

## MHSA FY 2012/13 Annual Update County Certification

County: Sutter-Yuba Mental Health Services

<b>County Mental Health Director</b>	<b>Project Lead</b>
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. 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.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2010/11 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.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan be updated annually and approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/13 annual update/update are true and correct.

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Mental Health Director/Designee (PRINT)

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Signature

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Date

## MHSA Community Program Planning and Local Review Process

County: Sutter-Yuba                      30-day Public Comment period dates: 1/9/13 to 2/7/13

Date: 01/03/13                              Date of Public Hearing (Annual update only): 2/7/13

**Instructions:** Utilizing the following format, we will provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

<b>Community Program Planning</b>
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1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

Sutter-Yuba Mental Health Services' Annual Update maintains programs identified in our Program and Expenditure Update Fiscal Year 2012-13. 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 Mental Health Board membership is composed of consumers, family members and community stakeholders.

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., name, agency affiliation, population represented, age, race/ethnicity, client/family member 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
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
Betterday Provider	Foster Parents Association
Options for Change	First Steps
Yuba County Department of Social Services	Yuba County APS

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) 2012-13 Annual Update to the Program and Expenditure Plan commenced on January 9, 2013. The notification of public hearing and the FY 2012-13 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 February 7, 2012. 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**

<p>1. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).</p>
<p>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.</p>
<p>2. Describe any challenges or barriers and strategies to mitigate.</p>
<p>The Urgent Services program is progressing as planned.</p>
<p>3. List any significant changes for FY 2012/13, if applicable.</p>
<p>n/a</p>

**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 2012/13, 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 2012/13, if applicable.

n/a

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

10. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).

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+.

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 2012/13, 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 2012/13, if applicable.



**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 2012/13, if applicable.

**MHSA Program Component  
INNOVATION**

<p>1. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).</p>
<p>n/a</p>
<p>2. Describe any challenges or barriers and strategies to mitigate.</p>
<p>n/a</p>
<p>3. List any significant changes for FY 2012/13, if applicable.</p>
<p>n/a</p>

**MHSA Program Component  
WORKFORCE EDUCATION AND TRAINING**

<p>1. Provide a brief program description (include notable performance measures, such as number of persons trained and types of training).</p>
<p>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.</p>
<p>2. Describe any challenges or barriers and strategies to mitigate.</p>
<p>The Workforce Education and Training program is progressing as planned.</p>
<p>3. List any significant changes for FY 2012/13, if applicable.</p>
<p>n/a</p>

**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 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 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 2012/13, if applicable.

n/a

## MHSA Program Component HOUSING

1. Provide a brief program description (include notable performance measures, such as progress towards implementation of plan).
n/a
2. Describe any challenges or barriers and strategies to mitigate.
n/a
3. Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.
n/a
4. List any significant changes for FY 2012/13, if applicable.
n/a

**FY 2012/13  
MHSa BUDGET SUMMARY**

County: Sutter-Yuba Mental Health Services

Date: 1/3/2013

	MHSa Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. Estimated FY 2012/13 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$302,750	\$891,399	\$768,669	\$196,967	\$0	
2. Estimated New FY 2012/13 Funding	\$4,271,100			\$820,755	\$267,835	
3. Transfer in FY 2012/13 <sup>a/</sup>	\$0	\$0	\$0			\$0
4. Access Local Prudent Reserve in FY 2012/13	\$0			\$0		\$0
5. Estimated Available Funding for FY 2012/13	\$4,573,850	\$891,399	\$768,669	\$1,017,722	\$267,835	
<b>B. Estimated FY 2012/13 Expenditures</b>	\$4,512,376		\$768,669	\$722,945	\$0	
<b>C. Estimated FY 2012/13 Contingency Funding</b>	\$61,474	\$891,399	\$0	\$294,777	\$267,835	

<sup>a/</sup>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 average amount of funds allocated to that County for the previous five years.

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	\$ 223,950
2. Contributions to the Local Prudent Reserve in FY 12/13	\$ -
3. Distributions from Local Prudent Reserve in FY 12/13	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2013	\$ 223,950