAY services, many of the now Post-TAY have experienced poorer mental health outcomes because they are further transitioning and coping with life stresses from the increased independence and responsibilities of adulthood, while also simultaneously trying to maintain their mental health and recovery without the in-place supports they experienced in the TAY Program.

The innovation project seeks to learn if a continuum of mental health support and wellness support is provided and targeted to Post-TAY clients who are in recovery from a serious mental illness; will there be an increase in the quality of services, including improved mental health outcomes? Providing mental health, wellness services, and community resources is not a new mental health practice, but what is innovative is that we are adapting those services to a new population to learn if this more intensive wellness approach provides for improved outcomes and thus reduces the need for former TAY clients to utilize crisis services in the adult system.

The project utilizes an Intervention Counselor to provide services and provide connections to community resources for housing stability, continuing education, and vocational support tailored to help guide the Post-TAY clients in this transition to adulthood. Rather than a bridge to adult services, the concept is to launch these young adults successfully into the community and support them in this often-difficult transition to adulthood. This service is under the management of the CSOC/TAY Program Manager and is directly supervised by the TAY supervisor.

Project Status:

Following MHSOAC funding approval, we immediately began designing the program and we hired an Intervention Counselor, to serve as the Post-TAY Program Counselor in February 2014. Following the hiring of the project staff, all of the Post-TAY staff was trained to conduct and collect data via the Milestones of Recovery Scale (MORS), which is a recovery-based outcome tool that tracks the process of recovery for individuals with mental illness and helps us to better understand if the Post-TAY services we are offering is helping individuals to

achieve more meaningful lives. The project was considered fully implemented in March 2014, and we have begun to collect data for each of the clients.

As of February 2015, we have served 10 unduplicated Post-TAY Students. Program clients represent a diverse client population. Male and female clients are equally represented with males accounting for 50% of program admissions and female clients accounting for 50% of program admissions. More than half of the first-year Post-TAY clients are from underserved ethnic and cultural communities, including Black/African American (10%), Hispanic/Latino (20%), and Clients identified as Bi/Multi- Racial/Ethnic (30%).

For the purposes of analyzing recovery growth, client progression is only analyzed if the client has been in the Post-TAY program for at least 6-months. 6 out of the 10 unduplicated clients (60%) met this criterion. When analyzing the minimum 6-month subgroup, 3 out of the 6 clients (50%) demonstrated an increase in recovery from their MORS score immediately after admission to their most current MORS score assessment in January 2015. Project staff attributed the score increases from client gains to employment, housing, medicine stabilization and substance abuse referrals. Only 1 client's recovery regressed from a score of 6 to 5, and this was attributed to the client experiencing a slight social and employment decline. The remaining 2 clients of the subgroup maintained a consistent recovery score of 6, with neither score increases nor decreases.

Challenges:

We initially experienced hiring challenges, but we have overcome this challenge. Additionally, client recruitment to the Post-TAY project has been slower to start because of some difficulty of TAY Students not fitting the Post-TAY criteria; we anticipate the flow of students from TAY to Post-TAY to be smoother and the case load to increase as the project progresses.

Significant Changes:

There are none at this time; the program is progressing as planned.

**** Please Note- At this time SYMHS will not be requesting review/approval for any new Innovation Programs. We currently want to focus our efforts on our already approved programs.***

MHSA Program Component WORKFORCE EDUCATION AND TRAINING

1. Provide a program description. Include achievements.

Sutter-Yuba Mental Health Services (SYMHS) Workforce Education and Training (WET) Program provides for training support for all of the MHSA programs. Via its WET Program, SYMHS has maintained an active partnership with the Central Region Partnership, the Health Professions Educational Foundation, and the California Institute for Behavioral Health Solutions (CIBHS). These partnerships have provided SYMHS with many training opportunities, technical assistance on workforce programs and training, and staff opportunities for the state-level Mental Health Loan Assumption Program. The WET Plan's action strategies focus on workforce development, cultural competence, youth awareness of mental health careers, internships, and a local financial incentive program for the SYMHS workforce.

Current implemented programs include:

Action Plan 2: Public Mental Health Workforce Development- Evidence Based Practices and Skill Development

Program provides funds for continuing education training, core competency trainings, and evidence-based practices for SYMHS staff, contract providers, contracted peer staff, community stakeholders, consumers, and family members. Trainings address a variety of content areas, including but not limited to wellness, recovery, resiliency, stigma and discrimination reduction, suicide prevention, early identification and intervention for trauma and serious psychiatric illness, integrated service experience, cultural competence, treatment of co-occurring disorders, and mental health integration in schools, primary health care, and community services. An emphasis will be put on prioritizing and investing in evidence-based practice trainings.

Achievements:

- Funded EBP Training, Aggressive Replacement Therapy (ART). Trained an 8-person ART Trained Development Team.*
- Supplemental Funding for EBP Seeking Safety Training sponsored by the Central Region Partnership. Trained 12 SYMHS staff clinicians and 1 Yuba County Sheriff Department Representative.*
- Supplemental Funding for UACF Educate, Equip, and Support (EES) Train-the Trainer Training. We now have 3 Train-the Trainers- 1 SYMHS Staff and two Parent Partners.*
- Funded Working Well Together- Building a Wellness Workplace: WRAP for work and Peer Support. Trained: 1 SYMHS Staff and 2 Peer Mentors.*

- *Supplemental Funding for UC Davis Extension- CiMH Leadership in Mental Health Services Training Series. Trained 5 staff members.*
- *Supplemental Funding for Mental Health First Aid (MHFA) Instructor Certification for Youth Curriculum. Trained 1 SYMHS staff and 1 Education Partner.*
- *Supplemental Funding for Trauma- Informed CBT. Trained 3 staff members.*
- *Supplemental Funding for the CIBHS Leadership Institute.*
- *Funded 50% of the costs for the MHALA MORS Trainer Certification for 2 staff members who are now certified trainers. Two on-site Introductory MORS trainings have occurred as a result of this 12 SYMHS staff have been trained in the MORS.*
- *Funded CIT Training for 14 PES staff members.*
- *Funded a Nurtured Heart Trainer Certification for one staff member. Subsequent on-site trainings will be occurring for other SYMHS staff members now that we have a trainer.*
- *Funded MHALA Villages 3-day Immersion Training for 20 SYMHS staff members.*

Upcoming projects: CIT Training, trauma training, integration training, and co-occurring disorders.

Action Plan 3: Integrating Cultural Competence in the Public Mental Health System

Program provides funds for developing and furthering an understanding of multicultural knowledge, cultural barriers, cultural sensitivity, cultural responsiveness, socio-cultural diversity, and the diverse needs of our underserved populations, which include Latino, Hmong, Asian Indian, LGBT, and other ethnic and diverse communities.

Achievements:

- *Hosted Culturally and Linguistically Appropriate Services (CLAS) Standards Overview Training. Trained Administrative staff, Cultural Competence Committee, and the Latino Performance and Improvement Project Committee.*
- *Supplemental Funding for the Cultural Competence and Mental Health Northern Region Summit XI- Cultural Competence and Workforce Development Conference. Trained 7 SYMHS Staff and 3 Consumers/Family Member representatives.*
- *Hosted Culturally Responsive Services for Latinos Training. Trained 35 SYMHS staff members and 1 consumer/family member representative.*
- *Sponsored an organization-wide survey for collecting staff perspective on improving the services for our Latino population.*
- *Funded 2 staff members to attend the “Each Mind Matters- “The Spirituality Factor: Weaving Spirituality and Behavioral Health Using Evidence and Practice”: California Mental Health and Spirituality Initiative Northern Region Conference”.*

- *Funded cultural formation focused training, titled “Cultural Complexities in Assessment, Diagnosis, and Engagement” for SYMHS staff, clients, family members, and network providers. 63 staff members were trained.*

Upcoming Projects: The Cultural Competence Committee is working with San Mateo County to host an onsite, Spirituality 101/102 presentation for SYMHS staff, clients, family members, network providers, and community partners.

Action Plan #4: Youth Workforce and Career Program

Program promotes post-secondary education and careers in public mental health, targeted to high school and community college youth.

Achievements:

- *Development of Speakers Bureau of mental health professionals that work in a variety of entry-level to advanced-level careers.*
- *Speaking engagements held at local high schools and AVID clubs.*
- *Staffed 3 high school career booths to pass out mental health career profiles and promote post-secondary education and training in mental health and substance abuse.*
- *Developed a Public Mental Health Careers binder that was distributed to all high school and community college counselors in the area (32 binders distributed).*

Action Plan #5: Employment/Education Support: Consumer and Family Leadership Opportunities and Mental Health Educational/Training Opportunities

Program expands consumer and family member awareness of leadership opportunities in the mental health field and provides incentives for individuals to further their recovery and obtain needed education and training for employment in the public mental health workforce force.

Achievements:

- *The program is newly implemented as of January 2015. Marketing efforts are being conducted by the overseeing committee to provide awareness about the financial incentives to active treatment clients and family members.*

Action Plan #6: Intern Supervision Program

Program provides for clinical supervision and internship placements to interns who would help to address hard-to-fill positions and address cultural and linguistic workforce needs.

Achievements:

- *Clinical Supervision for interns in new or expanded programs is being funded. Funding statistics to become available following financial review of the 2014/2015 fiscal year program expenditures.*

Action Plan #7: WET Financial Incentives: Tuition and Book Expense Reimbursement for Workforce Development

Program will pay towards costs related to: tuition, registration fees, and books. All reimbursements will be associated with SYMHS employees and contracted peer staff participating in educational activities that possess a direct link to addressing occupational shortages related to clinical/administrative skills needed in: licenses, language proficiency and positions requiring advanced degrees and the under representation of racial/ethnic, cultural and linguistic groups in the SYMHS workforce. Participants receiving reimbursements would agree to remain employed at SYMHS or the SYMHS Employer Record for Contracted Peer Staff for a period up to two years dependent upon total reimbursement amount.

Achievements:

- *Successfully partnered with the California Institute for Behavioral Health Solutions (CIBHS) and completed the 2013/2014 WET Scholarship Program Cycle. WET Funding provided 7 scholarships for educational program tuition and educational expenses, totaling \$30,577 for Post-Graduate, Bachelor, and Associates programs addressing hard-to-fill positions. Fields of study include Marriage and Family Therapy, Substance Abuse and Alcohol, Public Administration, Psychiatric Nursing, Social Work, and Psychology. 5 SYMHS staff members were awarded and 2 Contracted Peer Staff were awarded.*
- *The 2014/2015 Program Cycle was opened on March 2, 2015. Applications to the program were mailed to CIBHS and are being reviewed by an independent CIBHS application committee.*

2. Describe any challenges or barriers, and strategies to mitigate. Identify shortages in personnel, if any.

The updated WET Plan is progressing as planned. We are challenged by our re-occurring workforce shortages in MFTs, MSWS, and Psychiatry.

3. List any significant changes in Three-Year Plan, if applicable.

There are none at this time; the program is progressing as planned.

MHSA Program Component CAPITAL FACILITIES/TECHNOLOGY

Significant Update/Change:

Capital Facilities – Wellness Recovery and Wellness Center (WeRC): The previously approved project intended to renovate and remodel the “Little White House” for use by staff and consumers within the context of the organization’s Wellness and Recovery Program. Project implementation has been on hold since its approval in 2010. Following project approval, the county discovered that the costs for the facilities were more than anticipated, thus the project was considered significantly underfunded and the White House was not a suitable structure for services. Viable solutions, such as supplemental funding and reduced renovations/construction were explored, but unfortunately were not unsuccessful. The project proposal is discontinued and a portion of the capital funds will be redirected towards the Psychiatric Emergency Services Expansion Project. See proposal for more information. While the Wellness and Recovery Center Renovation has been discontinued as a Capital Facility project, it still remains goal of SYMHS and different locations are currently being considered. The SYMHS- Mental Health Director has announced the plan change to the Adult Outpatients Wellness and Recovery Team and at the Consumer Town Hall Meetings.

See PES Expansion Capital Program Proposal on Page 46.

IT Facility Plan:

1. Provide a program description

The technology portion of the SYMHS Cap/IT Plan was to institute an Electronic Health Record (EHR) and associated support structures to meet state and federal mandates to provide Health Information Exchange (HIE). This included the purchase of an EHR, the future purchase of network and workstation hardware to enable use of the EHR and a consumer program to begin training consumers and stakeholders to be able to use the information provided by an EHR. The goal of the EHR, at this stage of the plan, is to set the stage for the SYMHS to move to a full implementation as defined by the State for the exchange of health information. The plan scope and the timeframe of this particular plan do not allow for the complete implementation of a full EHR but are a major step in this direction. Our EHR went live on April 1, 2012.

2. Describe any challenges or barriers, and strategies to mitigate.

None at this time.

- 3. Describe if the county is meeting/met benchmarks and goals, or provide the reasons for delays to implementation.*

The EHR Project went live on April 1, 2012 and is progressing as planned.

- 4. List any significant changes in 15/16 Annual Update, if applicable.*

No significant changes are anticipated.

Sutter -Yuba Mental Health Services

Mental Health Services Act

CAPITAL FACILITIES PROJECT PROPOSAL

For

Psychiatric Emergency Services Expansion

Exhibit 1

CAPITAL FACILITIES PROJECT PROPOSAL FACE SHEET

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES PROJECT PROPOSAL**

County: Sutter-Yuba Mental Health Services

Date: _____

County Mental Health Director:

Tony Hobson, PhD
Printed Name

Signature

Date: _____

Mailing Address: 1965 Live Oak Blvd, Yuba City, CA 95992

Phone Number: (530) 822-7200

E-mail: THobson@co.sutter.ca.us

Contact Person: Megan Spooner

Phone Number: (530) 822-7200

E-mail: MSpooner@co.sutter.ca.us

Exhibit 1 continued

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Sutter and Yuba counties and that the following are true and correct:

- 1) The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to renovate a building at 1965 Live Oak Blvd, Yuba City, CA 95992.
- 2) The intended use of the portion of the building being renovated is to:

The renovations will provide and expand the capacity and access to existing services.
- 3) All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and/or renovate those portions of the property that will be used for the provision of MHSA services.
- 4) The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health services.
- 5) For acquisition/construction Sutter County will be the owner of record.
- 6) For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.
- 7) This building will be dedicated to the provision of MHSA services for a minimum of 20 years.
- 8) Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.
- 9) The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities funds.
- 10) The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.
- 11) Sutter County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.
- 12) Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.

Exhibit 1 continued

- 13) The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.
- 14) This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.
- 15) All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at 1965 Live Oak Blvd, Yuba City, CA 95992 are true and correct.

Date: _____

Signature _____
Local Mental Health Director

Please see Fiscal Certification for Auditor approval.

Exhibit 2

PROJECT PROPOSAL NARRATIVE

- 1) Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.
 - If the proposed Project deviates from the information presented in the already approved Exhibits 2 and 3 of the Component Proposal, the County must describe stakeholder involvement and support for the deviation.

The Psychiatric Emergency Services (PES) Expansion project is a newly-proposed Capital Facilities Project by SYMHS. It was not included in the previously approved Capital Facilities/IT Plan. The previously approved Capital Facilities Project intended to renovate and remodel the "Little White House" for use by staff and consumers within the context of the organization's Wellness and Recovery Program. Project implementation has been on hold since its approval in 2010. Following project approval, the county discovered that the costs for the facilities were more than anticipated, thus the project was considered significantly underfunded. Solutions, such as supplemental funding and reduced renovations/construction were explored, but unfortunately were not considered viable options. The project proposal has since been discontinued. While a new facility for the current Wellness and Recovery Program is still a prioritized project for SYMHS, administration has supported the exploration of other needed capital projects that: fit within the budget of the original requested funds, comply with the Capital Facility requirements, was a prioritized issue in the original CSS community process, and lastly, addresses an unmet need for the seriously mentally ill and the Sutter/Yuba communities.

Services provided for mental health crisis emerged as concerns during the extensive community planning process for the original Community Service and Supports (CSS). "Lack of help during a crisis and inadequate/insufficient crisis services were prioritized as community and county issues for all of the SYMHS age groups (children, transitional-age youth, adults, and older adults)"¹.

The PES Department maintains a strong relationship with the local law enforcement agencies and hospitals and encourages an open communication policy with their community partners to facilitate problem-solving and a smooth interface of legal-mental health issues. The need to expand the PES department's physical space for interviewing clients and containment capability has increasingly become evident as the department and their community partners continue to see a rise in the number and acuity of PES cases. SYMHS community partners have become increasingly frustrated and vocal with the PES department's lack of capacity. Furthermore, individuals waiting for crisis services have commented on the limited waiting room space. PES administrative staff has remain committed to their open communication policy and has explained the capacity issue at numerous meetings with local enforcement and additionally has attended several shift briefings to try and facilitate an understanding of the mental health needs, law enforcement needs, and community needs.

¹ Sutter-Yuba Mental Health Services, Original CSS Plan, page 20-21.

To remedy this identifiable community need, SYMHS made the decision to redirect the Capital Facility funds to expand and renovate the PES physical space, which also will result in an increase in the department's ability to serve more seriously mentally ill individuals in Sutter and Yuba counties. As mentioned above, this project would address prioritized issues from the original community planning process and address a community-partner and department identified need to improve facilities for the purposes of expanding services and reducing safety risks in the spirit of the MHSA principles.

Please see page # for a description of the community planning process for obtaining further stakeholder involvement in the review of the entire 2015/2016 Annual Update, which includes this PES Expansion Proposal.

2. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

Sutter-Yuba Mental Health Services intends to use the Capital Facilities funds to improve the County's property and PES department's ability to provide locally-accessible and timely crisis evaluation and support. The existing PES infrastructure is unable to adequately and effectively serve the individuals of Sutter and Yuba Counties who are in need of crisis services. Currently, it can take hours to days to find bed placements and often times PES does not have sufficient space to provide a safe place for individuals to stay. The area where children and adults must wait for services is limited and is not conducive to the safety of staff or individuals needing services, especially children needing services. There are no local Crisis Residential Programs or Crisis Stabilization Units in Sutter and Yuba counties, and subsequently SYMHS PES services are in high demand by our county individuals, local enforcement agencies, local hospitals, and other community partners. Local law enforcement agencies have commented on how the infrastructure/limited space of the PES Department impacts the local budgets. It impacts their budgets because law enforcement must complete arduous "missing person of vulnerable person" reports and engage in subsequent search and follow-up activities because of the lack of holding space at the PES office.

The Mental Health Services Act (MHSA) declared that "failure to provide timely treatment can destroy individuals and families"² and states that mental health services that are disconnected and inadequate subsequently frustrates the opportunities for recovery. The PES expansion would provide the PES department the ability to expand capacity and provide more accessible and timely crisis services to the Sutter/Yuba communities. For many seriously mentally ill individuals, the PES Department is the point of entry into the various system services, including the Full-Service Partnerships and Wellness Center Activities. Furthermore, the MHSA was enacted to "to reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness".³ Expanding the PES infrastructure would provide for the department's ability to house more individuals, provide more evaluations, and require less band-aid type solutions that

² Mental Health Service Act, Section 2 Findings and Declarations, Section B

³ Mental Health Services Act, Section 3 Purpose and Intent, Section B

often result in AWOL activities that impact local law enforcement agencies limited budgets.

In addition to supporting the overall intent of MHSA, the project proposal supports the plans in the SYMHS-MHSA Three Year Plan by it would provide a local level of needed care that provides timely access to services. The expansion supports the public mental health system and its social service and justice system partners. Lastly, the expansion would support all of the children, young adult, adult, and older adult Full Service Partnerships. The MHSA makes it clear that funds were planned to reach all severely mentally ill persons, including those individuals, who in a moment of crisis depend on the services of PES Department to provide help and wellness interventions.

Exhibit 3

PROJECT DETAILS

Answer the following questions as appropriate to the Project Proposal.

Project Title: PES Expansion

Project Address: 1965 Live Oak Blvd., Yuba City, CA 95992

1. Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction. If the proposed project involves renovation of an existing facility, indicate whether it is County owned or owned by a private entity.

The project site is located on the grounds of the Mental Health Offices and Clinics site at 1965 Live Oak Blvd in Yuba City, California. The existing space houses the current Psychiatric Emergency Services Program and provides 24 hour, 7 days per week crisis services for both Sutter and Yuba counties. The project site is a building owned by Sutter County and is conceptualized as a renovation to the existing space.

- Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.

The existing PES office space includes two interview rooms and a space-limited waiting room. The basic remodeling idea is renovate the existing PES office space through an interior abatement and demolition phase, followed by an interior building improvement phase that will result in a comfortable interview room and waiting area for patients on W&I 5150's, a comfortable interview room and waiting area for clients seeking voluntary crisis and mental health services, sufficient space to separate children and teens on W&I 5150's from adults on W&I 5150's, and staff station/desk areas that will allow for direct observation of the multiple rooms simultaneously.

The internal abatement phase may include addressing of all environmental and safety issues as they relate to the renovation space. The internal building improvement space will include construction and building improvements, including any upgrades to improve client safety and aesthetic modifications to create a more comfortable and less institutional environment.

SYMHS will collaborate with the County of Sutter, Department of General Services, who will be the department responsible for conducting the full scope of construction and project management for the renovation site. The General Services Department will facilitate all design documents, cost estimates, plan checks, code requirements, architectural review and cost containment measures.

- When renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.

The renovation and ultimate improvement of the project site will enable the operation of a 24 hour/7days per week community drop-in crisis services for Sutter

and Yuba counties. The existing infrastructure and the exceedingly limited space of the current project site has resulted in treatment delays, lack of treatment, safety risks, community risks, and a negative impact on fellow community partner resources.

Further intensifying the SYMSH capacity issue is 1) there are no Crisis Residential Programs or Crisis Stabilization Units in Sutter or Yuba Counties for adults or children, which results in a significant unmet need and impeded timely access to needed crisis services and 2) The need for hospitalizations often exceeds the availability of inpatient beds at the SYMHS Psychiatric Health Facility (PHF) or it may require a higher medical level of care than can be provided at SYMHS PHF, requiring that PES hold the individual in PES until a bed at a private psychiatric facility is located. Currently PES does not have the capacity to accommodate this type of need. Beds at private psychiatric hospitals are all out of the area and located in Sacramento or in the San Francisco Bay area. Numerous northern California counties all compete for these private beds, frequently causing bed shortages and extended periods of time when there are no beds available for adults or children, regardless of the acuity of symptoms. This again results in a significant unmet need and impeded timely access to needed crisis services.

The proposed renovation and thus expansion of the project site would significantly mitigate the above issues and expand service capacity/increase access by:

- 1) The expansion would increase the efficiency of provided services. Currently, there are long waiting times because the lack of space and the lack of interview and containment rooms impact how staff is able to proceed with the evaluation and appropriate services. Not only does this stall the individual's client's journey to recovery, but it negatively impacts the program's capacity to see and help more individuals receive timely access to crisis services. Renovating the project site would improve the PES infrastructure's ability to better serve clients and also increases the program capacity to serve more clients. Staff will be able to more efficiently conduct the PES evaluation process in a more private and comfortable interview room. Less time will be wasted on trying to problem solve space issues and more time will be spent on completing the evaluation and focusing on the individuals immediate needs. We hypothesize that this expedited interview process will also help us to jumpstart a client's journey to recovery and help them get appropriate services in a timelier manner.
- 2) The expansion would help to close the critical gap in the continuum of care for community-based crisis services. PES Services would be more accessible and connections to psychiatric hospitals, mental health/substance abuse services, and other community referrals can proceed without the process being abruptly halted by wait times and lack of space.

- When the renovation is for administrative services, describe how the administrative offices augment/support the Counties ability to provide programs/services, as set forth in the County's Three-Year Plan.

Not applicable.

- When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the Counties capital interest in the renovation and use of the property.

Not applicable. Renovation is for a Sutter County- owned building

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable. Complete all that apply.

Please see the Proposal Narrative for a full explanation of the intended purpose of the PES Expansion, including the program and services to be provided as result of the expansion.

- Children
- Transition Age Youth
- Adults
- Older Adults
- N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly 650-1000 contacts per month.

- 3) Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The project location will be located on the main campus of SYMHS in Yuba City, California. It is located within the SYMHS main building, where all of the mental health services and substance use services are provided for many of our MHSA programs. The identified project area is connected to the Psychiatric Health Facility, within the main SYMHS building. The facilities are served by the local bus service (main city transit service, not a special route) that stops directly at the SYMHS main campus. Route 2A busses run on a 30-minute schedule from 7AM to 6PM, daily and offer planned transfer capability to other lines at the Main Walton Terminal for the line. Other external bus lines also connect at the Walton Terminal for wider service.

- 4) Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes

- MHSA only (The part of the building being renovated)
- MHSA and other services

- If the building will be used for other purposes, the description should indicate the percentage of space that will be designated for mental health programs/services and supports and for other uses.

100% of the space will be utilized for mental health programs/services.

- Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.

Not applicable, will be used for mental health services only.

- 4) Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.

The project facility is on county grounds placing it within the maintenance scope of Sutter County Public Works activities. SYMHS has created an annual maintenance fund set-aside per year, in accordance with accepted prudent property management guidelines, to afford regular prudent maintenance of the facility.

Additional Information:

1. Leasing (Rent) to Own Building

Provide justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include a detailed description of length and terms of lease prior to transfer of ownership to the County.

Not applicable.

2. Purchase of Land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.

Not applicable.

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4. (Must be in accordance with WIC Section 5847 (a) (5))

Both restrictive and unrestrictive settings will apply within the project setting. While the program will embrace the MHSA principles of recovery and wellness, the program and building design will be conducive to the needs of those individuals in crisis with serious mental illness and/or serious emotional disturbances.

In accordance with WIC Section 5847 (a) (5), the PES expansion meets not just one, but all of the declared requirements:

- 1) There is an unmet need for a restrictive setting in order to adequately serve individuals with serious mental illness and/or serious emotional disturbance within the County.

There are no Crisis Residential Programs or Crisis Stabilization Units in Sutter or Yuba Counties for adults or children, which results in a significant unmet need and impeded timely access to needed crisis services, for the Sutter/Yuba counties' population. Secondly, the time it takes to conduct the PES evaluation through completed disposition may involve fairly brief periods of time or may span into days. The need for hospitalizations often exceeds the availability of inpatient beds at the SYMHS PHF or it may require a higher medical level of care than can be provided at SYMHS PHF, requiring that PES hold the individual in PES until a bed at a private psychiatric facility is located. Beds at private psychiatric hospitals are all out of the area and located in Sacramento or in the San Francisco Bay area. Numerous northern California counties

all compete for these private beds, frequently causing bed shortages and extended periods of time when there are no beds available for adults or children, regardless of the acuity of symptoms. This again results in a significant unmet need and impeded timely access to needed crisis services, for the Sutter/Yuba counties' population.

- 2) The needs of individuals with serious mental illness and/or serious emotional disturbance cannot be met in a less restrictive or more integrated setting.

The primary purpose of PES services is to be the first point of contact that can provide timely access to needed crisis services and possible future connections to referrals to our MHSA partnerships. Many times, the PES staff sees individuals who are very agitated, psychotic, and violent, and therefore need a safer and more secured personal area for the safety of the individual and the safety of other vulnerable individuals around them.

- 3) It is not feasible to acquire the restrictive setting with non-MHSA funds.

The PES Program Manager has attempted to obtain other sources of funding for the expansion, but has been unsuccessful in her efforts, as many of the available grants are very competitive.

- 4) The County has pursued and not obtained other sources of funding.

See above.

Exhibit 4

CAPITAL FACILITIES PROJECT PROPOSAL FACT SHEET

Project Location

Name of Project: PES Expansion

Site Address: 1965 Live Oak Blvd., Yuba City, CA 95992

Project Information

- New Construction
- Acquisition of an existing structure
- Acquisition and renovation of an existing structure
- Renovation of a County owned structure
- Renovation of a privately owned structure
- Purchase of Land
- Lease (rent) to own

Intended Use: Treatment Facility for our Full Service Partner

- Mental Health only (Includes facilities for integrated mental health substance abuse treatment)
- Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal	\$158,050
CSS Capital Facilities funds requested in this Project Proposal	\$ 0
Total	\$ 158,050

Priority Population (please check all that apply)

- Children
- Transition Age Youth
- Adults
- Older Adults
- N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly 650-1000

- Provide new services
- Expanded services

Please provide a brief description below

Sutter-Yuba Mental Health Services intends to use the Capital Facilities funds to improve the County's property and PES department's ability to provide locally-accessible and timely crisis evaluation and support. The existing PES infrastructure is unable to adequately and effectively serve the individuals of Sutter and Yuba Counties who are in need of crisis services.

Exhibit 5

BUDGET SUMMARY For PES Expansion Renovation Capital Facilities Project Proposal

A more detailed Budget summary will be added at a later date. Sutter County General Services has quoted the project at \$158,050 which is within the already requested and allocated funding amount for SYMHS Capital Facilities Projects.

BUDGET

Please see the funding summary of FY 15/16 below. The figures in the funding summary constitute our best estimation of funding and cost at the time of the Annual Update submission.

**FY 2015/16 Mental Health Services Act Annual Update
Funding Summary**

County: Sutter-Yuba Mental Health Services

Date: 5/4/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,383,410	988,836	1,513,641	731,559	197,550	
2. Estimated New FY 2015/16 Funding	\$4,712,000	1,178,000	310,000			
3. Transfer In FY 2015/16 ^{a/}	0					
4. Access Local Prudent Reserve in FY 2015/16						0
5. Estimated Available Funding for FY 2015/16	6,095,410	2,166,836	1,823,641	731,559	197,550	
B. Estimated FY 2015/16 MHSA Expenditures	5,952,802	816,581	265,947	180,000	158,050	
G. Estimated FY 2015/16 Unspent Fund Balance	142,608	1,350,255	1,557,694	551,559	39,500	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	673,950
2. Contributions to the Local Prudent Reserve in FY 2015/16	200,000
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	873,950

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