

## MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sutter-Yuba Mental Health Services     Three-Year Program and Expenditure Plan  
 Annual Update

<b>Local Mental Health Director</b>	<b>Program Lead</b>
Name: Tony Hobson, Ph.D.	Name: Patrick Larrigan
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Local Mental Health Mailing Address: 1965 Live Oak Blvd., Suite A P.O. Box 1520 Yuba City, CA 95992-1520	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on January 16, 2015.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Tony Hobson, Ph.D

\_\_\_\_\_  
Mental Health Director (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MHSA FY 2013/2014 Annual Update  
FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>**

County: Sutter-Yuba Mental Health Service

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Tony Hobson, Ph.D.	Name: Nate Black, CPA
Telephone Number: 530-822-7200	Telephone Number: 530-822-7127
E-mail: thobson@co.sutter.ca.us	E-mail: nblack@co.sutter.ca.us
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I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Tony Hobson, Ph.D.  
Mental Health Director (PRINT)

\_\_\_\_\_  
Signature Date

I hereby certify that for the fiscal year ended June 30, , the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, . I further certify that for the fiscal year ended June 30, 2014, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Nate Black, CPA  
County Auditor-Controller (PRINT)

\_\_\_\_\_  
Signature Date

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

## MHSA Community Program Planning and Local Review Process

County: Sutter-Yuba Mental Health 30-day Public Comment period dates: October 6, 2014

Date: December 11, 2014 Date of Public Hearing: November 6, 2014

### COUNTY DEMOGRAPHICS AND DESCRIPTION

Yuba County is located in Northern California with 644 square miles and approximately 73,439 people. Of this total 5.0% are Laotian (Hmong speaking), and 17.2% are Spanish speaking. The amount of people under 5 is 8.4%, under 18 is 28.3%, and over 65 is 11.0%. Women comprise just under 50% of the population

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

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

### COMMUNITY PROGRAM PLANNING

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

- 1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2014-2017 Three Year Plan.*

Sutter-Yuba Mental Health Services' Three-Year Program and Expenditure Plan maintains programs identified in our Program and Expenditure Update Fiscal Year 2013-14. Our proposal maintains current programs at current service levels. This annual update was made available for public review for 30 days at Sutter-Yuba Mental Health Services, County Libraries, and the County Administrators' Offices. In addition, this annual update was posted on our County website along with the original plan and the augmentation to the plan. Clients, family members, and stakeholders continue to be involved in the ongoing planning and implementation of the Plan. Participation occurs throughout the organization. A brief description of some of the ways in which participation occurs is below:

The Behavioral Health Board membership is composed of consumers, family members and community stakeholders and meets the first Thursday of every month.

Consumer employees attend the monthly MHSA and Mental Health Management-Supervisor meetings. They assist in creating systems navigation tools, and provide commentary on the process.

Consumers attend weekly MHSA FSP (Full Service Partnership) and non-FSP meetings and give input on system design issues and make recommendations for improvement.

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

SYMHS Children’s Mental Health	Mental Health Advisory Board
SYMHS Ethnic Services	Yuba County CPS
SYMHS Substance Use Disorders	Harmony Health Clinic
SYMHS Resource Services	Yuba County Probation
Sutter County Probation	Yuba County BOS
Sutter County K-12	Sutter County CPS
Parents of child consumers	SYMHS PES
SYMHS CSOC	SYMHS Adult Services
SYMHS Ethnic Outreach Services	Sutter County BOS
Domestic Violence Services provider	Yuba County CalWorks
Hmong American Association	Sutter County Employment Services
Yuba City Police Department	Yuba City Unified School District
Victor Treatment Services	Family members
Consumers	Parent Partner
Peer Advisors	Family Intervention and Community Support
Sutter County Sheriff	Salvation Army
Parent disabled Adult	Sutter-Yuba Friday Night Live
Marysville Joint Unified School District	Sutter County Office of Education
	Foster Parents Association
Options for Change	First Steps
Yuba County Department of Social Services	Yuba County APS

## LOCAL REVIEW PROCESS

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

The 30 day public comment process for review of the Three-Year Program and Expenditure Plan, Fiscal Year (FY) 2014-15 through 2016-17 commenced on October 6, 2014. The notification of public hearing and the Three-Year Program and Expenditure Plan, Fiscal Year (FY) 2014-15 through 2016-17 was distributed to all Sutter-Yuba Mental Health Services provider sites, and made available at the Sutter County and the Yuba County main libraries. This notification of public hearing and the update were available for public review at the Sutter-Yuba Mental Health Services website, Network of Care website for Sutter County, and Network of Care website for Yuba County. The internet addresses are listed below:

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

The Notice of Public Hearing was mailed to all Behavioral Health Board members; was posted at the Sutter County and Yuba County main libraries; was posted in the Appeal-Democrat newspaper; and was provided to anyone who requested a copy. Public comments could either be emailed to [plarrigan@co.sutter.ca.us](mailto:plarrigan@co.sutter.ca.us) or mailed to MHSА Coordinator, Sutter-Yuba Mental Health Services, at 1965 Live Oak Blvd., Suite A, P.O. Box 1520, Yuba City, CA 95992-1520 or presented in person. The public hearing before the local Behavioral Health Board was held on November 6, 2014. The public comment period ended at the conclusion of that meeting.

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

There were no substantive recommendations received during the stakeholder review and public hearing. The Funding Summary pages of the documents have been slightly revised since the posting of the document.

## **MHSA Program Component COMMUNITY SERVICES AND SUPPORTS**

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

### **#2 URGENT SERVICES**

The Urgent Services Program has been developed to serve all ages with distinct, age appropriate services for youth and for adults, who have acute mental health issues and are at greatest risk of harming themselves or others, are at risk of hospitalization or are at risk of incarceration in jails/juvenile justice institutions. We also work with the school-based counselors and other school personnel to identify children at greatest risk. In Fiscal Year 2013-14, there were 1,206 individuals/families served.

### **#5 OLDER ADULT**

The Older Adult Services Program has been developed to serve older adults aged 60 and over who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community. In Fiscal Year 2013-14, there were 59 individuals/families served.

### **#6 ETHNIC OUTREACH**

The Ethnic Outreach Program targets our major underserved populations: Latino, Hmong and Punjabi speaking Asian Indians. Each program is intergenerational, serving children, youth, transition-aged youth, adults and older adults within each cultural group. Within these broader categories, females are specifically targeted as they are more likely to be underserved in our system, and specifically within these cultures. In Fiscal Year 2013-14, there were 282 individuals/families served.

### **#7 INTEGRATED FULL SERVICE PARTNERSHIP**

Services are available to serve children ages 0-5, youth aged 6-15, and Transition Age Youth aged 16-25 who have severe emotional disturbances or severe mental illnesses that result in significant social, emotional, or educational impairments and/or who are at risk of homelessness or going into care. Services are also available for adults and older adults who have co-occurring mental health and substance abuse disorders and who are homeless, or at risk of homelessness. In Fiscal Year 2013-14, there were 194 individuals/families served. Of those, 100 were ages 0-15, 57 were ages 16-25, 34 were ages 26-59, and 3 were ages 60+.

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

The programs are progressing as planned, but housing is always an issue for the Integrated Full Service Partnership. We recently purchased a four-plex using MHSA housing funds to help mitigate this problem.

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

## **MHSA Program Component PREVENTION AND EARLY INTERVENTION**

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

### **#2 COMMUNITY PREVENTION**

The target populations to be addressed by PEI Community Prevention Team are Individuals Experiencing Onset of Serious Psychiatric Illness, Children and Youth in Stressed Families, Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement and Underserved Cultural Populations. The Community Prevention Team is an interagency, multidisciplinary team to work with target populations with Schools, Family Resource Centers (FRCs), Churches, etc. in each County. The services provided are expanding mentoring programs, expanding strengthening families program and recreational opportunities. Since the program was approved in 2009, there have been over 15,681 people trained and educated.

### **#3 FIRST ONSET**

The target populations to be addressed by PEI First Onset Team are Individuals Experiencing Onset of Serious Psychiatric Illness, Children and Youth in Stressed Families, Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement and Underserved Cultural Populations. The First Onset Team deals with individual who have not previously been involved in the Mental Health System.

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

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



## **MHSA Program Component INNOVATION**

Sutter-Yuba Mental Health Services (SYMHS) has three innovation projects in various stages of implementation. The projects were designed with a thorough community planning process. The projects were approved for funding by the Mental Health Services Oversight & Accountability Commission (MHSOAC) on October 24, 2013. Each SYMHS Innovation program is addressed below, in addition to the program descriptions, implementation status, barriers/challenges, and any anticipated significant changes. At this time, we will not be submitting any new innovation plans to accompany this Three-Year Plan.

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

Purpose:

- ❖ Increase the quality of services, including better outcomes
- ❖ Promote interagency collaboration

Description:

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

**Project Elements:** Sutter County Probation and Yuba County Probation will each be provided mental health clinician time that is strictly dedicated to the probation population; this in itself is not a new mental health approach but what is innovative is the evaluation. The mental health clinician assigned to Sutter County Probation will be embedded into an existing multi-disciplinary probation team and the clinician will be providing mental health assessments, post-release recovery plans and supports, and connections to ancillary services prior to release. This setting allows services to be targeted at the supervised offenders upon release. The mental health clinician assigned to Yuba County Probation will be conducting mental health assessments, post-release recovery plans and supports, and connections to ancillary services following their release back into the community in a post-release, community-based effort.

### Project Status:

Innovation Project 1 is in the early implementation stage. SYMHS has facilitated the planning and implementation phases to keep the focus of the innovation on learning and instill the MHSA elements into all project phases. To foster and maintain a collaborative relationship, Sutter-Yuba Mental Health Services, Yuba County Probation, and Sutter County Probation have all been active decision-makers in project planning and implementation.

We are still in the early implementation status because we have had the challenges of recruiting and hiring the mental health clinicians for the project. Following different recruitment strategies, we are very excited to be currently interviewing a diverse pool for applicants for the mental health clinicians' positions. Despite the hiring challenges, the project partners have collaboratively worked together to finalize project details. We will be using a variety of project measurement instruments to measure different project elements, which include the Milestones of Recovery Scale (MORS), LOCUS, STRONG, URICA, and the Partner Collaboration Tool. We expect the project staff to be hired and full project implementation to occur by January 2015. Data collection will immediately follow, thus beginning the project's three-year time frame.

### Challenges:

We initially experienced hiring challenges, but we have overcome this challenge and expect staff hiring to occur by October 2014. Project implementation is progressing.

### Significant Changes:

No significant changes are expected at this time, the project is progressing as planned.

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

### Purpose:

- ❖ Increase the quality of services, including better outcomes

### Description:

The Hmong community in the Sutter and Yuba counties is an underserved population that has a unique understanding of what they believe about mental health. The concepts of mental health do not exist in the traditional Hmong culture. To traditional Hmong clients', mental health ailments, such as low energy, sadness, auditory and visual hallucinations, nightmares, poor appetites, racing thoughts, etc. are considered to stem from spiritual causes. SYMHS has historically been successful in proactively addressing the cultural needs of the mentally ill Hmong population. SYMHS provides a Hmong Outreach Center, which is a place where the Hmong population can socialize and receive culturally appropriate services. Additionally, SYMHS created the Traditional Healers Project, which provided a unique way for us to bridge a gap between mental health clinical staff and community Traditional Healers for the purpose of sharing information, and training each other on western mental health and general health practices/beliefs and traditional Hmong practices/beliefs.

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

a new concept to mental health. The project introduces a new mental health approach and practice for the Hmong mental health clients, with the goal that other communities could learn from the outcomes of the innovation and replicate it to improve the mental health outcomes for their respective Hmong clients.

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

Sutter-Yuba Mental Health Services clinical staff, to include doctors, nurses, therapists, and intervention counselors, will identify a minimum of ten Sutter-Yuba Mental Health Services Hmong clients each year, who have been identified as clients whose mental health symptoms may be improved with additional traditional Hmong practices. It is our hope that we will be serving more than ten clients, but a minimum of ten clients is the recruitment goal.

#### Project Status:

Innovation Project 2 is in the implementation stage. We experienced initial project staffing challenges because of staff changes, but we have recently hired a Hmong-bilingual Intervention Counselor to staff the project. Despite the preliminary staffing challenges, we have continued to plan the project and we are in the process of finalizing details before we began offering the project services to clients. We have been collaborating with Mental Health Association San Francisco (MHASF) to finalize our unique and culturally-responsive survey to be used, in addition to client baseline information for project measurement. We expect full project implementation to occur by January 2015. Data collection will immediately follow, thus beginning the project's three-year time frame.

#### Challenges:

We initially experienced hiring challenges, but we have overcome this challenge. Project implementation is progressing.

#### Significant Changes:

No significant changes are expected at this time, the project is progressing as planned.

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

#### Purpose:

- ❖ Increase the quality of services, including better outcomes

#### Description:

The purpose of continuing mental health and wellness support to the Post-TAY (Transition Age Youth) population that is recovering from serious mental illness is to increase the quality of services, including better outcomes for the Post-TAY with the introduction of specialized mental health and wellness support services that address the unique needs of this population. The Post-TAY population consists of those youth who are ending TAY Services, but whose needs would not be well served in the HOPE Full Service Partnership (FSP) or Adult Outpatient Programs.

Following the conclusion of the TAY services, many of the now Post-TAY have experienced poorer mental health outcomes because they are further transitioning and coping with life stresses from the increased independence and responsibilities of adulthood, while also simultaneously trying to maintain their mental health and recovery without the in-place supports they experienced in the TAY Program.

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

#### Project Elements:

The project utilizes an Intervention Counselor to provide services and provide connections to community resources for housing stability, continuing education, and vocational support tailored to help guide the Post-TAY clients in this transition to adulthood. The Post-TAY program differs from TAY and HOPE in that there is no longer a classroom component to the independent living skills and there is an increased focus on community integration. The expectation is that those skills learned from TAY and HOPE programs will be sufficiently mastered to take a secondary role to educational and vocational needs. Rather than a bridge to adult services, the concept is to launch these young adults successfully into the community and support them in this often-difficult transition to adulthood. This service is under the management of the CSOC/TAY Program Manager and is directly supervised by the TAY supervisor.

#### Project Status:

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

The Intervention Counselor will continue to carry a caseload of these identified at-high Post-TAY at high-risk or mentally ill individuals who have expressed interest in continuing services, but have outgrown the TAY program, either in age or in needs. The number of clients will not exceed the FSP standard of 15. The program will initially serve people between ages 21-30. As of September 2014, we have served 9 different Post-TAY Students. The Post-TAY counselor will eventually carry a full case-load of 12-15 students throughout the project timeframe, with the expectation that we will serve up to 100 Post-TAY Students throughout the project's lifespan. The Post-TAY project staff has diligently been recording qualitative data for each client, as well as capturing MORS scores monthly for each client. After a full year of data collection, the Post-TAY Staff, Administration, applicable community partners, and interested consumers and family members will reconvene to review the project progress, post 1-year implementation.

Challenges:

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

Significant Changes:

No significant changes are expected at this time, the project is progressing as planned.

***\* Please Note- At this time SYMHS will not be requesting review/approval of any new Innovation Programs. We currently want to focus our efforts on our already approved programs. The form below was purposefully left blank.***

- Completely New Program
- Revised Previously Approved Program

**Program Number/Name:**

Select **one** of the following purposes that most closely corresponds to the Innovation’s learning goal.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.
XX
2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.
XX

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

XX

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

XX

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.

XX

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

XX

5. If applicable, provide a list of resources to be leveraged.

XX

6. Please provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

XX

## MHS Program Component WORKFORCE EDUCATION AND TRAINING

### *1. Provide a program description. Include achievements.*

Sutter-Yuba Mental Health Services (SYMHS) recently updated our original WET Plan in 2014. The state-level WET Plan was recently updated. We believe that it is important that the Sutter-Yuba counties WET Plan align with the state's WET Goals, thus we found it to be nice timing to update our plan and align our plan goals with the state's goals. The plan update built off of the original plan and the original community planning process. The themes that emerged during the original community planning process are still reflective in the updated plan. The themes included workforce finances (lack of, or in need of aid), training/education, and transportation issues. The WET Plan Update further emphasizes cultural competence/cultural responsiveness, consumer and family member education and employment/training needs, and public mental health workforce' skill development, education needs, and training needs.

To ensure we captured stakeholder input in the update of the plan and secured public review of the plan and its updates, we conducted a formal community planning process (CPP) that was modeled similarly to the Office of Statewide Health and Planning (OSHPD) CPP process for the State-Level WET Plan update. Five different community feedback/engagement sessions, were held in different areas throughout the Sutter and Yuba Counties at differing times. Meeting information and invites were sent directly to all of the SYMHS employees, and to an extensive list of groups and individuals representing adults and seniors with severe mental illness, family members, providers of service, law enforcement, education, social service agencies, veterans representatives, providers of alcohol and drug services, and community health organizations. Following the community engagement sessions, a 30-day public review was held on June 5, 2014. Subsequently, the plan was approved by the Mental Health Board on June 5, 2014 and by the Sutter County Board of Supervisors on July 22, 2014. We have since begun implementation of the updated action plans.

Current implemented programs include:

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

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

Achievements:

- Funded EBP Training, Aggressive Replacement Therapy (ART). Trained an 8-person ART Trained Development Team.
- Supplemental Funding for EBP Seeking Safety Training sponsored by the Central Region Partnership. Trained 12 SYMHS staff clinicians and 1 Yuba County Sheriff Department Representative.

- Supplemental Funding for UACF Educate, Equip, and Support (EES) Train-the Trainer Training. We now have 3 Train-the Trainers- 1 SYMHS Staff and two Parent Partners.
- Funded Working Well Together- Building a Wellness Workplace: WRAP for work and Peer Support. Trained: 1 SYMHS Staff and 2 Peer Mentors
- Supplemental Funding for UC Davis Extension- CiMH Leadership in Mental Health Services Training Series. Trained 5 staff members.
- Supplemental Funding for Mental Health First Aid (MHFA) Instructor Certification for Youth Curriculum. Trained 1 SYMHS staff and 1 Education Partner.

Current Projects:

MORS Trainer Certification, Trauma-Informed CBT, Behavioral Health Leadership.

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

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

Achievements:

- Hosted Culturally and Linguistically Appropriate Services (CLAS) Standards Overview Training. Trained Administrative staff, Cultural Competence Committee, and the Latino Performance and Improvement Project Committee.
- Supplemental Funding for the Cultural Competence and Mental Health Northern Region Summit XI- Cultural Competence and Workforce Development Conference. Trained 7 SYMHS Staff and 3 Consumers/Family Members.
- Hosted Culturally Responsive Services for Latinos Training. Trained 35 SYMHS employees and 1 Consumer/Family Member.
- Sponsored an organization-wide survey for collecting staff perspective on improving the services for our Latino population.

Current Projects:

SYMHS is hosting a Cultural Formulation Training and funding slots to the Northern California Spirituality Conference.

❖ Youth Workforce and Career Program

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

Achievements:

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

❖ Employment/Education Support: Consumer and Family Leadership Opportunities and Mental Health Educational/Training Opportunities

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

Achievements:



- Program is newly updated and is in the process of being planned and implemented by an inclusive and representative staff committee. Program will be fully implemented by January 2015.

❖ Intern Supervision Program

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

Achievements:

- Program has yet to be implemented. There is a lack of clinical supervisors and space issues that we are currently brainstorming mitigation strategies to be able to provide future placements for interns.

❖ WET Financial Incentives: Tuition and Book Expense Reimbursement for Workforce Development

Program will pay towards costs related to: tuition, registration fees, and books. All reimbursements will be associated with SYMHS employees and contracted peer staff participating in educational activities that possess a direct link to addressing occupational shortages related to clinical/administrative skills needed in: licenses, language proficiency and positions requiring advanced degrees and the under representation of racial/ethnic, cultural and linguistic groups in the SYMHS workforce. Participants receiving reimbursements would agree to remain employed at SYMHS or the SYMHS Employer Record for Contracted Peer Staff for a period up to two years dependent upon total reimbursement amount. Program was formerly the WET Scholarship Program, but after the 2014 WET Update, we shifted the program to a reimbursement model, rather than a scholarship model.

Achievements:

- Successfully partnered with the California Institute for Behavioral Health Solutions and completed the 2013/2014 WET Scholarship Program Cycle. WET Funding provided 7 scholarships for educational program tuition and educational expenses, totaling \$30,577 for Post-Graduate, Bachelor, and Associates programs addressing hard-to-fill positions. Fields of study include Marriage and Family Therapy, Substance Abuse and Alcohol, Public Administration, Psychiatric Nursing, Social Work, and Psychology. 5 SYMHS staff members were awarded and 2 Contracted Peer Staff were awarded.
- Currently, we are finalizing the details of the Tuition and Book Expense Reimbursement Program Model. Full implementation and the opening of the first cycle are expected by April 2015.

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

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

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

No significant changes to the WET Three-Year Plan are expected at this time.

## **MHSA Program Component CAPITAL FACILITIES/TECHNOLOGY**

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

The projects for the Capital Facilities and Technological Needs Improvement Plan (CAP/IT) are being designed to support the programs, services and goals provided by both Sutter and Yuba counties in their unified Mental Health-MHSA program. Two major efforts have been identified. The first is a facilities renovation to support the currently existing CSS supported Wellness and Recovery Center (WeRC). This project has been a long time wish of the consumers and stakeholders of Sutter-Yuba counties. The second effort is to institute an Electronic Health Record (EHR) and associated support structures to meet state and federal mandates to provide Health Information Exchange (HIE). This will include the purchase of an EHR, the purchase of network and workstation hardware to enable use of the EHR and a consumer program to begin training consumers and stakeholders to be able to use the information provided by an EHR. The goal of the EHR, at this stage of the plan, is to set the stage for the SYMHS to move to a full implementation as defined by the State for the exchange of health information. The plan scope and the timeframe of this particular plan do not allow for the complete implementation of a full EHR but are a major step in this direction. Our EHR went live on April 1, 2012.

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

Costs for the facilities renovation to support the currently existing CSS supported Wellness and Recovery Center (WeRC) were more than anticipated. This project is currently being reviewed with additional funds or reduced renovations being considered

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

The implementation and purchase of the EHR has proceeded as planned.

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