MHSA FY 2013/2014 Annual Update COUNTY CERTIFICATION

County: Sutter-Yuba Mental Health Services

County Mental Health Director		Project Lead
Name: Brad Luz, Ph.D.	Name: Patr	ick Larrigan
Telephone Number: (530) 822-7200	Telephone	Number: (530) 822-7200
E-mail:bluz@co.sutter.ca.us	E-mail:plan	rigan@co.sutter.ca.us
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 responsable health services in and for said county and regulations and guidelines, laws and statu and submitting this annual update, including requirements.	that the County hattes of the Mental H	s complied with all pertinent lealth Services Act in preparing
This annual update has been developed we with Welfare and Institutions Code Section Regulations section 3300, Community Placifical to representatives of stakeholder review and comment and a public hearing input has been considered with adjustment expenditure plan, attached hereto, was additionally and the section of the	on 5848 and Title 9 anning Process. The interests and any was held by the lotts made, as approp	of the California Code of ne draft annual update was interested party for 30 days for ocal mental health board. All oriate. The annual update and
Mental Health Services Act funds are and Institutions Code section 5891 and Title 9 3410, Non-Supplant.		<u>*</u>
All documents in the attached FY 2013/1-	4 annual update are	e true and correct.
Brad Luz, Ph.D.		
Mental Health Director/Designee (PRINT)	Signature	Date

MHSA FY 2013/2014 Annual Update FISCAL ACCOUNTABILITY CERTIFICATION¹

County: Sutter-Yuba Mental Health Service	☐ Three-Year Program and Ex☐ Annual Update ☐ Annual Revenue and Exper	•
County Mental Health Director	County Auditor-Con	itroller
Name: Brad Luz, Ph.D.	Name: Robert Stark	
Telephone Number: (530) 822-7200	Telephone Number: (530) 822-73	127
E-mail:bluz@co.sutter.ca.us	E-mail:rstark@co.sutter.ca.us	
County Mental Health Department Mailing Address: 1965 Live Oak Blvd., Suite A P.O. Box 1520 Yuba City, CA 95992-1520		
I hereby certify that the Three-Year Program and Expand Expenditure Report is true and correct and that the requirements as required by law or as directed by the Mental Health Services Oversight and Accountability consistent with the requirements of the Mental Health Institutions Code (WIC) sections 5813.5, 5830, 5840, Code of Regulations sections 3400 and 3410. I furthe approved plan or update and that MHSA funds will of Health Services Act. Other than funds placed in a resultocated to a county which are not spent for their autisection 5892(h), shall revert to the state to be deposite future years. I declare under penalty of perjury under the laws of the update/report is true and correct to the best of my known and that the true and correct to the best of my known and that the true and correct to the best of my known and that the true and correct to the best of my known and that the true and correct to the best of my known and that the true and correct to the best of my known and that the true and	the County has complied with all State Department of Health Card Commission, and that all expension as Services Act (MHSA), including 5847, 5891, and 5892; and Title for certify that all expenditures are negligible used for programs specificative in accordance with an apprehorized purpose within the time and into the fund and available for this state that the foregoing and the	fiscal accountability e Services and the nditures are ng Welfare and e 9 of the California e consistent with an ed in the Mental roved plan, any funds specified in WIC r other counties in
Mental Health Director/Designee (PRINT)	Signature	Date
I hereby certify that for the fiscal year ended June 30, bearing local Mental Health Services (MHS) Fund (W statements are audited annually by an independent aud 30, 2011 for the fiscal year ended June 30, 2011. I full 12, the State MHSA distributions were recorded as reexpenditures and transfers out were appropriated by the with such appropriations; and that the County has confunds may not be loaned to a county general fund or a I declare under penalty of perjury under the laws of the update/report is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and correct to the best of my known that the county is true and the	VIC 5892(f)); and that the Count ditor and the most recent audit reacher certify that for the fiscal year venues in the local MHS Fund; the Board of Supervisors and recomplied with WIC section 5891(a) any other county fund.	ey's financial eport is dated June ear ended June 30, that County MHSA orded in compliance), in that local MHS
County Auditor-Controller (PRINT)	Signature	Date

¹Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

MHSOAC Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

MHSA Community Program Planning and Local Review Process

•	
County: Sutter-Yuba 30-day Public	Comment period dates: 4/2/13 to 5/2/13
Date: 4/1/13 Date of Public Hearing	ng (Annual update only): 5/2/13
Instructions: Utilizing the following format, we will Community Program Planning and Local Review Prannual update/update per Title 9 of the California Communication.	ocesses that were conducted as part of this
Community Progra	am Planning
1. Briefly describe the Community Program Planni components included in the FY 2013/14 annual to obtain stakeholder input.	
Sutter-Yuba Mental Health Services' Annual Lour Program and Expenditure Update Fiscal current programs at current service levels. This public review for 30 days at Sutter-Yuba Mental the County Administrators' Offices. In addition County website along with the original plan and family members, and stakeholders continue to implementation of the Plan. Participation occurred description of some of the ways in which participation.	Year 2013-14. Our proposal maintains is annual update was made available for all Health Services, County Libraries, and n, this annual update was posted on our d the augmentation to the plan. Clients, be involved in the ongoing planning and urs throughout the organization. A brief
The Mental Health Board membership is compound community stakeholders.	osed of consumers, family members and
Consumer employees attend the monthly M Supervisor meetings. They assist in creating commentary on the process.	
Consumers attend weekly MHSA FSP (Full Ser and give input on system design issues and ma	• /
2. Identify the stakeholders involved in the Commu	unity Program Planning (CPP) Process. (e.g.,
name, agency affiliation, population represented, affiliation, primary language spoken, etc.)	
SYMHS Children's Mental Health	Mental Health Advisory Board
SYMHS Ethnic Services	Yuba County CPS
SYMHS Drug and Alcohol	Harmony Health Clinic
CVMLIC Deserves Comisses	Vicha Carrati Duahatian

SYMHS Children's Mental Health	Mental Health Advisory Board
SYMHS Ethnic Services	Yuba County CPS
SYMHS Drug and Alcohol	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 Distri	ct Sutter County Office of Education
Betterday Provider	Foster Parents Association
Options for Change	First Steps
Yuba County Department of Social	Yuba County APS
Services	

3. If consolidating programs or eliminating a program/project, include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

n/a

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The 30 day public comment process for review of the MHSA Plan, Fiscal Year (FY) 2013-14 Annual Update to the Program and Expenditure Plan commenced on April 2, 2013. The notification of public hearing and the FY 2013-14 Annual Update 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 leadership committee members and partner agencies; 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 or mailed to MHSA Coordinator, Sutter-Yuba Mental Health Services, at 1965 Live Oak Blvd., Suite A, P.O. Box 1520, Yuba City, CA 95992-1520 or presented in person. The public hearing before the local Mental Health Board was held on May 2, 2013. The public comment period ended at the conclusion of that meeting.

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

To come.			

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS #2 URGENT SERVICES

1. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).
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 2011-12 there were 1,228 individuals/families served.
2. Describe any challenges or barriers and strategies to mitigate.
The Urgent Services program is progressing as planned.
3. List any significant changes for FY 2013/14, if applicable.
n/a

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS #5 OLDER ADULT

4. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).
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 2011-12, there were 60 individuals/families served.
5. Describe any challenges or barriers and strategies to mitigate.
The Older Adult Services program is progressing as planned.
6. List any significant changes for FY 2013/14, if applicable.
n/a

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS #6 ETHNIC OUTREACH

7. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).
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 2011-12, there were 351 individuals/families served.
8. Describe any challenges or barriers and strategies to mitigate.
The Ethnic Outreach program is progressing as planned.
9. List any significant changes for FY 2013/14, if applicable.
n/a

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS #7 INTEGRATED FULL SERVICE PARTNERSHIP

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 2011-12, there were 264	
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 2011-12, there were 264 individuals/families served. Of those, 93 were ages 0-15, 43 were ages 16-25, 45 were ages 26-59, and 9 were ages 60+. 11. Describe any challenges or barriers and strategies to mitigate. Housing is always an issue for the Integrated Full Service Partnership. We are in the process of purchasing a four-plex using MHSA housing funds to mitigate this problem. 12. List any significant changes for FY 2013/14, if applicable.	
Housing is always an issue for the Integrated Full Service Partnership. We are in the process of purchasing a four-plex using MHSA housing funds to mitigate this problem. 12. List any significant changes for FY 2013/14, if applicable.	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 2011-12, there were 264 individuals/families served. Of those, 93 were ages 0-15, 43 were ages 16-25, 45 were ages 26-59, and 9 were ages 60+.
process of purchasing a four-plex using MHSA housing funds to mitigate this problem. 12. List any significant changes for FY 2013/14, if applicable.	11. Describe any challenges or barriers and strategies to mitigate.
	· · · · · · · · · · · · · · · · · · ·
n/a	12. List any significant changes for FY 2013/14, if applicable.
	n/a

MHSA Program Component PREVENTION AND EARLY INTERVENTION #2 COMMUNITY PREVENTION

1. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).
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 7,000 people trained and educated.
2. Describe any challenges or barriers and strategies to mitigate.
The Community Prevention program is progressing as planned.
3. List any significant changes for FY 2013/14, if applicable.

Exhibit D

MHSA Program Component PREVENTION AND EARLY INTERVENTION # 3 FIRST ONSET

4. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).
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.
5. Describe any challenges or barriers and strategies to mitigate.
The First Onset program is progressing as planned.
6. List any significant changes for FY 2013/14, if applicable.

MHSA Program Component INNOVATION

1. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).
n/a
2. Describe any challenges or barriers and strategies to mitigate.
n/a
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3. List any significant changes for FY 2013/14, if applicable.
n/a

MHSA Program Component WORKFORCE EDUCATION AND TRAINING

1. Provide a brief program description (include notable performance measures, such as number of persons trained and types of training).
SYMHS Workforce, Education, and Training (WET) component was approved in 2011. SYMHS began implementation activities in FY 2011-12. The first step in the implementation of the WET component consisted of the recruitment and hiring of a WET Coordinator in the 4th quarter of Fiscal Year 2011-12. Other components of the plan include Wellness Service Delivery Training, Core Competencies Training, Integrating Cultural Competence in the Public Mental Health System, Intern Supervision Program, Youth Workforce and Career Program, Adult Workforce Plan, and Scholarship Fund Program.
2. Describe any challenges or barriers and strategies to mitigate.
The Workforce Education and Training program is progressing as planned.
3. List any significant changes for FY 2013/14, if applicable.
n/a

MHSA Program Component CAPITAL FACILITIES/TECHNOLOGY

1. Provide a brief program description (include notable performance measures, such as progress towards implementation of plans).

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

(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 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 for FY 2013/14, if applicable.

n/a		

Xx ADD Budget Summary (Excel)

FY 2013/14 MHSA FUNDING SUMMARY

County: Sutter-Yuba Mental Health Services Date: 4/2/2013

	MHSA Funding					
	css	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
Estimated Unspent Funds from Prior Fiscal Years	\$61,474	\$891,399	\$0	\$294,777	\$1,759,335	
2. Estimated New FY 2013/14 Funding	\$4,727,404			\$1,181,851	\$311,013	
3. Transfer in FY 2013/14 ^{a/}						
4. Access Local Prudent Reserve in FY 2013/14						
5. Estimated Available Funding for FY 2013/14	\$4,788,878	\$891,399	\$0	\$1,476,628	\$2,070,348	
B. Estimated FY 2013/14 Expenditures	\$4,266,158	\$180,000		\$772,140	\$0	
C. Estimated FY 2013/14 Contingency Funding	\$522,720	\$711,399	\$0	\$704,488	\$2,070,348	

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

D. Estimated Local Prudent Reserve Balance	
Estimated Local Prudent Reserve Balance on June 30, 2013	\$223,950
2. Contributions to the Local Prudent Reserve in FY 2013/14	\$250,000
3. Distributions from Local Prudent Reserve in FY 2013/14	\$0
Estimated Local Prudent Reserve Balance on June 30, 2014	\$473,950