



# ***Sutter–Yuba Counties Mental Health Services Act***

***Community Services and Support (CSS)  
Implementation Progress Report  
For May 31, 2006 through December 31, 2006  
F/Y 2006/2007***

***June 2007***

Sutter-Yuba Bi-County Mental Health Services/CSS Implementation Progress Report

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**Letter from the Mental Health Director:**

Sutter-Yuba Bi-County Mental Health Services has completed a Draft Mental Health Services-Community Services and Supports (CSS) Plan Implementation Progress Report. The Report covers the period from May 31, 2006 when the State Department of Mental Health approved the Sutter-Yuba Bi-County Community Services and Supports Plan, through December 31, 2006.

This report is your opportunity to provide feedback on the CSS Implementation Progress Report. A public comment form is included as the last page of this report. A comment form is also posted at the Sutter-Yuba Bi-County Mental Health website. Your comments are important to us, and we value your suggestions and opinions.

At the end of the Public Comment period, the Sutter-Yuba Bi-County Mental Health Board will conduct a hearing on the Plan. The Public Hearing is scheduled for August 23, 2007. Upon approval of the report by the Mental Health Board, the report will be finalized and submitted to State Department of Mental Health.

Funding provided by the Mental Health Services Act provides Sutter and Yuba Counties with needed resources to serve individuals with psychiatric challenges. As demonstrated in this Progress Report, Sutter-Yuba Bi-County Mental Health has made an excellent start in implementing the MHSA Community Services and Supports Plan. This type of collaborative approach will also be used in developing plans for the use of funding provided by other MHSA components.

Respectfully,

Joan Hoss, LCSW  
Assistant Director of Human Services, Director of Mental Health  
Sutter-Yuba Mental Health Services

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## Purpose of Implementation Progress Report

The purpose of the Implementing Progress Report on the Initial CSS Three-Year Program and Expenditure Plan is to provide Sutter-Yuba Counties with an opportunity to:

- Provide a briefing on the implementation of the Initial CSS Three-Year Program and expenditure Plan;
- Highlight early successes and challenges; and
- Identify barriers and other issues needing further policy development and technical assistance.

## Background

The Mental Health Services Act (MHSA), Proposition 63, was approved by California voters in November 2004 and became effective January 1, 2005. The MHSA provides access to services for identified unserved/underserved clients in new or expanded programs, but may not replace or supplant existing services.

Counties were required to develop a three-year MHSA Community Services and Supports (CSS) Program and Expenditure Plan. In accordance with this requirement, Sutter-Yuba Mental Health developed a MHSA CSS Plan that outlines proposed MHSA funded programs and services to be provided locally for FY 2005-06 through 2007-08. Sutter-Yuba's MHSA CSS Plan was developed through extensive community collaboration; including use of the MHSA webpage, focus groups, community presentations and "Town Hall" meetings and various other networking methods. Over 850 suggestions, comments or ideas along with 1,977 completed surveys were received from a multitude of community groups and individuals who participated in the Sutter-Yuba County's MHSA community outreach and information campaign. The MHSA CSS Plan will be updated annually based on funding revisions and other program considerations.

Funding provided by the Mental Health Services Act provides Sutter and Yuba Counties with needed resources to help serve individuals with psychiatric needs. As demonstrated in this Progress Report, Sutter-Yuba Mental Health has made an excellent start in implementing the MHSA Community Services and Supports Plan.

## Introduction and Overview

Sutter – Yuba Bi-County Mental Health received approval of its MHSA CSS Plan on May 31, 2006. The Plan contains six components:

1. 0 -5 yrs Seriously Emotionally Disabled (SED) Youth – a Full Service Partnership (FSP) for children five and under.
2. Urgent Services Team for Seriously Emotionally Disabled (SED) children and youth.
3. Transition Age Youth Program - a Full Service Partnership (FSP) for transition aged youth.
4. Adult & Older Adult Co-occurring Disorder & Homeless Program – a Full Service Partnership (FSP) with a Wellness & Recovery Drop-In Center component
5. Older Adult Mobile Assistance Team
6. Ethnic Outreach and Engagement

As a result of these and other planned programs, unserved and underserved Sutter-Yuba Counties' residents will now receive vital mental health (MH) services, vulnerable populations will have improved access to care, and there will be an increase in culturally and linguistically appropriate services to improve outcomes.

In accordance with the MHSA CSS **Vision Statement** and **Guiding Principles**, services are designed to adhere to the following principles:

- Cultural and linguistic competency
- Promotion of resiliency in children and their families, and recovery/wellness for adults and their families
- Increased access to services, including timely access and more convenient geographic locations for services
- Services that are more effective, including evidence-based or best practices
- Reduced need for out-of-home and institutional care, maintaining clients in their communities
- Reduced stigma towards mental illness
- Consumer and Family participation and involvement
- Increased array and intensity of services
- Screening and treatment for persons with dual diagnoses
- Improved collaboration between mental health and other systems (education, law enforcement, child welfare, etc.)
- Services tailored to age-specific needs
- Address eligibility gaps by serving the uninsured and unserved

## Implementation

Since receiving the Mental Health Services Act (MHSA) CSS approval, Sutter-Yuba Bi-County Mental Health has been extremely busy with the implementation efforts of the first phase of the plan. This phase includes the basics of building the foundation of the CSS plan program: obtaining appropriate approvals; developing and implementing infrastructure elements; hiring staff; contracting with providers; locating office space; and obtaining office equipment and supplies.

The first step was to present the MHSA budget to the Board of Supervisors (BOS) at the county budget hearings. The Board of Supervisors approved the budget and the request to hire MHSA staff on June 27, 2006.

On July 25, 2006 another important goal was achieved when the BOS approved the establishment of the classification of Resource Specialist and allocated four Resource Specialist positions to the Mental Health Division. The four new positions: Vocational Resource Specialist, Housing Specialist, Parenting Educator Resource specialist and Consumer Self-Help Resource Specialist are vital to Sutter-Yuba's Mental Health's service system transformation and the MHSA Community Services and Supports Plan Full Service Partnership (FSP) programs. This team of Resource Specialists will work to ensure that consumers receive the "whatever it takes" in all of the FSP program and will also be an important part of the other MHSA programs as time allows.

**1) The Vocational Resource Specialist** will act as a liaison in the community, assisting potential employers to better understand mental illness and provide the consumer with support. In addition to this key role, the Vocational Resource Specialist will oversee job preparation training, which includes pre-employment classes aimed at identifying the individual client's skills and interests; workplace responsibilities; managing symptoms and stress in the workplace, grooming and dressing for success; successful job application and interviewing techniques and communication skills. The job specialist is creating connections with job coaches to help clients succeed in jobs and with career counselors to help clients discover their vocational strengths.

**2) The Housing Resource Specialist** will coordinate with existing housing programs; develops partnerships with local landlords; assists clients in locating affordable temporary/ emergency/ transitional/ permanent housing. The Housing Specialist will assist clients with paper work and navigating systems in order to avoid homelessness.

**3) The Parenting Educator Resource Specialist** offers parenting skills training. It is important to note that ineffective parenting due to parental difficulties (co-occurring disorders - substance abuse and mental illness) was the number one issue of concern identified in the MHSA community planning process for the child/youth age group. The Parenting Educator Resource Specialist position was created in direct response to feedback given by the local community.

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May 31, 2006 through December 31, 2006

The parenting skills training will be based on the best practice; the Nurtured Heart Approach. The Nurtured Heart Approach is an amazing set of strategies developed specifically for children with challenging behaviors. Often parents have tried many parenting techniques only to become discouraged when they do not work well. This approach works with children who have not responded well to traditional techniques, and will facilitate parenting success. Children whose parents learn to energize them are much more likely to do well in school, have healthy self esteem, exhibit empathy and pro-social behavior and avoid high-risk activities such as drug use, truancy, and criminal activity.

**4) The Consumer Self-Help Resource Specialist** will be a resource to consumers and family members to help them navigate the mental health system by linking them to appropriate mental health and community services. The Consumer Self-Help Resource Specialist will provide mentoring and training to consumers and family member employees in a “train-the-trainer” approach; Consumers and family members will then provide consumer and family member mentoring, wellness, resiliency and independent living skills training. The Consumer Self-Help Resource Specialist will be involved in soliciting consumer and family member satisfaction feedback, and will work to develop a core leadership group of consumer and family member advocates that will be involved in every aspect of the MHSA and MH service planning and evaluation process including quality improvement activities.

It is important to clarify that this position is part of the Mental Health (MH) budget's SAMHSA (Substance Abuse and Mental Health Services Administration) funding. This position is mentioned in this report because it is a fundamental part of the resource specialist team and has a key role in MHSA and MH system transformation.

We have successfully hired all four Resource Specialists. Fifty percent (50%) of the Resource Specialists hired represent two of Sutter-Yuba counties' underserved populations; the Asian Indian / Punjabi speaking and the Older Adult population. A challenge to phase one implementation has been that two of our resource specialists (Vocational and Parenting Resource Specialists) were not hired until October 2006, and a third resource specialist (Housing) was on leave for more than one month during this reporting period. The staffing difficulties were overcome by having the remaining Resource Specialists job-share duties.

On December 9, 2006, an important milestone was reached when the BOS approved expanding our contract with Quest to provide employment brokerage and payroll services to clients and family members. Through this contract, recovering clients and family members will be hired to provide mentoring, wellness, resiliency and independent living skills training. These individuals will be integral to the MHSA service delivery system.

Program implementation activities are proceeding as described in the Sutter-Yuba Counties Mental Health Services Act (MHSA) Community Services and Support (CSS) Plan during the reporting period of May 31, 2006 through December 31, 2006. The Transitional Age Youth (TAY) FSP was the first of Sutter-Yuba Counties' FSP to become operational. The TAY program began providing services in November 2006. The program has generated a lot of positive feedback from the community, community partners and from the student attendees. It has had a waiting list since inception which is noteworthy and speaks to the needs of this underserved population.

Implementation challenges include staffing challenges, finding appropriate space to provide services, contract delays and, developing the "after-hours" supports for the FSP services. Procedural items that still need to be resolved in the county system is how to provide a mechanism for funding that would allow the TAY Team to immediately access funds when needed to provide "whatever it takes".

Below is a summary of the progress made in implementing the programs included in the Sutter-Yuba Bi-County MHSA Plan – CSS Component.

## **MHSA Programs**

### **1. Program Services Implementation**

- a) The County is to briefly report by each service category (i.e. Full Service Partnerships, General System Development and Outreach and Engagement) on how the implementation of the approved programs/services is proceeding. The suggested length of the response to this section is two to three pages per each service category. Small counties may combine service categories and provide a comprehensive update in two to three pages.
  - Report on whether the implementation activities are generally proceeding as described in the county approved plan and subsequently adopted in the MHSA Performance Contract. If not, please identify the key differences.
  - Describe the major implementation challenges that the County has encountered.

## **Full Service Partnership Programs**

### **0-5 years, SED Children's Full Service Partnership**

Sutter-Yuba is expanding services to children through a 0 - 5 years, Seriously Emotionally Disabled (SED) Children's Full Service Partnership. The goal is to provide wrap-around services to this population. Wrap-around means that staff will provide "whatever it takes", with the resources available to support the child and family. These services will include an evidenced based parenting program. This program is designed to serve children who are at risk of an out-of-home placement or homelessness due to serious mental illness. As



was evident by the prevalence data, this is Sutter-Yuba's most underserved child population, and has the most potential to need intensive and expansive treatment over the longest time should they go untreated. As indicated in the plan, up to 10 families will be identified to receive this level of care annually by the end of the third year of the CSS plan.

Staff for this program will consist of a Mental Health Therapist (team leader), one Intervention Counselors, one Parent Partner, plus the assistance of the four Resource Specialists (housing, vocational, parenting and consumer advocate).

The plan was approved May 31, 2006 so the estimated start date of April 2006 could not be met. During the period of May 31, 2006 through December 2006, the lead therapist for the 0-5 SED FSP was successfully identified and hired for this position. An experienced Sutter-Yuba Mental Health therapist was transferred into the position in August 2006. Hiring an existing therapist has been advantageous because this therapist already understands the county mental health policies and procedures, knows how to navigate the system and has established relationships with some partner agencies and this existing knowledge should aid program implementation.

Even though Sutter-Yuba was very successful in obtaining BOS approval to hire MHSA staff in June 2006, the hiring process has moved slowly. As of this reporting period the Intervention Counselor position and the Parent Partner positions have not been filled. Sutter-Yuba is using two different recruitment processes;

1) County employees are hired through the county employment process and,

- The County hiring process that requires us to exhaust the current candidate list before opening a new recruitment has caused delays in the hiring process.

2) Parent Partner and Consumer employees are to be hired through expansion of a contract Sutter-Yuba has with Quest to provide employment brokerage and payroll services to clients and family members.

- The parent partner hiring was delayed until the QUEST contract could be expanded and approved by the BOS. Sutter-Yuba successfully received approval of the expanded contract on December 9, 2006, and has taken appropriate steps to move forward with recruitment of the Parent Partner. We expect the 0-5 years FSP team to be fully staffed during the first few months of 2007.

One of the biggest challenges has been the inability to locate and secure an appropriate space that would allow for developmentally appropriate play activities and other program services. Until a suitable space can be found, the lead therapist is continuing to provide mental health services, and attending specialized training. The lead therapist has successfully completed a four day intensive training (October 24-27, 2006) at The Therapy Institute for training in the recommended practice: Marschak Interaction Method (MIM) and

Theraplay. On December 6, 2006, the lead therapist attended the best practice training Cognitive Behavioral Therapy (CBT) for treatment for posttraumatic stress in preschool children.

In summary, implementation challenges include getting the program fully staffed; appropriate space to provide services, staff hiring, contract development, (negotiating and approval), and developing the “after-hours” supports for the FSP services. Procedural items that still need to be resolved in the county system is how to provide a mechanism for flexible funding that would allow the CARE Team immediate access to funds as needed to provide the “whatever it takes”.

Except for the anticipated start date change, the program is generally proceeding as described in Sutter-Yuba Counties’ MHSA Plan. We anticipate that the program will be fully staffed and operational by early 2007.

### **Forté Academy / Transitional Age Youth Full Service Partnership**

The Forté Academy / Transitional Age Youth (TAY) Full Service Partnership (FSP) is a client centered wraparound program. The TAY program promotes success in school or job, safety, wellness and recovery through a “whatever-it-takes” approach. The TAY program provides 24 hours per week / 7 days per week (24/7), intensive wraparound services, community-based mental health services, youth and parent mentoring, supported employment and education, transportation, housing, benefit acquisition, respite care, co-occurring disorders treatment services, etc. The goal of the TAY program is to assist young people between the ages of 16 to 25 with severe mental illness/emotional disturbance that result in significant social, emotional, educational, and/or occupational impairments. Youth that are homeless (or at risk of), gang involved (or at risk of), aging out of the foster care/probation/youth mental health systems, young woman with self-harming high risk behaviors, those with co-occurring mental health and substance abuse disorders, and youth whose cultural identity places them in underserved populations within our community are appropriate candidates for the TAY program.

More specifically, we are striving to improve the overall quality of participant’s lives rather than just reducing negative psychiatric symptoms. This is being accomplished in the Forté Academy FSP program by having a focus on the instillation of hope, wellness and resiliency. Exposure to new ideas, activities, places and ways of being are greatly emphasized in order to improve the quality of their lives. In addition, by attempting to reduce incarcerations, homelessness, and psychiatric hospitalizations we believe that the quality of life for our participant’s will be greatly improved.

Staff for this program will consist of a Mental Health Therapist (team leader), two Intervention Counselors, 2-3 Peer Mentors, plus the assistance of the four Resource Specialists.

The TAY program is the first full service partnership to be up and running and has made great strides in implementation during this time period. The first success was creating the

TAY team. The team leader was promoted to a Mental Health Therapist III position and began performing as the team leader in August 2006. Two Intervention Counselors applied for and were laterally transferred to the TAY program and two peer mentors were hired, plus, the Resource Specialists were hired.

The team began reading research and materials specific to serving the TAY population. As part of training, the TAY program manager, team leader, and two intervention counselors attended The Village TAY Immersion Academy in Los Angeles County on October 23 and 24, 2006. The team visited their TAY site, learned about their philosophy and the services offered, received training in using a harm reduction model, met some of their staff as well as clients, and toured their housing facility.

Upon returning from The Village the team was highly motivated and met daily in order to plan services. The Sutter-Yuba TAY program was named the Forte` Academy, and the program was structured similar to a school with a curriculum that focuses on different life domains; wellness, housing, money management and career development. For example, on a given week the classes presented might be You Pay Where You Lay (housing), Wednesday Wellness (wellness and recovery), Bling-Bling (financial management skills). The Real World is an after class opportunity to learn about and visit a resource in the community that connects with the topic presented that day.

The Forte` Academy started in November 2006. The classes are taught by a variety of the TAY team as well as by different guest speakers in the agency and the community.

In the summer of 2006, well before the TAY program was up and running, the Program Manager met with community partners (such as CPS and Probation) to publicize the new MHSA program, explained admission criteria and the referral process. In addition, the team leader attended multiple inter-agency meetings for outreach, to provide information and direction on the program and referral process. In October 2006, the formal referral form was created and a policy and procedure was developed. The process is as follows: The referring party completes the TAY referral form, the referring party has the client (or client's parent/guardian if under the age of 18 years old) review and sign an Interagency Release form, the completed form is sent to the team leader for review, the team leader reviews the appropriateness of the referral and determines if the student is accepted into the program, placed on a waiting list, or declined, the referring party is notified of the disposition of the referral within two weeks.

The Forte` Academy / TAY Program's current capacity is ten individuals and the maximum capacity is 15. By the end of this reporting period 27 referrals had been received, 15\* of the referrals were approved and 6 individuals were enrolled. \*(Five of the 15 referrals were not enrolled because two moved out of the area, two could not be located and one declined to participate in services.) Of the six enrolled two are female and four are male. The ethnicity of those six: two are African American/Hispanic, one is Asian, one is Native American/White and two are White.

During this reporting period the program experienced staffing challenges:

- The Employment Specialist who had to take an extended medical leave. The existing team stepped up and filled in the gap left by her absence to assist with employment assistance to overcome this challenge.
- One of our peer mentors took leave due to medical issues. However, the other peer mentor was able to devote enough time to meet the students' needs.

Other challenges include:

- Another challenge was that the program site had limited space and it was not very appealing for young people. Currently, there are no funds to acquire a larger space; however, the uninviting atmosphere has been overcome by giving the existing space a face lift with new paint, furniture, and artwork, making it much more attractive and youth friendly.
- The inability to access flexible funds within the County funding structure has been a challenge to provide the "Whatever It Takes" of the FSP.

The Transitional Age Youth (TAY) Full Service Partnership (FSP) has been a standout success. The program was acknowledged and celebrated at the Sutter-Yuba Bi-County Mental Health Services' quarterly staff meeting as the first Sutter-Yuba Counties' FSP to become operational. The TAY program began providing services in November 2006. The fact that the program has had a waiting list since its inception is noteworthy and speaks to the need of this underserved population.

Except for the anticipated start date change, the program is proceeding as described in Sutter-Yuba Counties' MHSA Plan.

### **HOPE, (Healthy Options Promoting Empowerment) / Adult & Older Adult Full Service Partnership & Wellness Drop-In Center**

The Adult & Older Adult Full Service Partnership (FSP) program is designed to help adults and older adults with co-occurring mental health and substance abuse disorders to reduce the long term adverse impacts of untreated mental illness. The FSP program's focus is on doing "whatever it takes" with the resources available to help people meet their individual recovery goals. The program provides the services necessary to help a person with serious mental illness (SMI) live successfully in the community rather than in jails, hospitals, institutions or the streets. Those participating in the FSP program will have services available to them 24 hours a day, 7 days per week.

Using a "whatever it takes" approach, specific services include a wellness & recovery drop-in/self-help center that is client run and which promotes self-help, anti-stigma, and provides an advocacy program as well as peer education. Mental Health treatment services include psychiatric assessments and medication management; integrated counseling and treatment services for those with both mental illness and substance abuse. In addition, Seeking Safety (a harm reduction program for those who have been traumatized and are

abusing substances) will be offered to clients. The Resource Specialists will help promote successful independent living by offering specific housing, employment and educational opportunities.

This program will be integrated with current Homeless Mentally Ill (HMI) services provided through the Salvation Army.

The HOPE team staff consists of a Mental Health Therapist (team leader), two Intervention Counselors, and a half-time LPT/LVN (shared 50% with the Older Adult team), three full-time Peer Mentors, plus the assistance of the four Resource Specialists

On October 28, 2006, the lead therapist for the Adult and Older Adult FSP was successfully identified. An experienced Sutter-Yuba Mental Health therapist was transferred into the position. The transfer of an existing therapist is advantageous because this therapist already understands the county mental health policies and procedures, knows how to navigate the system and has established relationships with some partner agencies and this existing knowledge should aid program implementation.

Even though Sutter-Yuba was very successful in obtaining BOS approval in to hire MHSA staff in June 2006, the hiring process has moved slowly. As of this reporting period the two Intervention Counselor positions and the three full time Peer Mentors positions have not been filled.

Sutter-Yuba is using two different recruitment processes; 1) County employees are hired through the county employment process and, 2) Parent Partner and Consumer employees are to be hired through expansion of a contract Sutter-Yuba has with Quest to provide employment brokerage and payroll services to clients and family members.

The parent partner hiring was delayed until the QUEST contract could be expanded and approved by the BOS. Sutter-Yuba successfully received approval of the expanded contract on December 9, 2006, and has taken appropriate steps to move forward with recruitment of the Peer Mentors. We expect the Adult and Older Adult FSP team to be fully staffed by April 2007.

Locating a facility and executing the contract agreement with the Provider has taken longer than expected, which has caused a delay program implementation. A plus is that the Adult/Older Adult FSP and Wellness and Recovery center site has been located. Unfortunately, the site is not as large as we had hoped it would be; however, it is welcoming and has the advantage of having laundry and kitchen facilities for client use. Plans for remodeling the building are being negotiated and the landlord expects that the remodel will be complete by February 2007. Unfortunately, the staff can only provide limited MHSA services until the site is available; in the meantime staff will continue providing some mental health services.

In summary, implementation challenges including hiring staff, finding appropriate space to provide services, consumer and facility contract development, and developing the "after-

hours” supports for the FSP services. Procedural items that still need to be resolved in the county system is how to provide a mechanism for flexible funding that would allow HOPE team to access funds as needed to provide the “whatever it takes” for the FSP program.

Except for the anticipated start date change, the program is proceeding as described in Sutter-Yuba Counties’ MHSa Plan. We anticipate that the program will be fully staffed and operational by early a May 2007.

## **Outreach & Engagement**

### **BEST (Bi-County Elder Services Team) –Older Adult Mobile Outreach**

The BEST - Older Adult Mobile Outreach Team was created to provide services for unserved or underserved older adults (60 years plus) with a serious mental illness who are, or are at risk of being homeless, who may also have a co-occurring disorder (mental health and substance abuse), and who are unwilling or unable to access traditional services. Many of these individuals are isolated physically or geographically and determined to be unserved or inappropriately served in the Sutter-Yuba Bi-County area. The program will advance the goals of the MHSa by enabling those who participate to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers.

Staff of this team consist of a Mental Health Therapist (team leader), and a half-time LPT/LVN (shared 50% with the Adult/Older Adult team), and a full-time Peer Counselor. Additional supports, such as specialty mental health services, like psychiatrist time, will be provided through Sutter-Yuba Mental Health Services. The program will also have access to the services and expertise of the four Resource Specialists.

In August 2006 lead therapist for the BEST was identified but wasn’t able to transfer to the new position until October 14, 2006. The good news is that the MHSa lead therapist comes from within the mental health system and knows the organization and community. The bad news is that it took a long time to hire to fill behind this therapist on the Mental Health side, and this caused program implementation delays. Another challenge to program implementation has been the ability to find and hire other team members; the (shared) LPT/LVN and the Peer Counselor have not been hired yet.

The team leader/therapist is very enthusiastic and eager to provide MHSa services to the older adult age group and has hit the floor running. By the end of this review period the team leader has numerous outreach events planned for early 2007. He has also completed extensive research about this population including evidenced-based practices such as the PATH program.

BEST will have an office at the Salvation Army site in the same space as the Adult/Older Adult FSP. The co-location of teams will allow BEST to lend their gerontology expertise to

the Adult/Older Adult team FSP team. In addition to the Salvation Army site, BEST will provide services in various locations throughout the Sutter – Yuba Bi-County area, including primary care sites, Senior Centers and individuals' homes.

BEST provides mental health screenings, psychosocial assessments, education (to providers, family/caregivers and the community), outreach, peer-delivered services, and support, assistance and access to proper mental health services and/or proper referrals to other needed services such as physical health care, substance abuse assistance, social service needs, housing, etc. The Resource Specialists will assist with housing needs, to decrease the risk of homelessness, and to assist with vocational desires or interest. BEST will work closely with the Ethnic Outreach Team to ensure that the older adults' cultural or ethnic needs are appropriately addressed.

The parent partner hiring was delayed until the QUEST contract could be expanded and approved by the BOS. Sutter-Yuba successfully received approval of the expanded contract on December 9, 2006, and has taken appropriate steps to move forward with recruitment of the Peer Mentor. We expect the BEST will be fully staffed by April 2007.

Locating a facility and executing the contract agreement with the Provider has been taken longer than expected, which has caused a delay in program implementation. A plus is that the site has been located. The site is not as large as we had hoped it would be but the site is welcoming and will have laundry and kitchen facilities. Plans for remodeling the building are being negotiated and the landlord expects that the remodel will be complete by February 2007.

During this review period the lead therapist for BEST attended specialized training for the older adult populations including:

- November 13, 2006, attended the Neuropsychiatry Symptoms and Diagnostics of Dementia – a professional program in aging and mental health.
- November 17, 2006, attended the Sac. Area Council of Governments (SACOG) Senior and Disabled Mobility Study.
- December 11, 2006, attended the American Academy of Bereavement-Grief Counseling, Cutting Edge Strategies & Clinical Intervention. Topics covered included; continuing bonds, steps in healing, spiritual and cultural dimensions of grief.
- December 2006—Did several on-line trainings on American Society on Aging website ([www.asaging.org](http://www.asaging.org)) on evidenced-based practices, cognitive-behavioral therapy, interpersonal therapy, problem-solving therapy and on the Get Connected toolkit.

Except for the anticipated start date change, the program is generally proceeding as described in Sutter-Yuba Counties' MHSA Plan. Unfortunately, the staff can only provide limited MHSA services until the entire team is hired. We anticipate that the program be fully staffed, moved to a permanent location and entirely operational by early May 2007.

## **Ethnic Outreach & Engagement Program - Targeted Outreach: Latino, Hmong and Asian Indian**

The Ethnic Outreach & Engagement Program consists of three targeted outreach teams that have been established for our major underserved ethnic bilingual/monolingual populations: Latino, Hmong and Asian Indian. The program will advance the goals of the MHSA by enabling participants to obtain and maintain positive social connections; have access to integrated mental health and drug/alcohol treatment; obtain assistance to engage in meaningful activity such as employment or education/ training; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have individualized service plans which recognize the uniqueness of each person within the context of their ethnic/racial/cultural identity.

This program will also allow a reduction in disparities for the identified ethnic groups who are now underserved in our community; providing improved access through the provision of services in community settings actively utilized by these populations; improved integration with mental health and substance abuse services, or a single provider of mental health and substance abuse services 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 supporting wellness and recovery

Each of the programs will be intergenerational, serving children, youth, transitional-aged youth, adults and older adults within that cultural group. Within these broader categories, females will be specifically targeted as they are more likely to be underserved in our entire system, and also specifically within these cultures.

### ***Latino Outreach & Engagement***

The Latino outreach/service team consists of two bicultural/bilingual Mental Health Therapists who are proficient in co-occurring mental health and substance abuse disorders; an adult specialist and a child specialist.

The Latino team has been fully staffed during this review period. Two bilingual and bicultural Mental Health Therapists have been hired. One Latina Therapist is a long time employee of SYCMH and transferred into MHSA as the Lead Therapist for the Ethnic Outreach Program and will primarily work with Adult clients. The other Latina therapist comes from a Social Service/Mental Health background and will work with Latino youth.

On September 19, 2006 a meeting was held with the CEO of Del Norte Clinics, their administrator and our Latina therapist to discuss placing mental health therapists on site at their clinics. This meeting was in direct response to feedback given during the MHSA planning process. The Latino committee suggested that integration with primary care physicians and mental health therapists would provide easier access to Latino clients because they frequent their primary care physicians first for help, when not feeling well.



Placing a mental health therapist on site at the clinics would be helpful to clients and would increase opportunities to obtain service, plus it is expected that more Latino clients would seek service because of the reduction in stigma. On September 26, 2006 our Latina therapist met with the Board of Directors to present to the Board this proposal. On November 6, 2006 another meeting was held with the Mental Health Director, Deputy Director, our Latina therapist and their Board to discuss the matter further. The Board members and staff at Del Norte Clinics were very enthused and approved the proposal. Currently, an MOU is being written to facilitate the co-location of services.

On November 8-9, 2007 the Lead Latina Therapist for Adults and the Latina Youth Therapist attended the Cultural Competence and Mental Health Summit XIII. The two day summit focuses on the provision of high quality mental health care to underserved populations, providing cutting edge information and research outcome studies that assist in increasing access for all.

On November 15, 2006 our Latina therapist met with 35 Latino individuals to provide them with information about mental health services. They were given a brochure written in Spanish on the various programs in Mental Health.

The Latino outreach program has already had noteworthy successes including that two bicultural / bilingual staff members have been hired and efforts have been successful to negotiate the co-location of mental health staff at a physical health facility. The Latino outreach program is proceeding as describe in Sutter-Yuba Counties MHSa Plan.

### ***Hmong Outreach & Engagement***

The Hmong outreach team will consist of a Hmong speaking bilingual/bicultural therapist and a Hmong speaking bilingual/bicultural intervention counselor and a peer mentor. The Hmong outreach program will also have a community/socialization center in Yuba County. This center will provide social supports and at the same time, it will be a place to deliver mental health, social services, probation, and employment services in collaboration with Yuba County Probation and Yuba County Health and Human Services Departments.

Sutter and Yuba Counties has met an important milestone during this reporting period; a bicultural/bilingual (Hmong speaking) therapist was hired and began working on August 19, 2006, as the Hmong team leader. Another successful highlight is that a socialization/rehabilitation group has been established for the Hmong population, facilitated by our Hmong therapist.

On December 15, 2006 our Hmong therapist met with 30 Hmong individuals to discuss Mental Health services and she provided them with a brochure written in Hmong about those services.

Finding a facility for a one stop service center for the Hmong population as outlined in the Mental Health Services Act Plan has been a challenge. The Hmong therapist has been working diligently to locate a site in the community for a Hmong community/socialization

center, but has not been successful to date. Not having a Hmong community center is a significant barrier to the Hmong population accessing services. The Hmong community/socialization center will be a place that the Hmong population can receive culturally appropriate and sensitive services and will be a place that the Hmong can socialize. In the interim and to overcome this barrier Sutter-Yuba Counties' MHSA staff have been providing transportation for Hmong clients so that they can receive needed MHSA services.

One challenge the Hmong therapist has faced is that delays in securing and remodeling other MHSA program sites has caused a high demand for office space. To overcome this problem the Hmong Therapist has been rotating offices until a permanent office can be secured. This problem is expected to be resolved in early 2007.

On November 8-9, 2007 the Hmong Therapist attended the Cultural Competence and Mental Health Summit XIII. The two day summit focuses on the provision of high quality mental health care to underserved populations, providing cutting edge information and research outcome studies that assist in increasing access for all.

On December 12-13, 2007, the Hmong Therapist attended the Asian American and Pacific Islander (AAPI) Scientific Conference. The conference showcased AAPI research (transitional and community-based settings) and highlighted applications of addiction research among Asian and Pacific Islander populations.

The Hmong outreach program is proceeding as described in Sutter-Yuba Counties' MHSA Plan.

### ***Asian Indian Outreach & Engagement***

The Asian Indian/Punjabi outreach will involve a bicultural/bilingual Punjabi speaking mental health therapist who is a child specialist, and who is or can be trained to become a dual diagnosis mental health/substance abuse specialist.

Sutter Yuba Bi-County Mental Health (SYCMH) is proud to announce a bilingual/bicultural (Punjabi/Asian Indian) individual is scheduled to be hired for our Asian Indian Ethnic Outreach Program on January 8, 2007. In an effort to grow-our-own, bilingual/bicultural therapists, SYCMH is going to under-fill the existing MHSA CSS Plan Mental Health Therapist position with a Resource Specialist. This (Punjabi Speaking /Asian Indian) individual is half way through the MFT program. Until the MFT program is completed the new Resource Specialist will receive field placement training and dual diagnosis (substance abuse) training. After the completion of the MFT internship, this individual will be promoted and will work as a waived Mental Health Therapist.

In direct response from MHSA community feed-back that the Asian Indian population would prefer to receive services at the Health Department, the Punjabi/Asian Indian resource specialist will be co-located at the Sutter County Health Department

Another milestone was achieved when we successfully hired a bilingual/bicultural (Asian Indian/Punjabi speaking) Housing Resource Specialist on July 12, 2006. This individual will be another resource bilingual/bicultural resource for this population.

Even though the Asian Indian outreach program was not serving clients during this reporting period Sutter-Yuba Counties has made great strides in getting this program operational. Finding staff was a roadblock and Sutter-Yuba Counties overcame this by using the “*grow-our-own*”, *approach* (describe *above*) to staff this program and meet the needs of the underserved Punjabi speaking Asian Indian population. Sutter-Yuba Counties is celebrating the ingenuity and innovation of this decision, and will monitor its progress for future use.

## **System Development Services**

### **Urgent Youth Services Team (UYST):**

The Urgent Youth Services Team (UYST) was created to provide intensive services to children/youth (18 years and younger) who have an acute mental illness and are at the greatest risk of harming themselves or others. The Urgent Youth Services Team consists of a Mental Health Therapist (team leader), an Intervention Counselor, a Parent Partner and a part-time Youth Mentor. This program will advance the goals of the Mental Health Services Act (MHSA) by enabling Seriously Emotionally Disabled (SED) children/youth to remain in their communities, in their home, at school and out of the legal system.

The team will integrate other supports and resources when identified as being needed, such as Therapeutic Behavioral Services (TBS), wraparound services, and Evidence Based Practices that SYMHS already offers like Multidimensional Treatment Foster Care.

The Parent Partner and Youth Mentor will be used to assist with engagement and support to the families and youth experiencing a high level of distress. Psychiatric assessment and medication support will be provided if needed. The therapist will carry a small caseload of youth and will provide individual and family therapy. The family therapy will be an evidence based model, either Functional Family Therapy or Strategic Family Therapy depending on the age of the youth and their presenting issues. The intervention counselor/case manager will assist the youth to increase positive social, educational and community activities, by promoting skill development and coping strategies. Development of the individualized treatment plan will be youth and family driven.

UYST receives referrals primarily from school based counselors, Sutter-Yuba Mental Health Services (SYMHS) Psychiatric Emergency Services and Children’s Outpatient Services, MHSA Ethnic outreach programs and other community providers.

The lead therapist received training in strength based models of therapeutic intervention including Brief Strategic therapy and Seeking Safety. The therapist also attended training in alcohol and drug treatment. The parent partner and lead therapist were trained in strength based parenting using Nurtured Heart Approach. The therapist and parent partner

attended the Cultural Competence and Mental Health Summit XIV in November, 2006 for training in cultural competency.

The parent partner received training in HIPAA and Code of Conduct for Sutter Yuba Mental Health. The therapist trained the parent partner in parent partner skills using the Individualized & Tailored Care/Wraparound Parent Partner Training Manual by Patricia Miles, written in 2001. The Parent Partner attended a peer counseling seminar on *Boundaries in Personal and Professional Relationships*. She attended a seminar on *Motivational Interviewing* presented by Sutter-Yuba Mental Health drug and alcohol programs. She was also honored at the Consumer Employee Recognition Brunch on November 7, 2006.

UYST members are Caucasian / English speaking. In order to successfully serve clients from other cultures, the bilingual/bicultural outreach therapists, intervention counselors, case managers and Language Line Services were utilized to support the team in understanding cultural issues and in improving communication with families whose primary language is other than English. Cultural healing practices were encouraged and respected.

During this review period, the therapist met with the Psychiatric Emergency Services (PES) Supervisor to develop procedures and clear communication for transitioning youth from PES to services with the UYST. A schedule of open appointments was developed and provided to PES staff to assist PES staff in giving a firm appointment with the UYST to families before leaving Psychiatric Emergency. A letter was also developed to give to parents by the PES staff that explained where to go and what to bring to the UYST appointment. Therapist also attended periodic PES staff meetings to keep communication clear. When requested and available, the UYST therapist went to Psychiatric Emergency to consult with the PES supervisor regarding a youth.

During this reporting period 25 families were served by the Urgent Youth Services Team (UYST).

- Hospitalization after contact with UYST
  - Only one youth was hospitalized following contact with the UYST.
- Recidivism to Psychiatric Emergency after contact with UYST
  - Only four clients returned to Psychiatric Emergency Services in crisis and each of these clients returned only one time each. *This equals an 84% success rate for non-recidivism to PES*
    - Three of those clients returned home following their visit to PES.
    - For two of these youth, parents had not followed through on treatment after meeting with the UYST.
    - A third youth returned to PES while in treatment as a precaution because of parent's fear of CPS involvement not because of actual suicide risk.
- Over 50% of youth saw the UYST within 48 hours of visit to PES.
- The UYST successfully served clients with parents who primarily spoke Spanish or Hmong by using MHSA ethnic Staff and the Language Line Services.

The parent partner provided support to parents through phone calls and face-to-face meetings. She gave parents the opportunity to talk about their experience of having a child needing mental health services, was encouraging, supportive, provided family interventions and helped parents to feel more comfortable by sharing some of her own experience as a parent.

A challenge to program implementation has been the hiring process. The program was initiated with only one of 4 team member positions active. A second member, the parent partner, was added to the team during the on September 29, 2006. The team will be fully staffed by the first part of 2007.

Some phases of the program have not yet been initiated such as outreach education regarding early identification of at risk youth or successful intervention practices to school counselors and community based services for youth. With the exceptions noted above the Urgent Youth Services Team program is proceeding as specified in the CSS plan.

**b) Highlight the County's key transformational activity/activities in any of the five essential elements:**

**Community Collaboration**

Community collaboration refers to the process by which various stakeholders including groups of individuals or families, citizens, agencies, organizations and business work together to share information and resources in order to accomplish a shared vision. During this review period, Sutter-Yuba counties are working to establish many collaborations including co-locating services at the Health Department, Del Norte Clinic and the Salvation Army.

Outreach events were conducted at Cedar Lane Elementary School on December 15, 2006 and at St. Isidore's church on November 15, 2006, and many more outreach events and community collaborations are being planned for early 2007.

In an effort to promote the philosophy of the MHSA, mental health staff look to include stakeholders and partner agencies in treatment services, program planning and implementation. It is second nature for staff to automatically ask the question: *"Who should be at the table with us for this discussion"*.

Staff also attend trainings in an effort to learn how to create community collaboration.

- December 5-6, 2006 the Housing Resource Specialist, TAY FSP team lead and Adult /Older Adult FSP team lead attended the training: Creating Community 2006: Next Steps on MHSA

## Cultural Competence

Sutter-Yuba MHSA CSS Plan had many successes during this reporting period in promoting cultural competence and equal access to services for all ethnic groups. Some of these successes included hiring bilingual/bicultural staff, attending training that promoted cultural competence and creating resource materials. The following is a list of some of these accomplishments:

- As stated earlier, many of the new staff members for the MHSA program bilingual/bicultural Spanish, Hmong and Punjabi Speaking.
  - ✓ A bicultural/bilingual Mexican/Spanish Speaking Adult MHSA Therapist was hired
  - ✓ A bicultural/bilingual Latino/Spanish Speaking Youth MHSA Therapist was hired
  - ✓ A bicultural/bilingual Hmong Speaking Adult MHSA Therapist was hired
  - ✓ A bicultural/bilingual Asian Indian/Punjabi speaking MHSA Housing Resource Specialist was hired
  - ✓ A therapist position was under-filled with a bicultural/bilingual Asian Indian/Punjabi speaking Resource Specialist in a “grow-our-own” approach to meeting the needs of this underserved population.
  - ✓ An older adult Consumer Advocate Resource Specialist was hired.
- To assist peer counselor staff, who will interface with these populations, training about these ethnic populations was provided September 26, 2007.
- The preparation of a desktop guide for staff, which will provide easy, accessible information about the ethnic populations, was also started during this time period.
- Brochures were also translated in Spanish and Hmong for these populations.
- Another successful highlight is that a socialization/rehabilitation group has been established for the Hmong population, facilitated by our Hmong therapist. A search in the community to locate a facility for a one stop service center for the Hmong population as outlined in the Mental Health Services Act Plan has commenced and continues as of the end of this reporting period.
- November 15, 2006 our Latina therapist met with 35 Latino individuals to provide them with information about mental health services. They were given a brochure written in Spanish on the various programs in Mental Health.
- December 15, 2006 our Hmong therapist met with 30 Hmong individuals to discuss Mental Health services and she provided them with a brochure written in Hmong about those services.
- Sutter-Yuba Mental Health Services Mission statement is being translated into Spanish and Hmong.
- June 8, 2006, 6 staff attended the in-house training “Working with Interpreters”
- June 8, 2006, 25 staff attended the in-house training “Working with Interpreters”
- June 8, 2006, 12 staff attended the in-house training “Essential Skills for Interpreters”.
- August 17-18, 2007, Deputy Director attended CiMH Conference: California’s Indigenous Peoples and the MHSA Conference.
- November 8-9, 8 staff (including a parent partner) attended the Cultural Competence Summit.

1965 Live Oak Blvd., Yuba City, CA 95991, (530) 822-7200, [Bgriffith@co.sutter.ca.us](mailto:Bgriffith@co.sutter.ca.us)

May 31, 2006 through December 31, 2006

- December 12, 2006, team lead for Best attended the American Academy of Bereavement-Grief Counseling, Cutting Edge Strategies & Clinical Interventions; topic included steps in healing, spiritual and cultural dimensions of grief.
- December 12-13, 2006, the Hmong Therapist attended the Asian American and Pacific Islander (AAPI) Scientific Conference. The conference showcased AAPI research (transitional and community-based settings) and highlighted applications of translational addiction research among Asian and Pacific Islander populations.

### **Client/family driven mental health system**

To date, consumers and family members have actively participated in the planning and implementation of Sutter-Yuba Counties' MHSA programs. Consumer and family member involvement in program planning and implementation is transforming the organization. A key example of Sutter-Yuba Counties' commitment to consumer involvement is the fact that consumer and family member and peer advocate employees have been invited and attend the monthly Admin/Supervisor meeting, which is a staff leadership committee at Sutter-Yuba Mental Health Services. Currently, consumers and consumer advocate(s) employees are participating on sub-committees charged with developing a Consumer Navigation Tool. The tool will be used to ensure that treatment plans, care and services are consumer driven. In addition, consumer and parent partner employees attend weekly therapeutic treatment team meetings.

The MHSA is providing the resources to hire consumer and family members. Participation from these individuals is key to transforming the mental health system and in the implementation of the MHSA program implementation.

Consumers are ensuring system transformation by attending trainings and meetings:

- October 13, 2006, Mental Health Board Member- Consumer Representative attend CiMH: Transition Age Youth Central Valley training.
- November 1-2, 2006, two Resource Specialists (housing & vocational) and two Consumer Advocates attended the CASRA (California Association of Social Rehabilitation Agencies: Living with Recovery - Thriving on the Edge of Change).
- The Parent Partners and Peer Mentors meet monthly.

### **Wellness/recover/resiliency focus**

Sutter-Yuba Counties' MHSA CSS plan is allowing us re-design our system to better support recovery and resiliency. Consumers are being trained so that they can provide consumer self-help and mentoring services. Parent partners and peer mentors meet monthly for training, networking and to discuss client and family member centered services that promote wellness, recovery and resiliency.

The agency is in the process of creating posters that celebrate and promote the 10 Fundamental Components of Recovery; Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, Responsibility. These posters are being placed through the MHSA and MH sites.

During this review period two self-help trainings are being planned:

- A vocational training named the Job Club is promoting concepts of wellness and recovery by teaching basic job preparing skills, job search services and work experience.
- A Fathers First Group which will teach parenting skills using the Nurtured Heart Approach. This approach works with children who have not responded well to transitional techniques, and will facilitate parenting success.

#### **Integrated services for clients and families**

- Co-locating services with the Sutter-County Health Department for Asian Indian/Punjabi speaking population.
- Currently in the process of writing an MOU with Del Norte Clinics to co-locate a Spanish Speaking therapist at their location.
- All the Full Service Partnership programs look at family units instead of individuals to ensure integrated services for clients and family members.

**Answers under the question are also provided under each program.**

c) **For the Full Service Partnership category only: If the County has not implemented the SB 163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department off social services and the California Department of Social services toward the implementation of the SB 1563 Wraparound, please describe the progress that has been made, identify any barriers encounter, and outline the next steps anticipated.**

- Yuba County has conceptually agreed to develop SB 163 plan by F/Y 07/08.
- Sutter County has an approved plan, but has decided to modify service structure. Services will be provided internally instead of contractually. Sutter County will actively be delivering SB 163 services in F/Y 07/08.

d) **For the General System Development category only: Describe how the implementation of the General System Development programs has strengthened the County's overall public mental health services system. If implementation has not yet occurred or is in early stage of development, simply indicate that this is the situation and no other response is needed.**

- We are currently working on getting the Network of Care Website up for Sutter and Yuba Counties. The site should be fully functional February 2007. The website addresses are for Sutter County: [www.Suttter.networkofcare.org](http://www.Suttter.networkofcare.org) and Yuba County: [www.Yuba.networkofcare.org](http://www.Yuba.networkofcare.org)
- Transportation is being provided to clients to attend MHSA services. This has been especially helpful to the Hmong clients.



- The four new positions: vocational resource specialist, housing specialist, parenting educator resource specialist and consumer self-help resource specialist are vital to Sutter-Yuba's Mental Health's service system transformation, and with the implementation of the MHSA Community Services and Supports Plan full service partnership programs. This team of resource specialists will work to ensure that consumers receive the "whatever it takes" in all of the full-service partnership programs and will also be an important part of the other MHSA programs as time allows.
  - Consumer and Family member employees participate in the Supervisor/Admin leadership meetings and other staff meetings.
  - Consumers and Staff are developing a navigation tool to ensure that consumer goals are address in their treatment plans.
  - Consumer/Family Member employment training series have been conducted to help prepare consumers and family members for employment within the mental health system.
    - Consumer/Family member workgroup – CARE (Consumers Advocating for Recovery and Empowerment) came together from the employment trainings and meets on a monthly basis to discuss consumer issues.
  - May 15, 2006, June 15, 2006 and November 9, 2006, seventy one individuals attended the training: An Introduction Nurtured Health Approach. Twenty-four of the attendees were from inter-agency or contract providers.
  - December 5-6, 2006, the Housing Resource Specialist, TAY FSP team lead and Adult /Older Adult FSP team lead attended the training: Creating Community 2006: Next Steps on MHSA
  - December 7-10, 2006, the 0-5 FSP Program Manager and the UYST team lead attended the American Continuing Education, Inc. Brief Therapy Conference
  - December 14-15, 2006, the Mental Health Director attended Beyond the Bench XVII-Sharing Responsibility for our Children. Seminar topics included working with children exposed to violence, housing for emancipated foster youth, delinquency/juvenile justice.
- e) **If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.**

Not applicable. There were no conditions specified in Sutter-Yuba Counties DMH approval letter.

## Efforts to Address Disparities

### 2. Efforts to Address Disparities

- a) **Describe your County's current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in your Plan. In your description, please highlight your successes and address any barriers or challenges that you have encountered.**
- b) **Describe your County's outreach efforts and the progress made to date to involve the underserved populations that are specifically targeted in your Plan. Please be specific in identifying the strategies and approaches employed.**
- c) **Describe the steps you used towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and or cultural communities.**

Sutter-Yuba Bi-County Mental Health is a division of the Sutter County Human Services Department. As such the department abides by the Sutter County Personnel Department's Recruitment and Selection Regulations. These regulations provide for equal opportunities to all applicants including individuals from underrepresented racial/ethnic, cultural communities and/or clients and family members. Recruitments are advertised via the local newspaper the Appeal Democrat and on the Sutter County website.

After the approval of the MHSA CSS Plan, Sutter-Yuba Bi-County Mental Health (SYCMH) has successfully hired a total of two (2) bilingual and bicultural Mental Health Clinicians to work in the Latino Ethnic Outreach and one (1) bilingual and bicultural Mental Health Clinician to work in the Hmong Ethnic Outreach Program. One Latino Therapist is a long time employee of SYMHS and transferred into MHSA as the Lead Therapist for the Ethnic Outreach Program and will primarily work with Adult clients. The other Latino therapist comes from a Social Service/Mental Health background and will work with Latino youth. The Hmong therapist was hired on August 19, 2006.

Sutter Yuba Mental Health is proud to announce a bilingual/bicultural (Punjabi/Asian Indian) individual is scheduled to be hired for our Asian Indian Ethnic Outreach Program on January 8, 2007. In an effort to grow-our-own, bilingual/bicultural therapists, SYCMH is going to under-fill the existing MHSA CSS Plan Mental Health Therapist position as a Resource Specialist. This (Punjabi Speaking /Asian Indian) individual is half way through the MFT program. Until the MFT program is completed the new Resource Specialist will receive field placement training and dual diagnosis (substance abuse) training. After the completion of the MFT

internship, this individual will be promoted and will work as a waived Mental Health Therapist.

Another milestone was achieved when we successfully hired a bilingual/bicultural (Asian Indian/Punjabi speaking) Housing Resource Specialist on July 12, 2006.

We have had difficulties recruiting bilingual/bicultural consumer and/or family members for our MHSA. We will be looking at strategies to attract these individuals.

**d) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA.**

Not applicable. - There are no tribal entities in Sutter or Yuba Counties. There is a FQHC (Federally Qualified Health Center) in Yuba County. This facility is not run by Native Americans. The facility is open to the public.

**e) List any policy or system improvements specific to reducing disparities, such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts.**

- Prior to the implementation of the MHSA – CSS Plan, Sutter-Yuba Bi-County Mental Health contracts had language/cultural competency criteria. This was due to the efforts of Sutter-Yuba Bi-County Mental Health's Quality Improvement Council and the Cultural Competence Committee to ensure that Sutter-Yuba Bi-County Mental Health Plan was meeting the language and cultural needs of Sutter-Yuba's clients.
- The Cultural Competence Committee in conjunction with MHSA ethnic services staff, is in the process of developing an easy to read Cultural Desk Top Guide for providers that describes the population characteristics, health beliefs, and specific health needs of the ethnic/cultural groups in the Sutter-Yuba Bi-County area. The Desktop Guide will have sections for the following populations: Latinos, Hmong, Asian Indians, African Americans and GLBT (Gay, Lesbian, Bi-Sexual, Transgender) populations.

# Stakeholder Involvement

## 3. Stakeholder Involvement

- a) **Provide a summary description of the involvement of clients, family members and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or un-served communities, in the ongoing planning and implementation of the initial CSS Three-year Program and Expenditure Plan.**

Clients, family members, and stakeholders continue to be involved in the ongoing planning and implementation of the initial CSS Three-Year Program and Expenditure Plan. Participation occurs throughout the organization and in a variety of mechanisms. Below is a brief description of some of the ways in which participation occurs:

- The Mental Health Board members are composed of consumers, family members and community stakeholders
- The Leadership committee is composed of consumers, family members, community stakeholders, and service partner agencies.
- Consumer employees attend the monthly MHSA / Mental Health Management / Supervisor meetings and assist in creating system navigation tools, and comment on processes.
- Consumers attend weekly MHSA FSP (Full Service Partnership) and non-FSP meetings and give input on system design issues and make recommendations for improvement.
- Consumers assist in collecting consumer and family member satisfaction survey data.
- Consumers, Family members and Stakeholders attend classes and educational presentations sponsored by Sutter-Yuba Bi-County Mental Health Services
- Consumer CARE (Consumer Advocacy, Resilience and Empowerment) Group was created after a series of MHSA consumer employment readiness trainings. CARE is a consumer directed, self-help group that focuses on recovery, support, job readiness, education/training and socialization.
- Consumers, Family Members and Stakeholders review and comment on various documents and brochures issued by Sutter-Yuba Bi-County Mental Health
- Consumers seek employment with the Mental Health system
- Consumers attend consumer forums to bring back ideas about potential programs.
- MHSA information is posted on Sutter-Yuba Mental Health website
- MHSA information is posted on Network of Care Website.

## Public Review and Hearing

### 4. Public Review and Hearing

**This section will present the feedback from community stakeholders regarding the content of this report, which is received during the 30 day public review and comment period. It will provide a brief description of the following information:**

- a) **The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission. (The public hearing may be held at a regularly scheduled meeting of the local mental health board or commission.)**
- b) **The methods that the County used to circulate this progress report and**
- c) **The notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.**
- d) **A summary and analysis of any substantive recommendations or revisions.**

The 30 day public comment process for review of the MHSA Plan, CSS Draft Implementation Report commenced on July 20, 2007. This notification of public hearing and the CSS Draft Implementation Progress report was available for public review at the Sutter-Yuba Mental Health Services website at <http://www.co.sutter.ca.us> and on the Network of Care websites for Sutter County: [www.Suttter.networkofcare.org](http://www.Suttter.networkofcare.org) and Yuba County: [www.Yuba.networkofcare.org](http://www.Yuba.networkofcare.org) websites. The draft was also distributed to all Sutter-Yuba Mental Health Service provider sties, and made available at the Sutter County and the Yuba County main libraries. The Notification of Public Hearing was mailed to all leadership committee members, partner agencies, was posted at the Sutter County and Yuba County main libraries, posted in the Appeal Democrat Newspaper, and provided to anyone who requested a copy. Public comments could either be emailed to [bgriffith@co.sutter.ca.us](mailto:bgriffith@co.sutter.ca.us) or mailed to MHSA Coordinator, Sutter-Yuba Mental Health Services, and 1965 Live Oak Blvd., Yuba City, CA 95991 or presented in person. The public comment period ended the close of business on August 20, 2007. The public hearing by the local Mental Health Board was held on August 23, 2007

#### *Public Hearing Review of Comments:*

Chairperson Sohrakoff opened the Public Hearing. He asked that any person wishing to address the Board on the subject to complete a "Speaker Card" and give it to the Recording Secretary and asked that their comments be limited to three minutes.

Ms. Griffith, Staff Analyst at Sutter-Yuba Mental Health addressed the MHB and read into the minutes, correspondence and communication received in response to the Draft CSS Plan, namely:

- One email dated August 19, 2007 that referenced the CSS Implementation Progress Report but addressed concerns about non MHSA services provided at 1965 Live Oak Blvd., Yuba City, CA 95991, (530) 822-7200, [Bgriffith@co.sutter.ca.us](mailto:Bgriffith@co.sutter.ca.us) May 31, 2006 through December 31, 2006

Sutter-Yuba Mental Health Psychiatric Emergency Services. The email was forwarded to the Mental Health Director. The e-mail correspondence cited problems with access to care through the psychiatric emergency services/crisis clinic; the correspondence asked that the effectiveness of Sutter-Yuba Mental Health Services (SYMHS) psychiatric emergency services be evaluated.

Prior to closing the Public Hearing, it was noted that the Implementation Progress Report was reviewed and approved by the Mental Health Board at their July 19, 2007 meeting subject to any concerns or comments received during the public comment period July 20, 2007 through August 20, 2007.

Hearing no further testimony, Chairperson Sohrakoff closed the Public Hearing at 6:19 p.m., and said the Implementation Progress Report will be finalized and submitted to DMH no later than August 31, 2007.

## **Technical Assistance and Other Support**

### **5. Technical Assistance and Other Support**

**As a means for guiding the state level efforts to provide technical assistance to the Counties, the following information is requested:**

**a) Identify the technical assistance needs in your County for supporting its continued implementation of the Initial CSS Three-Year Program and expenditure Plan.**

- Lori Horkerson, State Department of Mental Health (DMH) Technical Assistance and Support Liaison for Sutter-Yuba Counties, has been extremely helpful and professional. Ms. Horkerson responds to questions in a timely manner, is eager to research problems/questions, and keeps us up to date on the progress until she can give us the final resolution. This is appreciated.
- Technical expertise and assistance for housing projects. Staff is attending scheduled housing conferences and conferring with local housing experts.
- Information about Patient Health Record computer software that will be compatible with State DMH reporting requirements.
- Strategies/training about how to attract bilingual/bicultural consumers, family members and peer mentors for on-going oversight committees
- Additional Project Management Training
- Wellness and Recovery training and/or curriculum

**b) Identify if there are any issues that need further policy development or program clarification.**

- We need clarification about data collection criteria and developing and tracking outcome measures for the non-full service partnership programs, (i.e. outreach and engagement, system development)
- The need for expanded implementation timelines.
- Streamline process to obtain funding
- Streamline reporting process for small counties
- Strategies to ensure that funds are effectively utilized.
- Extra funds to compensate small counties for the administrative demands and costs incurred in dedicating staff time to non-billable Community program planning and reporting requirements and processes.



## SUTTER-YUBA MENTAL HEALTH SERVICES

1965 Live Oak Boulevard  
P. O. Box 1520  
Yuba City, CA 95992



### 30 Day Public Comment Form

July 20, 2007 – August 20, 2007

#### Personal Information

Name \_\_\_\_\_

Agency/Organization:

Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Mailing Address:

#### What Sutter-Yuba MHSA Meeting Did You Attend?

I participated in the Sutter-Yuba Bi-County MHSA Planning Process  Yes  No

Community Meeting

Leadership Meeting

Both Community and Leadership Meeting

#### My Role In The Mental Health System

Client/Consumer

Probation

Family Member

Education

Service Provider

Social Services

Law Enforcement / Criminal Justice

Other \_\_\_\_\_

#### What Do You See As the Strengths Of the Report?

#### If you Have Concerns About the Report, Please Explain.