





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

## ***Community Services and Support (CSS) Implementation Progress Report***

***For January 1, 2007 through December 31, 2007***

***May 2008***

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**Letter from the Mental Health Director:**

Sutter-Yuba 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 January 1, 2007 through December 31, 2007.

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 June 19, 2008. 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. The first progress report covering the May 31, 2006 through December 31, 2006, described Sutter-Yuba Bi-County Mental Health implementation activities, identified system achievements and programmatic successes, and pointed out the challenges and barriers encountered in the path to providing MHSA services to our clients. This Implementation Progress Report will provide progress on similar issues covering the calendar year of 2007.

Respectfully,

Tom Sherry, MFT  
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 CSS component of the County's Three-Year Program and Expenditure Plan;
- Highlight early successes and challenges in implementing the CSS component of the Three-Year Program and Expenditure Plan.

## 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 notable progress 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

## MHSA Programs

### A. Program/Services Implementation

1. The County is to briefly report by Work Plan on how implementation of the approved program/services is proceeding. The suggested length for the response for this section is no more than half a page per Work Plan. Small counties may combine Work Plans and provide a comprehensive update in two or three pages.
  - a. Report on whether the implementation activities are generally proceeding as described in the County's approved Plan and subsequently adopted in the MHSA Performance Contract/MHSA Agreement. If not, please identify the key differences.
  - b. Describe for each FSP Work Plan what percent of anticipated clients have been enrolled. Counties that have submitted their current Exhibit 6, Three Year Plan-Quarterly progress Goals and Report, have the option of not including the FSP information in this report.
  - c. Describe for each System Development Work plan what percent of anticipated clients have received the indicated program/service. Counties that have submitted their current Exhibit 6, Three-Year Plan-Quarterly Progress Goals and Report, have the option of not including the System Development Information in this report.
  - d. Describe the major implementation challenges that the County has encountered.

**Sutter-Yuba Mental Health Services has submitted all required Quarterly Progress Goals and Reports. Thus, for all progress the answer to questions 1 b and 1 c are omitted.**

## Full Service Partnership (FSP) Programs

### *Overview of Full Service Partnerships Programs:*

Sutter-Yuba Mental Health Services (SYMHS) have implemented three Full Service Partnerships MHSA programs;

- Program A1 - 0-5 years SED Children FSP (0-5 CARE)
- Program A3 - 16-25 year Transitional Age Youth FSP (Forté Academy)
- Program A4 - Adult / Older Adult FSP (HOPE).

Services for the FSP programs include but are not limited to 24/7 intensive in-home case management and wraparound services. The FSP program's focus is on doing "whatever it takes" with the resources available to help people meet their individual recovery goals. Services promotes success in school or job, safety, wellness and recovery and may include, integrated mental health and substance abuse treatment services, psychiatric assessment, medication services, group and individual psychotherapy, assistance with

housing and employment services/job training, supported employment and education, independent living skills training, transportation, housing, benefit acquisition, respite care, youth and parent mentoring etc. The FSP programs 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.

The FSP services are supplemented with the services of three MHSA resources specialists; the Parenting / Educator Resource Specialist is assigned to the 0-5 Care FSP, the Housing and the Vocational Resource Specialists are shared jointly with the Forté Academy (TAY FSP) and HOPE (Adult/Older Adult FSP). All MHSA programs have access to the three resource specialists, to the extent that there is capacity to serve additional clients beyond those involved in the FSPs.

In addition all the Sutter-Yuba Mental Health Services programs have access to the SAMHSA (Substance Abuse Mental Health Services Administration) funded Consumer Resource Specialist.

**Work Plan #A1: CARE (Communicating Attitudes of Respect and Empowerment) 0-5 yrs. FSP.**

- a. Except for the anticipated start date, the CARE program is being implemented as described in our original plan. There were several factors that delayed implementation, including staff recruitments, staff retention, locating an appropriate service facility, and executing the contract agreements.

During 2007, a service location was found, referral criteria, procedures and forms were developed, and staff were hired and trained. The CARE program successfully hired two Parent Partners on March 13, 2007. One of the Parent Partners speaks Spanish, which has allowed the program to more easily conduct outreach to the underserved Spanish speaking community. The intervention counselor position was filled on May 26, 2007 and subsequently vacated on October 9, 2007; this position is currently not filled. Not being fully staffed has been a challenge for the program.

The CARE program has been actively networking and providing information to community partners including the Sutter County Health Department, Casa de Esperanza, Christian Business Alliance, House of Ruth, Yuba County Children's Council, Yuba County First Five, Headstart and Migrant Headstart to name a few. The program's supervising therapist reports the program is making a difference. Children are having tantrums less frequently and with decreased intensity and parents report decreased family stress. One mom commented, "Our life used to be a 2 on a scale of 1 to 10 and now it is a 12!"

The CARE program has successful worked with the Housing Resource Specialists to teach families about tenant rights, and with the Vocational/Employment Resource Specialists to assist with employment needs.

During 2007, the Parenting Educator Resource Specialist conducted parenting skills training for all MHS programs based on the best practice, the **Nurtured Heart Approach**. The parenting class is co-facilitated by a Parent Partner. 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 MHS 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. A total of 173 parents have been trained in Nurtured Heart from February – December 2007, and 95% of the parents rated the class as an outstanding and 100% said they would recommend the parenting class to other parents. All of the parents felt that the content of the training was useful to help them make changes to the way that they parent.

- d. Implementation challenges include; locating office space that would allow for developmentally appropriate play activities and other program services, recruiting and sustaining staff, contract development, (negotiating and approval), setting up the office and developing the “after-hours” supports for the FSP services. Referrals have been slower than expected, and staff are actively working to inform partners of the availability of this program. 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”.
- The implementation “after-hours” (24/7) supports for the FSP services were initially challenging, but this issue was resolved by integrating the services of our 24/7 psychiatric emergency services (PES) staff into the FSP team.

### **Work Plan #A3: Forté Academy (TAY Youth FSP)**

- a. The Forté Academy began providing services in November 2006, and is celebrated as being SYMHS’s first full service partnership to be fully implemented. During 2007 the TAY program fine-tuned services for 16-25 year olds, and moved to a larger facility. Staff and students have created a welcoming space for the TAY program. The program experienced a large turn over in staff in 2007. Two intervention counselors and a peer mentor left and were replaced. Two certified substance abuse counselors joined the team to provide co-occurring mental health and substance abuse treatment, along with a quarter time (.25 FTE) LVN who was added to provide medical and medication support services. The program faced the challenges of training new staff, while continuing to provide services. In addition the staff turn-over, the Vocational Resource Specialist (that is shared with the Adult/Older Adult FSP) was out on leave for the first three months of 2007.

Forté Academy has been very successful in engaging students. Many young people who in the past have been reluctant to receive mental health services have become active participants of the program. This may have to do with program’s focus on recovery, resiliency and instilling hope. Forté Academy students have had a clear reduction in the number of acute psychiatric hospitalizations, crisis and emergency room visits and incarcerations. In addition, nine have attended Job Club and five have



been placed in jobs, many have improved their housing/living environments, improved their social relationships, and made gains with their educational goals. Nine (9) Forte students have attended **Job Club** and five (5) have been placed in jobs during this reporting period.

d. Implementation challenges included:

- Program Capacity: Capacity is supposed to be twenty; however during all of 2007, the program had more than twenty students open and receiving services. The program continues to receive more referrals for service than can be provided. A waiting list has been established that contains names of young people who waited almost all of 2007, but who have not yet received services. The students served require such a great deal of staff time; that adding more students would prevent the program from providing the same level of care. SYMHS is amending the CSS plan to create an integrated FSP. Ideally, this change would allow the flexible funding needed to serve more TAY students.
- Another challenge during 2007 has been staff turnover and training. It is important to train staff to ensure the philosophy and mandate of the Mental Health Services Act are being upheld at all times. Sometimes staff goes back to traditional models of practice without frequent prompts to be true to MHSA values. For example, substance abuse staff that are trained in traditional methods have been challenged to provide services with the harm reduction philosophy.
- Medication services are crucial part to the success with the population we serve, and it has been a challenge not having a dedicated Forté team psychiatrist. Currently, the program uses several SYMHS psychiatrists
- As students move through the program the program will be challenged to develop more effective ways to evaluate their readiness to move on to less intensive services. There is no established after-care service in place for them to step-down. It has been challenge to motivate students who have completed their goals to want to leave us and continue their success in the community. The development of the additional Wellness and Recovery Program has the potential to become such a step down program for these clients.

**Work Plan #A4: HOPE (Healthy Options Promoting Empowerment), Adult & Older Adult Full Service Partnership & Open Door -Wellness/Recovery Drop-In Center (AKA: Open Door)**

- a. Except for the anticipated start date, the HOPE FSP program and Open Door – Wellness / Recovery Drop-in Center (Open Door) is being implemented as described in our original plan. HOPE provides all the wrap-around services and the Open Door/Wellness Recovery Center compliments the MHSA programs by providing a variety of services, groups, and activities to help promote consumer empowerment, wellness, recovery, and community linkages. A variety of services, groups, and activities are offered for participants on an individualized basis.

The start up of our program was delayed due to challenges experienced locating an appropriate facility for the Wellness Center, and a subsequent delay in the execution of

the lease agreement. In February 2007 the HOPE FSP Lead Therapist moved into their new offices at the Open Door Wellness/Recovery Drop-in Center (Open Door) in Marysville, a location shared with the BEST (Bi-County Elder Services Team) and our community-based partner, The Salvation Army. The HOPE team began accepting referrals for program participants in March 2007.

The hiring process has moved slowly. In March 2007, the intervention counselor and certified substance abuse counselor was hired and another intervention counselor was added in April 2007 and subsequently left one month later on leave. The half-time (.50 FTE) licensed psychiatric technician (LPT) became part of the team in May 10, 2007. The HOPE Team is augmented and enriched by Salvation Army staff; Program Supervisor, Case Manager, Peer Counselor, and an Activities Center Aide, and one Peer Mentor. The Peer mentor is supervised by Open Door staff, and provides peer support for both HOPE and Open Door clients, facilitates referral to community resources, initiates and implements low intensity group activities, and provides support for client-initiated activities. The Peer Mentor will be leading a WRAP (Wellness Recovery Action Plan) group and will be co-facilitating the Pathways to Recovery (University of Kansas curriculum) group during the next reporting period.

The HOPE FSP had celebrated many successes by the end of 2007. Two (2) clients became employed part-time and one (1) client became engaged in a volunteer position with a local school. The program assisted three (3) clients in securing their own housing and assisted two (2) clients in moving into a lower level of care. All of these clients have been able to maintain their housing. One (1) client has had no inpatient stays or crisis contacts since being enrolled in our program. One (1) client has had a major reduction of inpatient days and crisis contact since enrollment in the program. Most HOPE participants were provided with 1:1 therapy, substance abuse counseling and sobriety support, group therapy, involvement with groups and activities focused on wellness and recovery, and some degree of assistance with housing, food and incidental expenses. Consumers have commented that they liked having Open Door/HOPE located in the community instead of "across the river" [in the] mental health building, and they also enjoyed being able to use the center for their mental health needs as well as for socialization.

The **Open Door- Wellness / Recovery Drop-In Center (Open Door)** Program accepted sixty-two (62) unduplicated new clients in 2007. One (1) client obtained consistent employment, and six (6) clients obtained permanent housing. Referrals dropped during the last two quarters of 2007, possibly due to staffing changes, and our current challenge is to re-present the availability of this program to referring staff.

The **Housing Resource Specialist** has been instrumental in locating affordable housing for several HOPE participants. This individual has been hard at work this past year developing working relationships with landlords and property management firms in order to facilitate improved access to affordable housing in our two Counties.

The **Vocational/Employment Resource Specialist**, provided pre-employment skills training at the Open Door-Wellness/Recovery Drop-in Center, in addition to assisting consumers to identify and obtain supported employment. Some of the pre-employment skills training classes were offered at SYMHS in Yuba City and two difficulties with ongoing consumer participation in the job skills training were encountered: engagement and/or transportation. To address these challenges, the Employment Resource Specialist, and the HOPE and Open Door teams have been networking and actively working with consumers to learn bus routes, schedule transportation through Dial-A-Ride, and to facilitating the elimination of barriers due to geographic challenges. In addition, it has been observed that many of the HOPE FSP participants, once stable housing and income is obtained, decline further services.

The vocational program has been successful in the collaboration of services to include, Department of Rehabilitation, Quality Education Services and Training, PRIDE INDUSTRIES, Sutter County One Stop and Salvation Army.

The vocational program data for the service period 4-07 thru 12-07 include: 86 referrals, 30 placed in jobs, 1 placed in vocational class training, 1 placed in outside training services, 57 non duplicated participants attending weekly job club activities, 11 participants given information regarding community resources

- d. Implementation challenges included getting the program fully staffed; finding appropriate space to provide services, delays in installations of telephones and computers, staff hiring, contract development, (negotiating and approval), and developing the “after-hours” supports for the FSP services.
- The implementation “after-hours” (24/7) supports for the FSP services were initially challenging, but this issue was resolved by integrating the services of our 24/7 psychiatric emergency services (PES) staff into the FSP team.
  - Another challenge is developing working relationships with new partners as we learn to “share” clients. To address these disparities, weekly meetings were implemented, and staff served as “bridges” to each other’s programs.
  - Assisting consumers with housing when there are a lack of available resources a in the community, and when consumers have limited incomes.

## **Outreach & Engagement**

### **Work Plan #A6: Ethnic Outreach**

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. This program allows for the 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, improved integration between child and adult systems to bridge gaps in services; a culturally sensitive family-friendly approach to service planning and delivery.

- a. The Ethnic outreach program is being implemented for the most part, as described in our original CSS plan, and the Ethnic Outreach staff are successfully making their presence known in the community, by networking with partners, including but not limited to Migrant Educations, Head Start, CPS, Probation, Faith based organizations, health clinics and individual health providers, Punjabi American Heritage Society, Hmong American Association, etc. The expertise of the Ethnic Outreach teams has been used to provide cultural appropriate services to the clients of all of the other MHS programs.

There have been delays in implementing the childcare portion of the program due to concerns about caregiver fingerprinting. In addition, the public service announcement portion of the plan such as the purchasing of cultural-specific novellas for the local Punjabi and Spanish radio and television stations have not implemented. These will be areas of focus in the coming year.

Other successes include:

### **Latino Outreach**

During this reporting period an MOU (Memorandum of Understanding) was finalized with the Del Norte Clinics allowing the Latina therapist(s) to provide services at the Richland Clinic and Lindhurst Clinic sites two times per week. This co-locating of services came as a direct response to feedback given during the MHS 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 and it would reduce the stigma of coming to the mental health building. Placing a mental health therapist on site at the clinics has been helpful to clients and has increase opportunities for this population to obtain services. In addition, the Latina Adult Therapist works the evening clinic at SYMHS to accommodate Latino clients who work and doing in-home visits, and has made home visits to accommodate clients who are not able to come into the clinic for help due to transportation issues. Both of these interventions have helped reduce disparities and increase access.

During this reporting period the Latina therapist for youth was able to make contact with four middle schools, Marysville's Anna McKenney School, Yuba City's Gray Avenue, and Anderos Karperos Schools, Live Oak Middle School and Live Oak Alternative and Opportunity School. Some schools were not open to the idea of having a therapist on site; however, other schools in the district embraced the idea. An MOU has been written with Live School District.

The outreach activities at the schools include small workshops on Healthy skills –healthy relationships, communication, college education, success in school, managing anger, and getting along better with others to name a few. The therapist worked closely with school personnel to make correct community referrals or/and mental Health assessments.

During this reporting period, a strong focus was placed on recovery and resiliency based practices. Youth were seen most often as needing temporary support during a stressful time. The **Nurtured Heart Approach** which is a cognitive-behavioral modality was used as the primary form of client engagement and intervention. The Latina therapist for youth is enrolled to be trained on the evidence-based practice *Familias Unidas* in 2008.

Families are being engaged in both the Adult and Youth programs. This approach has been proven to be quite successful in helping Latinos overcome mental health issues that stem from interpersonal family relationships.

### **Hmong Outreach**

A successful strategy in reaching our underserved Hmong populations has been the opening of the Hmong Community Center. The significance of the Hmong Community Center is that it is located closer to the Hmong community which helps to eliminate accessibility barriers and helps reduce stigma. The Hmong therapist and the female intervention counselor have been facilitating a Women's Support/Social Group, consisting of 14 clients, twice a week. Outings have also been provided for this group, which have shown to be quite a success with the clients. The therapist and the male intervention counselor will soon start a men's support/social group which will meet twice a month. The therapist has been providing individual and family therapy, through collateral contacts, with the Hmong clients. Services are also being provided in the home to help improve access and to address fears and questions around the concept of "mental health", a concept which is non-existent in the Hmong culture.

Another success for the Hmong outreach program includes the addition of two part-time Hmong Intervention Counselors to the program.

### **Asian Indian Outreach**

Sutter Yuba Mental Health is proud to announce a bilingual/bicultural (Punjabi/Asian Indian) individual was hired for our Asian Indian Ethnic Outreach Program on January 8, 2007. In an effort to grow-our-own, bilingual/bicultural therapists, SYMHS under-filed the existing MHSA CSS Plan Mental Health Therapist position as a Resource Specialist in order to facilitate hiring. The (Punjabi Speaking /Asian Indian) individual was partially through the MFT program. Until the MFT program was completed the new Resource Specialist received field placement training and dual diagnosis (substance abuse) training. During 2007 the individual successfully completed the MFT program and was promoted to a Mental Health Therapist/MFT intern. Sutter-Yuba *celebrates the success* of the grow-our-own strategy; it gave us the flexibility to hire the right person to do the job.

The Asian Indian Outreach therapist has been located at SYMHS, during this training ("grow-our-own") period. In the coming year, the Mental Health Therapist/ MFT intern will investigate strategies to engage the Asian Indian populations including if it would more

advantages to be co-located at a health clinic or some other site to increase access for the Asian Indian populations.

### **Ethnic Outreach**

The Ethnic services team has been busy networking and conducting outreach in the community and at local community events.

- The Latina Therapist/Adult Latino Outreach made a presentation to a parent's group at Head Start on February 7, 2007. Ten (10) parents attended, educational informational and brochures were also provided at this presentation.
  - In collaboration with Migrant Education, the Latina therapist/Adult Latino Outreach met with 11 parents to and provided information and education on mental health services and illnesses.
  - May 14, 2007, the Latina Therapist/Youth Latino Outreach made a presentation to the Youth Prayer Group at St. Isidore's Catholic Church.
  - August 10, 2007, the Latina outreach and Hmong outreach therapists made a presentation to the Richland Clinic Physicians about the MHSA programs and mental health services for the Latino/Hmong populations.
  - August 23, 2007 the Latina therapist/ Adult Latino Outreach and the Mental Health Forensic Therapist gave a presentation about the MHSA outreach and mental health programs to Sutter County Probation Department.
  - In October 2007 the Latino Therapist/Adult Latino Outreach participated in the Del Norte Health Fair. Brochures, flyers and brief presentations on mental health services and illnesses were provided to 131 Latinos who stopped at her booth.
  - The Latina Therapist/ Youth Latino Outreach provided services on a weekly basis at four school sites, provided information to Sutter Head Start programs, and provided information at parent meetings. She also participated in community information fairs and cultural events
  - During 2007, the Hmong Outreach staff presented and consulted on a number of occasions about mental health and community resources throughout the area, such as at the schools, community centers, public service agencies and to others that provide services to Hmong clients.
  - The Punjabi speaking Asian Indian Outreach Resource Specialist and the Asian Indian Housing Resource Specialist conducted outreach and mental health education at the Punjabi American Heritage Society Festival on May 27, 2007, at the Yuba –Sutter Fairgrounds.
  - On August 16, 2007, October 15, 2007 and November 14, 2007, Asian Indian Resource Specialist provided ethnic outreach at the local Sikh Temples during special religious events called "Sangrand" in the Sutter County area where much of the Punjabi speaking community lives.
- d. Implementation challenges included:**
- There have been barriers to providing child care services, as defined in our original plan. We are steadfastly working to overcome this barrier, and expect to have a resolution in 2008.

- Both the Latino and Asian Indian outreach programs have stated that program implementation has been challenging without the assistance of dedicated bilingual/bicultural case manager(s).
- The Hmong outreach program is concerned that the Hmong Community Center may not be large enough to create the envisioned one-stop.
- Other challenges include lack of available resources translated in the Punjabi language.
- Reducing the stigma attached to receiving mental health services has been challenging.
- Developing the Asian Indian ethnic outreach program has been a challenge, because this program is something “new”. SYMHS’s Asian Indian outreach therapist was only able to find one other program that is actively providing mental health services specifically for Asian Indians. The other program is located in New Jersey and called SAMHAJ (South Asian Mental Health Awareness in Jersey). Also, there is limited amount of Punjabi translated resource and educational materials.

## System Development Services

### Work Plan #A2: UYST (Urgent Youth Services Team)

- a. The plan is fully implemented as described in our original CSS plan. The team successfully helped clients and their families reduce stress, improve communication, reduce the amount of negative interactions, focus on resiliency and strengths, and learn how to manage their symptoms, handle school difficulties, connect with needed social services and get to important appointments.

The UYST was trained in the use of the Nurtured Heart Approach, and the lead therapist became a certified Nurtured Heart trainer. This approach, a cognitive-behavioral modality, was used as a primary form of client engagement and intervention. Parents were encouraged to verbalize strengths they saw in their children on a daily basis. Youth were encouraged to recognize their wisdom, power and success. Solutions to problems were solicited from client and families’ experience and wisdom. Self-esteem increased rapidly for many clients and they were relieved to not be perceived as ‘broken’ or ‘needing to be fixed.’ Instead they were frequently able to see themselves as needing temporary support during a stressful time.

The Urgent Youth Services Team consists of a therapist, a case manager, a parent partner and peer mentor. Teams work together to provide integrated services to families. The team successfully helped clients and their families reduce stress, improve communication, reduce the amount of negative interactions, focus on resiliency and strengths, and learn how to manage their symptoms, handle school difficulties, connect with needed social services and get to important appointments.

The parent partner and peer mentor each brought a wonderful perspective to the team. Their personal experiences shared with thoughtful skill helped family members feel less

stressed and become more accepting of having a child with a mental illness or with temporary emotional distress. The parent partner's warmth, understanding and sense of humor were invaluable. Some mothers would stop by the UYST office just to say hello while they were out doing errands because they felt so comfortable and supported. The peer mentor was 19 years old and enjoyed engaging clients in esteem building activities. Several clients enjoyed spending time with her, and their affect often brightened just to see her.

The average wait between the PES visit and the first appointment with the UYST therapist during 2007 was 3.22 days. Some children were able to see the therapist the same day or the following day. Of the forty-seven families that received therapeutic services, an impressive 85% had non-recidivism to PES.

The UYST program advances the goals of the MHSA by enabling children/youth with a serious emotional disturbance (SED) to have the urgent services needed, to help them remain in their communities, in their home, at school and out of the legal system. This plan was expanded to serve all age groups, and forty-seven adult clients were seen during the last three months of 2007.

**d. Implementation challenges included:**

- Staffing has been the major challenge for the program. The peer mentor position was not filled until March 2007. The intervention counselor took a leave of absence during the summer. The team members quickly learned to fill in and respond to the needs of clients as the absent team members would have.
- Some families and adolescents referred by PES (Psychiatric Emergency Services) tend to see the use of mental health services to be stigmatizing. They fear being perceived as 'crazy'. Many people have had negative past experiences with counseling or have a general mistrust of government agencies. It was challenging at times to attempt to engage families in services when dealing with these issues.

**Work Plan #A5: BEST (Bi-County Elders Services Team) Older Adult Mobile Assistance**

- a.** Except for the anticipated start date the BEST program is being implemented as described in our original plan. There were several factors that delayed implementation, including staff recruitments, locating office space, and executing the contract agreements. On April 26, 2007, two peer mentors were selected and hired; one peer mentor works 16 hours a week and the other works 24 hours a week. They were a much needed addition to the team, as was the half-time License Psychiatric Technician (LPT) that came on-board on May 10, 2008. The LPT position is shared with the HOPE FSP program.

BEST has an office at the Salvation Army site in the same space as HOPE and Open Door/ Wellness Recovery Center. 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 provided services in various locations throughout the Sutter



– Yuba Bi-County area, including primary care sites, Senior Centers and individuals' homes.

The BEST - Older Adult Mobile Assistance 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 advanced the goals of the MHSA by enabling those who participate to obtain and maintain positive social connections; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers.

During 2007, BEST provided 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 assisted with housing needs, to decrease the risk of homelessness, and assisted with vocational/employment desires or interest. The Ethnic Outreach Teams worked with BEST to ensure that older adults' cultural and/or ethnic needs were being appropriately addressed.

BEST has successfully completed over fifty (50) outreach contacts in the first year and have realized that 'aggressive outreach' is necessary for the older adult population to be engaged. This has been accomplished by visits, letters, presentations, phone calls, radio interviews and meetings. Team members made regular visits with the two local senior centers in Yuba City and Marysville. They attended monthly meetings with Sutter County and Yuba County Adult Protective Services and In Home Supportive Services (IHSS) agencies as members of their Adult Action Teams. BEST worked with law enforcement, Senior Legal Aid, the California Rural Legal Assistance groups, made presentations at the local senior manufactured home parks and senior meal sites in various areas, including Yuba City, Marysville, Wheatland and Brownsville. Some of the networking and outreach events in 2007 include:

- The lead therapist participated in the *Senior Talk* radio show on KUBA 1600 AM and later in the month did another radio show on the same station, *Talking Things Over with Bob Harlan*.
- Outreach was done with California Rural Legal Assistance (CRLA) an agency that provides help to low income residents on issues such as Landlord Tenant disputes.
- Contacts were made with the Wheatland Senior Citizens and the Village Pharmacy in Wheatland.
- BEST participated in the Wheatland/Beale Community Fair
- Provided Yuba City Police Department with an introduction to BEST

## Sutter-Yuba Mental Health Services (SYMHS)/CSS Implementation Progress Report

- Made contacts with the Del Norte clinic in Wheatland and set up time and space there to get referrals. (There have been no referrals but we have had some calls for information from their clients).
- In May 2007, conducted an outreach to Summerfield, an assisted living residence. (We have received many referrals from them and have talked to several family members).
- Conducted outreach to the south part of Sutter County and attended a luncheon with the South Sutter Seniors. They were pleased to hear from us and about the services we offer.
- Participated in the Yuba County Senior Center's Senior Appreciation and Health Fair. Over 200 people attended the fair.
- Networked with the Sutter County Health Department and spoke to their doctors about BEST.
- Conducted outreach with *Leaves of Learning* in Yuba County foothills.
- Attended Professionals Caring for Seniors meeting and met and networked with other care providers working with seniors doing such things as care giving, financial planning, reverse mortgages, home healthcare, etc.
- Networked with the Yuba County Multipurpose Senior Services Program (MSSP), which is a grant-funded program managed through Adult Protective Services that deals with the frail elders that are receiving services through the In Home Supportive Services (IHSS) program.
- Networked with the Sutter County Public Authority.
- Conducted outreach to the Columbian Retirement home in Marysville.
- Presented an introduction to BEST at the Yuba City Senior Center.
- Met with Buttes Christian Manor, a low income senior apartment complex and shared with them about BEST.
- The Peer Mentors and the program LPT made regular visits to the two senior centers in the area.
- In September 2007, conducted a presentation about BEST to the Loma Rica Community Church.
- BEST presented program accomplishments and challenges to the Mental Health Advisory Board.
- In October 2007, sent letters to several Yuba County foothills churches letting them know about BEST.
- Made a presentation on BEST to the Sutter County Commission on Aging and talked about what it means to be a "gate keeper" and to keep an eye out for senior mental health related issues.
- Made a presentation at one of our many senior manufactured home parks, Del Prado, on BEST and gate keeping.
- BEST lead therapist became a board member of the Focal Point for the Yuba County Seniors (as designated by the Area 4 Agency on Aging).

BEST promotes wellness/recovery/resiliency by encouraging clients to focus on what they have within themselves and allows the client to define what recovery means to them and set goals that will help them to function in their environment, in ways that are

meaningful to them. A “navigation map” is used for the clients being served by peer mentors. This navigation maps serves as the client’s created plan and identifies the client’s goals for community involvement and/or personal growth. The two consumer staff have been a valuable asset to the team; their commitment, perspective and accomplishments have been an inspiration to staff and clients alike.

Finally, the Bi-County Elder Services Team (BEST) has made a difference in the community, by promoting the guiding principles of MHSA, by forging relationships with our partners and with our underserved senior population. BEST values seniors and echoes the sentiments of a local County Board of Supervisor when he stated, “Our seniors are our largest untapped resource”. The team holds that vision and works to inspire clients to realize it. Seniors touched by the program have received services in their homes and in the community, have gotten more involved in their community and are becoming more independent.

- d. Implementation challenges included locating a facility, staff recruitments and executing the contract agreements took longer than expected, which caused a delay in program implementation.

**2. Highlight the County’s key transformational activity/activities in any of the five essential elements:**

**a. Community Collaboration between the mental health system and other community agencies, services, ethnic communities etc.**

- Community Collaboration between the mental health system, our partners, community agencies, and ethnic communities is paramount in all of Sutter-Yuba’s MHSA programs. Staff have been busy during 2007 reaching out and developing relationships with many partners including but not limited to: Medical providers, Del Norte Clinics, Family Care Homes, Casa de Esperanza, Head Start, Migrant Educations, Schools, Yuba County First Five Advisory Council, Alta Regional, Social Services, CalWorks, Law Enforcement, Senior centers, Adult Protective Services, In Home Supportive Services, Senior Legal Aid and the California Rural Legal Assistance, etc.
- The Housing Resource Specialist offers housing resources and assistance to consumers enrolled in programs funded by the Mental Health Service Act. Many consumers require assistance with locating and sustaining housing in order to continue on the path to wellness and recovery. Consumers are faced with challenges such as: bad credit, evictions, limited income, apprehension and uncertainty. With supportive services in place, clients are able to obtain and sustain housing for longer periods of time. Consumers state that without housing support they have difficulty finding a home or end up homeless.

Housing success can be measured in many ways, from working with property management and local housing authorities to providing consumers with safe and affordable housing. The **Housing Resource Specialist** collaborated with local

property management agencies to provide consumers with housing options. The Sutter County Consolidated Area Housing Authority and Yuba County Housing and Community Services assisted Housing Specialist with navigating the Section 8 process. In return, the Housing Specialist was able to assist consumers with re-instatement of application, instructed consumers about the importance of updating demographic information, advocating for a temporary voucher hold, etc. Due to on-going communication and continued relationships with property management Housing Specialist prevented several evictions and loss of housing.

During this reporting period the Housing Specialist has successfully found housing for 75% of the MHSA / FSP referrals (19 of 25), and 50% of the MHSA non-FSP referrals (5 of 10).

- The **Vocational/Employment Resource Specialist** provided vocational/employment services to all Sutter-Yuba's MHSA programs. The program benefited participants in areas of: increased independence, social, communication, problem solving and judgment skills, relationships, financial gain, self confidence, recreation and leisure, knowledge, inclusion, dignity, self reliance, self advocacy and hope

The program enabled individuals to work at integrated settings in the community, and provided support staff/job coaches. The job coaches' role was to assist the participant by providing job site training and to ensure employee success and employment retention. Starting off on the right foot is important to success. Vocational services also focused on building those initial job search skills to secure and retain a job. With vocational support and the support from community employers, participants developed the necessary skills to become self reliant while building self esteem and confidence.

The Resource Specialist has effectively collaborated with Sutter and Yuba's One Stop programs to provide pre-employment classes which are instrumental in preparation of participants for future employment. In addition, Sutter Yuba's vocational program has been successful in the collaboration of services with the Department of Rehabilitation, Quality Education Services and Training, PRIDE INDUSTRIES, and Salvation Army.

Data for Vocational / Employment services for the period 4-07 thru 12-07 include: 86 referrals, 30 placed in jobs, one (1) placed in vocational class training, one (1) placed in outside training services, 57 non duplicated participants attending weekly **Job Club** activities (Job Club is a vocational training that promotes concepts of wellness and recovery by teaching basic job preparation skills, job search services and work experience.), and 11 participants given information regarding community resources.

- Co-locating our Latino services at the Del Norte Clinics (Richland and Lindhurst) have also helped reduce disparities and increase access.
- The Hope FSP, Open Door Wellness Recovery Center and The BEST programs are all co-located at the Salvation Army Site in Marysville.

- The UYST therapist provided a two-hour in-service training for the special education counselors at a local school district about Post Traumatic Stress Disorder. Strength-based ways of supporting youth in managing stress were presented such as using the Nurtured Heart Approach to promote self-esteem and resiliency, Brain Gym exercises to reduce stress and increase successful learning through sensory motor integration and bodily-kinesthetic ways to learn, and information on referring clients to Sutter Yuba Mental Health

#### **b. Cultural Competence**

SYMHS' MHSA CSS Plan had many successes in promoting cultural competence and equal access to services for all ethnic groups. Some of these successes included hiring bilingual/bicultural staff, displaying cultural art to make offices more welcoming to all cultures, 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.
  - The CARE 0-5 yrs FSP successfully hired a Spanish speaking Parent Partner.
  - Latino Outreach: Is staffed by a bicultural/bilingual - Mexican/Spanish Speaking Adult MHSA Therapist and a bicultural/bilingual - Latino/Spanish Speaking Youth MHSA Therapist.
  - Hmong Outreach: Is staffed by a bicultural/bilingual - Hmong Speaking Adult MHSA Therapist and two half-time (.50 FTE) Hmong speaking Intervention Counselors.
  - Asian Indian Outreach: Is staffed by a bicultural/bilingual - Asian Indian/Punjabi speaking MFT intern
  - The Housing Resource Specialist is Bi-lingual/Bi-cultural – Asian Indian/Punjabi speaking.
- The Cultural Competence Committee in conjunction with MHSA Latina Therapist/Adult Outreach created an easy to read Cultural Desk Top Guide for providers that describe the population characteristics, health beliefs, and specific health needs of the ethnic/cultural groups in the Sutter and Yuba bi-county area. The Desktop Guide has sections for the following populations: Latinos, Hmong, Asian Indians, African Americans and GLBT (Gay, Lesbian, Bi-Sexual, Transgender) populations. Currently, a chapter on Consumer Culture is being written and upon completion will be incorporated in the guide.
- A Diversity Poster was created. The poster includes pictures of ethnic populations and other underserved populations.
- Various documents including informing materials, brochures and/or other resource or educational information were translated into other languages, including Spanish, Hmong and/or Punjabi.

- Staff have been trained in a variety of cultural competence topics including but not limited to Wellness & Recovery, “The Consumer Experience” a Consumer Culture Training, Latino Culture, Hmong culture, African American culture and LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) issues.
  - The Hmong therapist also attended the Hmong National Conference which brings together Hmong professionals and leaders throughout the United States.
- Another successful highlight is that a socialization/rehabilitation group was established for the Hmong population, facilitated by our Hmong therapist. The 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 been successful and the Community center was opened in 2007.
- The UYST (Urgent Youth Services Team) served a variety of age group ranging from 6 to 17. Several ethnicities were served including Latino, Asian Indian, African American, Hmong and those that self identified as being from more than one race. Overall, 36% of the clients self identified as non Caucasian. UYST members are Caucasian and only speak English. In order to successfully serve clients from other, bilingual/bicultural outreach specialists and case managers were available to support the team in understanding cultural issues and in improving communication with families whose primary language is other than English. Families were transferred to therapeutic services with therapists who spoke the families’ native language whenever possible.
- During this reporting period, the Latina Therapist/Youth Outreach has built a rapport with the middle schools allowing these school to have a bilingual therapist to do outreach to Latino families in need. A confidential room onsite has been provided to assure confidentiality for the clients. When doing outreach, the agencies have provide the room and at times childcare. Clients and families were linked to community resources. Therapists communicated with teachers, medical doctors or probation officers when needed.
- SYMHS Cultural Competence Committee actively works to address the needs of Sutter-Yuba’s underserved populations.
- See the Ethnic Outreach Section of this document for additional information.

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

The role of the **Consumer Resource** Specialist (position funded by Substance Abuse Mental Health Services Administration “SAMHSA”) is to support the growth and development of self-help and recovery practices and principles for consumers and beneficiaries of mental health services, to serve as a resource for departments and staff implementing consumer employment opportunities and to advocate for consistent peer recruitment, hiring, training, and supervision protocols

The Consumer Resource Specialist provides orientation training for all new Parent Partner and Mentors addressed how to navigate the Mental Health System and the particular departments in which they will be working.

MHSA is providing needed resources to hire consumer and family members. Participation from these individuals is essential to the implementation of the MHSA components and to transforming the mental health system into a client/family driven system. The following is a list of peer mentors and parent partners that have been filled because of the MHSA funding:

- UYST (Urgent Youth Services Team): One Parent Partner and One Peer Mentor
  - CARE 0-5 years FSP: Two Parent Partners
  - Forté Academy (TAY) FSP: Two Mentors
  - Bi-County Elder Services Team: Two Mentors
  - Adult/Older Adults FSP & Wellness/Recovery Center: One Peer Mentor
- A five (5) week Peer Counseling Training Series was offered July/August, 2007. Topics chosen and presented were; Substance Abuse, Conflict Resolution, Grief and Loss, Active Listening and Relationships. Several Sutter-Yuba Mental Health Therapists and Resource Specialist provided the training for each section.
  - The Peer Empowerment Team (PET) composed of peer mentors and parent partners and the Mentor Managers met to discuss their successes, challenges, training, and MHSA program growth issues. The Peer Empowerment Team also discussed their experiences from the week and offered support and/or resources to each other to handle any problems. During those meeting they were kept informed about meetings, and policy and procedures necessary for them to do their jobs.
  - Consumers and family members are active members of the Quality Improvement Council and Cultural Competence Committee.
  - A family member is part of the Sutter-Yuba Mental Health Services' Management Team.

#### **d. Wellness/Recover/Resiliency Focus**

- SYMHS' 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 add resiliency.
- During this reporting period, a strong focus was placed on recovery and resiliency based practices. The **Nurtured Heart Approach** which is a cognitive-behavioral

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modality was used as the primary form of client engagement and intervention. Parents were encouraged to verbalize strengths they saw in their children on a daily basis. Youth were encouraged to recognize their wisdom, power and success. Solutions to problems were solicited from client experience and wisdom. A high value was placed on opening up positive and supportive communication between family members. Cognitive behavioral skills were taught to youth, such as emotional regulation skills, that clients could utilize on their own. Clients were encouraged to monitor thoughts and feelings and to be aware that they can positively affect change in the way they feel. Self-reflective instruments were used to support clients in being aware of their strengths and successes. Helping families to understand developmental stages and normalizing behavior aided clients in feeling more self-accepting and eased tension between family members.

The Parent Educator Resource Specialist is providing **Nurtured Heart Parenting** Classes at various rural areas including Wheatland- Family Resource Center, Camptonville -Family Resource Center and Challenge -Leaves of Learning.

- 173 parents have been trained in Nurtured Heart since February 2007. Each parent was given an opportunity to give feedback at the end of each session and 95% the parents rated the class as outstanding and 100% stated they would recommend the parenting class to other parents and felt that the content of the training was useful to help them make changes to achieve more success as a parent.
- The **Fathers Support Group** is designed to provide education, training and support to fathers with various roles in their children's lives. Children with involved loving fathers are much more likely to do well in school, have healthy self esteem, exhibit empathy and pro-social behavior, and avoid high-risk activities as compared to children who have uninvolved fathers. The importance of the Fathers role in child development is discussed and the group is lead by the Parenting Educator Resource Specialist and a Therapist. The curriculum is based on a 16 week course designed to help the fathers develop as parents.
  - A total of 26 dads that have completed the Fathers Support Group Parent Training from February – November 2007. An impressive 97% of the dads rated the group as outstanding, and 100% said they would recommend the group to other dads.
- The Consumer Resource Specialist and Vocational Resource Specialist assisted the consumer activity committee in coordinating the Holiday Gift Wrap at the local Mall. This project is a wonderful collaboration that involves working with the manager at the Yuba-Sutter Mall and five (5) or six (6) other community agencies.
- During 2007 staff researched and located a recovery based self help training course, developed by the University of Kansas called the Pathways to Recovery. Plans have been made to offer this twelve week course beginning February 7, 2008.



**e. Integrated services for clients and families**

- All Sutter-Yuba Counties Full Service Partnership programs look at family units instead of individuals to ensure integrated services for clients and family members. Using a “whatever it takes” approach the personal services coordinators, peer mentors and parent partners coordinated the mental health treatment, substance abuse treatment for dually diagnosed, referral to medical services, acquisition of appropriate housing, employment or job skills, independent living skills and education.
- Many sessions with clients have included family members. This has been very useful in educating the family about mental illness, as it helps reduce anxiety and stress around the patient’s mental illness. Many Latino families have expressed that they just didn’t know what to do to help their loved one, and felt very helpless and frightened. The integration of health care providers and mental health has also been very helpful. Many Latino clients somatize psychological issues and seek out care with their primary care physician; having the Latina therapist on site at the health clinics has helped guide clients to the appropriate provider.

**3. For the Full Service Partnership category only:**

- a. **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 Board of Supervisors’ approved a revision to Sutter County’s approved plan on September 10, 2007. Sutter County Children’s System of Care (CSOC) was designated as lead agency for program purposes only and Sutter County Human Services Department was designated as lead agency for administration and as the fiscal agent.
    - Staff for the Wraparound program have been identified and they will attend the California Wraparound Institute in June, 2008. In addition, Wraparound training for this staff has been scheduled with the Resource Center for Family-Focused Practice The Center for Human Services UC Davis Extension for June 17-20, 2008.
- b. **Please provide the total amount of MHSA funding approved as Full Service Partnership funds that was used for short-term acute inpatient services for 2007.**
- Sutter-Yuba Counties did not use any MHSA funding for short-term acute inpatient services.

**4. 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.**

- Sutter-Yuba Mental Health Services has trained staff on a variety of best practices, promising practices and other trainings including but not limited to: Nurtured Heart, Seeking Safety, Cognitive Behavioral Therapy (CBT), CBT for adolescents with co-occurring disorders Co-occurring Disorders (10 classes/10 weeks), and Matrix Institute on Addiction Disorders, Intermediate Theraplay and Marschak Interaction Method Training, Integrated Dual Disorders Treatment, Senior Drug and Alcohol Issues, etc.
  - In March 2007, the BEST lead therapist, attended the week long Joint American Society on Aging (ASA) / National Council on Aging (NCOA) conference in Chicago.
- Staff have been trained on various cultural competence topics including but not limited to Wellness & Recovery, "The Consumer Experience" a Consumer Culture Training, Latino Culture, Hmong culture, African American culture and LGBT (Lesbian, Gay, Bisexual, Transgender) issues.
  - The Hmong therapist also attended the Hmong National Conference which brings together Hmong professionals and leaders throughout the United States.
- The parent partners and peer mentor received various trainings and conferences, including substance abuse, conflict resolution, grief and loss, mandated reporting, and story telling, CHMACY (California Mental Health Advocates for Children and Youth), active listening training, relationships training, gang awareness, assertive communication skills for women, CASRA (California Association of Social Rehabilitation Agencies), CPR, and Latino, Hmong and LGBTQ cultural competency trainings.
- The UYST parent partner attended training in facilitating groups and in facilitating an educational program for parents entitled Education, Equip and Support, a twelve week course about mental illness created by the United Advocates for Children and Families. The parent partner regularly assisted the Parent Resource Specialist at the agency in the presentation of five-week training for parents on the Nurtured Heart Approach given regularly throughout the year.
- Sutter-Yuba Mental Health Services has increased efforts to conduct community outreach.
- The three MHSA Resource Specialists, (vocational resource specialist, housing specialist, parenting educator) and the one SAMSHA funded Resource Specialist (consumer self-help), are vital to SYMHS' MHSA implementation and mental health

system wide transformation. This team of resource specialists work to ensure that consumers receive the “whatever it takes” in all of the full-service partnership programs and assist other MHSAs programs and endeavors as time allows.

- Parenting Educator Resource Specialist is maintaining the Network of Care Web Site for both Sutter and Yuba Counties. The website address for Sutter County is [www.Sutter.networkofcare.org](http://www.Sutter.networkofcare.org) and Yuba County is [www.Yuba.networkofcare.org](http://www.Yuba.networkofcare.org). These Websites are valuable resources for individuals, families and agencies. They provide information about local resources; in addition more specific information about mental health services, laws, and related news, as well as communication tools and other features. Regardless of where you begin your search the Network of Care helps you find what you need - it helps ensure that there is "No Wrong Door" for those who need services. From January – December 2007 we had an annual monthly total of 32,894.33 hits on the Sutter – Yuba Network of Care Web Site.
- The Parenting Educator Resource Specialist created the Mental Health America Yuba Sutter (MHA Yuba-Sutter) Web Site for this local non-profit. This web site is designed to help connect people to resources in the local community as well as support for themselves or a family member. The web address is [www.mhayubasutter.com](http://www.mhayubasutter.com) The MHA Yuba Sutter office is located at SYMHS and is readily accessible to those in need. MHA Yuba-Sutter is committed to assisting those with psychiatric disabilities and their families, by providing mutual support, education, advocacy and research.
- Consumers and staff have developed a Navigation Tool to ensure that consumer goals are address in their treatment plans.
- The Urgent Youth Services Team (UYST) is designed to provide quick and intensive services to children who have acute distress symptoms such as mild suicidal ideation and depression but do not meet criteria for hospitalization. In the past, children in distress had to wait a few weeks to see a therapist in Youth Services. While waiting they often need to return repeatedly to Psychiatric Emergency Services (PES) for support. The Urgent Youth Services Team goals are to improve the speed of intensive services to these children and provide improved care, thereby reducing recidivism to PES. The average wait between the PES visit and the first appointment with the UYST therapist during 2007 was 3.22 days. Some children were able to see the therapist the same day or the following day.
- The BEST (Bi-County Elder Services Team) is an Older Adult Mobile Assistance team that collaborates with community based organizations, social services and physical health to do on site mental health screenings and assessments of older adults. Assessments take place in homes, physician’s offices, senior centers, the health departments or other primary care settings, church halls and community centers.

**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.

**B. Efforts to Address Disparities – The suggested response length for this section is three pages (or one for small counties)**

**1. Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of services to unserved or underserved populations targeted in the CSS component of you Plan. If possible, include results of the effort/strategy.**

- SYMHS is proud to announce a bilingual/bicultural (Punjabi/Asian Indian) individual was hired for our Asian Indian Ethnic Outreach Program on January 8, 2007. In an effort to grow-our-own, bilingual/bicultural therapists, SYMHS under-filed the existing MHSA CSS Plan Mental Health Therapist position as a Resource Specialist in order to facilitate hiring. The (Punjabi Speaking /Asian Indian) individual was partially through the MFT program. Until the MFT program was completed the new Resource Specialist received field placement training, specialized training and dual diagnosis (substance abuse) training. During 2007 the individual successfully completed the MFT program and was promoted to a Mental Health Therapist/MFT intern. Sutter-Yuba celebrates the success of the grow-our-own strategy; it gave us the flexibility to hire the right person to do the job.
- Another successful strategy in reaching our underserved Hmong populations has been the opening of the Hmong Community Center. The significance of the Hmong Community Center is that it is located closer to the Hmong community, which helps to eliminate accessibility barriers and helps reduce stigma as it is not located at SYMHS. The Hmong therapist and the female intervention counselor have been facilitating a Women's Support/Social Group, consisting of 14 clients, twice a week. Outings have also been provided for this group, which have shown to be quite a success with the clients. The therapist and the male intervention counselor will soon start a men's support/social group which will meet twice a month. The therapist has been providing individual and family therapy, through collateral contacts, with the Hmong clients. Services are also being provided in the home to help improve access and to address fears and questions around the concept of "mental health", a concept which is non-existent in the Hmong culture.
- The hiring of bi-lingual/bi-cultural staff has in itself proved to be an excellent strategy in engaging the underserved populations.

- Co-locating our Latino services at the Del Norte Clinics (Richland and Lindhurst) have also helped reduce disparities and increase access. Having the Latina Adult Therapist work night clinic at Sutter-Yuba Mental Health Services to accommodate Latino clients who work and doing in-home visits have also helped reduce disparities and increase access.
- Sutter-Yuba Mental Health Services has increased efforts to conduct community outreach.

**2. Briefly describe one challenge you faced in implanting efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.**

Stigma continues to be a challenge for all populations. To address the stigma challenge with our Hmong populations, we have conducted presentations at schools, public service agencies and at Hmong centers to educate and provide information about mental health services, and the Hmong MHSA ethnic outreach program. Having the Hmong Center near the Hmong community has been a successful intervention to reduce stigma and to gather and engage the Hmong population.

Another challenge is that there is limited written, educational material in Hmong about community resources and about mental health, which is a new concept for this population. There a scarcity of mental health information in the Punjabi language too. To overcome this barrier, we are trying to create some resource materials for these populations. We have created various resource / educational materials internally, which takes key bi-lingual staff away from other duties. Vendors have been used to translate some materials, this is usually a quicker process, but costly and many times staff time be must spent to refine the reading levels of the translated materials to meet the needs of our populations.

In addition, we have found that there are some that speak a foreign language but are illiterate, which creates additional challenges.

**3. 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. The facility is open to the public.

**4. 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, SYMHS' contracts had language/cultural competency criteria. This was due to the efforts of SYMHS' Quality Improvement Council and the Cultural Competence Committee to ensure that agency's plan was meeting the language and cultural needs of it's clients.

The Cultural Competence Committee in conjunction with MHSA Latina Outreach staff, created 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 community. The Desktop Guide has sections for the following populations: Latinos, Hmong, Asian Indians, African Americans and LGBT (Lesbian, Gay, Bi-Sexual, Transgender) populations. Currently, a chapter on Consumer Culture is being written and upon completion will be incorporated in the guide.

### **C. Stakeholder Involvement**

**All counties have moved from planning to implementation many have found a need to alter in some ways their Community Program Planning and local review processes. Provide a summary description of any changes you have made during the time period covered by this report in your Community Program Planning Process. This would include things like addition/deletion/alteration of steering committees or workgroups changes in roles and responsibilities of stakeholder groups, new or altered mechanisms for keeping stakeholders informed about implementation, new or altered stakeholder training efforts. Please indicate the reason you made these changes.**

Clients, family members, and stakeholders continue to be involved in the ongoing planning and implementation of the CSS Three-Year Program and Expenditure Plan. Sutter-Yuba Mental Health Services has continued to use the basic stakeholder structure as used in the initial CSS planning, and modifications have been made as needed. 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 is an ongoing stakeholder entity.
- The MHSA Leadership committee is convened on an as needed basis. Some of the members have changed over time, but it was and is composed of consumers, family members, community stakeholders, and service partner agencies.
- MHSA program implementation is reviewed and discussed at the SYMHS Quality Improvement Council and the Cultural Competence Committee meetings.
- Peer advocates and parent attend ongoing bi-monthly MHSA FSP (Full Service Partnership) and non-FSP meetings and give input on system design issues and make recommendations for improvement.
- The Hmong team has been able to involve clients through their presentations at the schools and at the Hmong Community Center. The ability to provide transportation to clients has helped with the Hmong client involvement.
- 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.

- MHSA information is posted on SYMHS website
- MHSA information is posted on Sutter and Yuba Network of Care Websites.

#### **D. 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:**

- 1. 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.)**
- 2. The methods that the County used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.**

#### **3. 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 May 19, 2008. 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.suttercounty.org> 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 given and/or 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 June 18, 2008. The public hearing by the local Mental Health Board will be held on June 19, 2008.

*Public Hearing Review of Comments: To be completed after public hearing.*



## SUTTER-YUBA MENTAL HEALTH SERVICES

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



### 30 Day Public Comment Form

May 19, 2008 – June 18, 2008

#### 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

Family Member

Service Provider

Law Enforcement / Criminal Justice

Probation

Education

Social Services

Community Member

Other \_\_\_\_\_

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

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