

SUTTER-YUBA MENTAL HEALTH SERVICES



Fiscal Year 2016/2017

Annual Update to the Three-Year Program and Expenditure Plan

Posted for 30-day Public Review and Comment:

April 11, 2016 to May 12, 2016

*Sutter-Yuba Mental Health Services (SYMHS)
Fiscal Year 2016/2017 MHSa Annual Update to the Three-Year
Program and Expenditure Plan*

The intent of SYMHS's MHSa Annual Update for Fiscal Year 2016/2017 is to provide the Sutter/Yuba communities with a progress report of each of the components within MHSa: 1- Community Services and Supports; 2-Prevention and Early Intervention; 3-Workforce, Education and Training; 4-Innovation; and 5-Capital Facilities/Technological Needs.

Per MHSa regulations, County Mental Health Departments are required to submit a Three-Year Program and Expenditure plan and update it on an annual basis, based on the estimates provided by the State and in accordance with established stakeholder engagement and planning requirements. This Annual Update reports program activities for the Fiscal Year 2014/2015. A projected 2016/2017 MHSa Budget Summary can be found of page 65.

There is one newly proposed item in this plan update for the Capital Facilities and Technological Needs Component. The proposal on page 54 provides information about redirecting capital funds towards remodeling space in the main clinic building for educational programs directed primarily towards Wellness and Recovery Program clients.

Beyond the Data Collection Reporting System (DCR), work is under way to select and implement an outcome measure tracking system. This system would pull data on patient and program outcomes from the electronic health record for analysis to provide information for data driven decision-making.

The following provides a chronological overview of the program sections included in this Annual Update:

A brief overview of Sutter and Yuba Counties	1
A description of the SYMHS planning process	2
Integrated Full Service Partnership <ul style="list-style-type: none"> ➤ Age 0-5 ➤ Children’s System of Care ➤ Transition Age-Youth ➤ Adult/Older Adult 	6-16
General System Development <ul style="list-style-type: none"> ➤ Adult Urgent Services ➤ Youth Urgent Services 	17-20
Outreach and Engagement <ul style="list-style-type: none"> ➤ Bi-County Elder Services Team ➤ Ethnic Outreach Services 	21-26
Prevention and Early Intervention <ul style="list-style-type: none"> ➤ Community Prevention Program ➤ First Onset Team 	27-30
Innovation Program	31-44
Workforce Education and Training Program	45-49
Capital Facilities and Technology Program	50-62
Budget	63

Nathan Black, CPA

County Auditor-Controller (PRINT)

Signature

Date

¹Welfare 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 Services

30-day Public Comment period dates: April 11, 2016- May 12, 2016

Date of Public Hearing: May 12, 2016

COUNTY DEMOGRAPHICS AND DESCRIPTION

The Sutter and Yuba Bi-County Mental Health Services organization serves the communities of both Sutter and Yuba Counties, including Marysville and Yuba City. Sutter and Yuba Counties are unique in their geographic and demographic characteristics. The counties include more than 1200 square miles of rural, agricultural land, about forty miles north of Sacramento's metropolitan area. Most of the population is at the center of the bi-county area, where the two largest cities, Marysville and Yuba City, face each other on the opposite banks of the Feather River. The community is culturally diverse, and includes people of several different backgrounds that reside in the area including Chinese, African-American, Latino, Laotian (Hmong), and Asian Indian. Yuba County is also the location of Beale Air Force Base, which is a large employer in the area.

Sutter- Yuba Mental Health Services (SYMHS) is a division of the Sutter County Human Services Department. SYMHS has a bi-county structure through a Joint Powers Agreement that provides mental health services and substance use disorder services to residents of both Sutter County and Yuba County. SYMHS oversees the full range of clinical operations for specialty mental health and crisis services. SYMHS serves on average over 5,000 unique mental health clients each year. Spanish is our only threshold language.

The following counties demographics are from the most current and available U.S. Census data.

Sutter County is located in Northern California with 609 square miles and is home to approximately 95,847 people. 74% of Sutter County residents identify as white, followed by 29.9% identifying as Hispanic or Latino, 16.5% identifying as Asian ("Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian"), 4.3% identifying as two or more races, 2.5% identifying as Black or African American, 2.3% identifying as American Indian or Alaska Native and 0.4% identifying as Native Hawaiian or Pacific Islander. The amount of people aged under 5 is 6.7%, aged under 18 is 26.4%, and aged over 65 is 14.5%. Women comprise just over 50% of the population.

Yuba County is located in Northern California with 644 square miles and is home to approximately 73,966 people. The amount of people aged under 5 is 8.1%,

aged under 18 is 27.8%, and aged over 65 is 11.4%. Women comprise just fewer than 50% of the population.

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 they 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 2016/2017 Annual Update.*

Sutter-Yuba Mental Health Services' MHS 2016/2017 Annual Update 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 Advisory Board membership is composed of consumers, family members and community stakeholders and meets the first Thursday of every month.
- Community stakeholders, clients, and family members continue to be active committee members and active stakeholders in a variety of ways, which include, but are not limited to: Monthly Cultural Competence Committee Meetings, Innovation Program- Annual Learning Meeting Sessions, MHS Annual Update Community Information Sessions, Latino Outreach Center Meetings, Workforce Education and Training Activity Meetings, and SYMHS Training Attendees. All of these opportunities enable the community, clients, and family members to give input on system design issues and make recommendations for improvement.

Currently, 3 Community Information Sessions are planned for community members and other stakeholders to attend and learn more about the MHSA Programs at Sutter-Yuba Mental Health Services. We will welcome public review and comment on the Annual Update. The meeting information is as follows:

Date	Time	Place
Tuesday, April 12, 2016	5:15 pm- 6:15 pm	Yuba County Government Center Wheatland Room 915 Eighth Street Marysville, CA
Wednesday, April 13, 2016	12:00 pm-1:00 pm	Sutter-Yuba Mental Health Services Valley Oak Room 1965 Live Oak Blvd, Suite A Yuba City, CA
Thursday, April 14, 2016	5:15 pm- 6:15 pm	Sutter-Yuba Mental Health Services Valley Oak Room 1965 Live Oak Blvd, Suite A Yuba City, CA

As these meetings occur, this section will be updated with an overview of the meeting and any substantive feedback that is received.

- 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.).*

Area 4 Agency on Aging	Sutter County Office of Education
Behavioral Health Advisory Board	Sutter County Probation
Bridges to Housing	Sutter County Sheriff
Casa De Esperanza	Sutter County Welfare
Catholic Ladies Relief Society	Sutter-Yuba Friday Night Live
Consumers/Family Members	SYMHS Adult Services
Contracted Peer Staff	SYMHS Children's Services
Domestic Violence Services provider	SYMHS CSOC
Family SOUP	SYMHS Ethnic Services
FREED	SYMHS PES
Foster Parents Association	SYMHS Resource Services
Grace Source	SYMHS Substance Use Disorders
Hands of Hope	Victor Treatment Services
Harmony Health Clinic	Western Farm Workers Association
Hmong American Association	Yuba City Police Department

Homeless Consortium	Yuba City Unified School District
Local LGBTQ Representatives	Yuba County APS
Marysville Joint Unified School District	Yuba County BOS
Marysville Police	Yuba County CalWorks
NorCal Services for the Deaf and Hearing	Yuba County CPS
Options for Change First Steps	Yuba County Department of Social
REST	Yuba County Health and Human Services
Rideout Hospital	Yuba County HHSD
Salvation Army and the Depot	Yuba County Probation
Services	Yuba County Sheriff
St. Andrew's Church	Yuba County Welfare
St. John's Church	
Sutter County BOS	
Sutter County CPS	
Sutter County Employment Services	
Sutter County Jail	

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 minimum 30 day public comment process for review of the FY 2016/2017 MHSA Annual Update and Expenditure Plan, will commence on May 12, 2016. The MHSA Annual Update and Expenditure Plan was distributed to all Sutter-Yuba Mental Health Services provider sites, and made available at the Sutter County and the Yuba County main libraries. The 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, Network of Care website for Yuba County, Facebook, and LinkedIn. The internet addresses are listed below:

<http://www.suttercounty.org/SYMHS>
<http://www.Sutter.networkofcare.org>
<http://www.Yuba.networkofcare.org>
<http://www.sutter.networkofcare.org/veterans>
<http://www.yuba.networkofcare.org/veterans>

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 mginilo@co.sutter.ca.us or mailed to MHSA Coordinator, Sutter-Yuba Mental Health Services, at 1965 Live

Oak Blvd., Suite A, and P.O. Box 1520, Yuba City, CA 95992-1520 or presented in person. The public hearing before the local Behavioral Health Board will be held on *May 12, 2016*. *The public comment period will be ended at the conclusion of that meeting.*

As the community planning process progresses, all updates will be provided in this section.

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.*

As comments are received, they will be placed here.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

In the Community Services and Supports Section, you will find individual program descriptions, available program-specific data, and any challenges and significant updates. Below is a general overview of the SYMHS Integrated Full Service Partnership (FSP):

FSP Age Group	Total Clients Served
Child	68 (39.1%)
TAY	73 (42.0%)
Adult	30 (17.2%)
Older Adult	3 (1.7%)
TOTAL SERVED	174
Gender	
Male	72 (41.4%)
Female	102 (58.6%)
Race	
American Native or Alaskan Native	5 (2.9%)
Black or African American	6 (3.4%)
Cambodian	1 (0.6%)
Hmong	3 (1.7%)
Laotian	1 (0.6%)
Multiple	8 (4.6%)
Other	16 (9.2%)
Other Asian	1 (0.6%)
Unknown/Not Reported	2 (1.1%)
Vietnamese	1 (0.6%)
White	1 (0.6%)
White or Caucasian	129 (74.1%)

Full Service Partnership Outcome Data

The following tables represent SYMHS FSP Data for Children, TAY, Adults and Older Adults who have been served by the various services within the Integrated FSP. Outcome reports were generated from the Data Collection Reporting (DRC) System.

CHILDREN (Partners Who Completed at Least 1 Year of Partnership)

HOMELESSNESS	
1 year prior to partnership, # of days homeless	71
Year 1 during partnership, # of days homeless	0
1 year prior, # of partners homeless	1
Year 1 during partnership, # of partners homeless	0
PSYCHIATRIC HOSPITAL USE	
1 year prior to partnership, # of days in nursing psychiatric or psychiatric hospital	90
Year 1 during partnership, # of days in nursing psychiatric or psychiatric hospital	93
1 year prior, # of partners in nursing psychiatric or psychiatric hospital	5
Year 1 during partnership, # of partners in nursing psychiatric or psychiatric hospital	7
MENTAL HEALTH EMERGENCY EVENTS	
1 year prior to partnership, # of mental health emergency events	27
Year 1 during, # of mental health emergency events	2
INCARCERATIONS	
1 year prior to partnership, # of partners with incarceration days	8
Year 1 during partnership, # of partners with incarceration days	6
ARRESTS	
1 year prior to partnership, # of partners with arrests	10
Year 1 during partnership, # of partners with arrests	2

TAY (Partners Who Completed at Least 1 Year of Partnership)

HOMELESSNESS	
1 year prior to partnership, # of days homeless	551
Year 1 during partnership, # of days homeless	60
Year 1 during partnership, # of partners homeless	3
Year 2 during partnership, # of partners homeless	2
PSYCHIATRIC HOSPITAL USE	
1 year prior to partnership, # of days in nursing psychiatric or psychiatric hospital	487
Year 1 during partnership, # of days in nursing psychiatric or psychiatric hospital	104
1 year prior, # of partners in nursing psychiatric or psychiatric hospital	16
Year 1 during partnership, # of partners in nursing psychiatric or psychiatric hospital	4
MENTAL HEALTH EMERGENCY EVENTS	
1 year prior to partnership, # of mental health emergency events	44
Year 1 during, # of mental health emergency events	6
INCARCERATIONS	
1 year prior to partnership, # of partners with incarceration days	9
Year 1 during partnership, # of partners with incarceration days	8
ARRESTS	
1 year prior to partnership, # of partners with arrests	12
Year 1 during partnership, # of partners with arrests	5

ADULTS (Partners Who Completed at Least 2 Years of Partnership)

HOMELESSNESS	
1 year prior to partnership, # of days homeless	31
Year 1 during partnership, # of days homeless	0
Year 2 during partnership, # of days homeless	0
1 year prior to partnership, # of partners homeless	2
Year 1 during partnership, # of partners homeless	0
Year 2 during partnership, # of partners homeless	0
PSYCHIATRIC HOSPITAL USE	
1 year prior to partnership, # of days in nursing psychiatric or psychiatric hospital	456
Year 1 during partnership, # of days in nursing psychiatric or psychiatric hospital	45
Year 2 during partnership, # of days in nursing psychiatric or psychiatric hospital	19
1 year prior, # of partners in nursing psychiatric or psychiatric hospital	7
Year 1 during partnership, # of partners in nursing psychiatric or psychiatric hospital	2
Year 2 during partnership, # of partners in nursing psychiatric or psychiatric hospital	2
MENTAL HEALTH EMERGENCY EVENTS	
1 year prior to partnership, # of mental health emergency events	26
Year 1 during, # of mental health emergency events	1
Year 2 during, # of mental health emergency events	0
INCARCERATIONS	
1 year prior to partnership, # of partners with incarceration days	1
Year 1 during partnership, # of partners with incarceration days	0
Year 2 during partnership, # of partners with incarceration days	0
ARRESTS	
1 year prior to partnership, # of partners with arrests	3
Year 1 during partnership, # of partners with arrests	1
Year 2 during partnership, # of partners with arrests	0

OLDER ADULTS (Partners Who Completed at Least 2 Years of Partnership)

HOMELESSNESS	
1 year prior to partnership, # of days homeless	0
Year 1 during partnership, # of days homeless	0
Year 2 during partnership, # of days homeless	0
1 year prior to partnership, # of partners homeless	0
Year 1 during partnership, # of partners homeless	0
Year 2 during partnership, # of partners homeless	0
PSYCHIATRIC HOSPITAL USE	
1 year prior to partnership, # of days in nursing psychiatric or psychiatric hospital	65
Year 1 during partnership, # of days in nursing psychiatric or psychiatric hospital	0
Year 2 during partnership, # of days in nursing psychiatric or psychiatric hospital	0
1 year prior, # of partners in nursing psychiatric or psychiatric hospital	1
Year 1 during partnership, # of partners in nursing psychiatric or psychiatric hospital	0
Year 2 during partnership, # of partners in nursing psychiatric or psychiatric hospital	0
MENTAL HEALTH EMERGENCY EVENTS	
1 year prior to partnership, # of mental health emergency events	5
Year 1 during partnership, # of mental health emergency events	0
Year 2 during partnership, # of mental health emergency events	0

INCARCERATIONS	
1 year prior to partnership, # of partners with incarceration days	0
Year 1 during partnership, # of partners with incarceration days	0
Year 2 during partnership, # of partners with incarceration days	0
ARRESTS	
1 year prior to partnership, # of partners with arrests	1
Year 1 during partnership, # of partners with arrests	0
Year 2 during partnership, # of partners with arrests	0

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

1. *Provide a program description. Include achievements and notable performance outcomes.*

**Age 0-5 Program within the Integrated Full-Service
Partnership**

The FSP 0-5 Program is a full service, intensive treatment for children age 0-5 who have behavioral problems that significantly impact their social, emotional, and educational experiences. The children and families served meet all or some of the following risk factors: children are at risk of out of home care; exposed to violence in the home and/or community; may have parent(s) with a mental health or substance abuse disorder; at risk of homelessness; belong to a racial/ethnic minority or disadvantaged group.

Approximately 19 unduplicated clients were served in the 0-5 Program for FY 2014/2015.

Program Evaluation Efforts:

Please see the FSP Outcomes page and review the "Child 0-15" Outcomes.

For more program specific outcomes, the Child Behavior Checklist (CBCL) for Ages 1.5-5 is also used. We are in the early stages of implementing the Child Behavior Checklist (CBCL) as an outcome measure for the program. SYMHS administration is in the process of formalizing a data collection and reporting process for the CBCL.

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

As of December 2015, SYMHS reorganized the CSOC Department and Youth Services Department under one Program Manager, instead of keeping it separate. As with any change, this will required staff adjustment.

3. *List any significant changes in Annual Update, if applicable.*

The entire Youth Outpatient Services Division, which includes all the youth MHSA services will be relocating to a new building. This will result in increased moving costs for the 2016/2017 MHSA budget, but this relocation will enable all of the Youth Services staff to be co-located within one building. The move is scheduled to occur in July 2016.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

- 1. Provide a program description. Include achievements and notable performance outcomes.*

**Age 6-15/ Children's System of Care (CSOC) within the
Integrated Full-Service Partnership**

Children's System of Care (CSOC) coordinates the efforts of several county agencies, including Probation, Child Protective Services, the schools and Mental Health to provide a single plan for intensive services that are required to keep children in the most natural and least restrictive setting as possible.

Each family participates in the process of planning and assessing the services and interventions they receive to help youth function more effectively in school, home and the community. Services include case management, therapy, substance abuse counseling (when appropriate), psychiatric services, crisis services, and housing services.

Services are provided to youth (and their families) between the ages of 6-15 who have been assessed to have severe mental health needs or emotional disturbances that put them at risk of placement in psychiatric hospitals, high level group homes, or incarceration. Services are provided in the home, community or in the schools. The goal of CSOC is to keep kids safe, at home, in school and in the community.

As a result of services through CSOC, the majority of clients are able to transition to lower levels of care from high level group homes or were maintained in the home. With services, clients were also able to stay in school and in their communities.

During FY 2014/2015, there were approximately 44 clients served through CSOC.

Program Evaluation Efforts:

Please see the FSP Outcomes page and review the "Child 0-15" Outcomes.

In addition to utilizing data from the DCR, the CALOCUS is used to determine the level of service intensity a client needs. We are in the early stages of implementing the Child Behavior Checklist (CBCL) as an outcome measure for the program. SYMHS administration is in the process of formalizing a data collection and reporting process for the CBCL.

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

As of December 2015, SYMHS reorganized the CSOC Department and Youth Services Department under one Program Manager, instead of keeping it separate. As with any change, this has required staff adjustment.

Another barrier is access to the lack of age-appropriate activities in the community. This has been somewhat mitigated with the use of MHSA funds to assist clients in accessing sports and other recreational activities. Staff has also worked with clients in identifying safe extra-curricular activities that can occur in the community.

3. List any significant changes in Annual Update, if applicable.

The entire Youth Outpatient Services Division, which includes all the youth MHSA services will be relocating to a new building. This will result in increased moving costs for the 2016/2017 MHSA budget, but this relocation will enable all of the Youth Services staff to be co-located within one building. The move is scheduled to occur in July 2016.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

1. *Provide a program description. Include achievements and notable performance outcomes.*

Transition-age Youth (TAY), Ages 16-25 within the Integrated Full-Service Partnership

The TAY Full Service Partnership program has a “Whatever It Takes” philosophy. The TAY population is young adults (ages 16-25) with serious mental health or co-occurring mental health and substance abuse issues that result in psychiatric hospitalizations, incarceration, homelessness, school failure and unemployment. The average TAY student is male, over age 18, has little family/social support, has a substance abuse issue in addition to a mental health disorder, did not finish high school, has never been gainfully employed and has no income, if not on SSI, may be transient, and has had at least some contact with the legal system.

We prioritize young adults who have been involved in or are aging out of other systems, such as residential placements in group home facilities, the child welfare/foster care system, and juvenile probation supervision. Most of the students are referred by SYMHS in-patient staff or the above agencies. We also accept self-referrals, if appropriate. Referrals are further prioritized by the current risk factors and acuity of mental health symptoms or diagnosis.

TAY “students” are served by a multi-disciplinary treatment team of mental health professionals including a Therapist, Case Manager or “Mentor”, Substance Abuse Counselor, Peer Mentor, Housing Resource Specialist, Vocational Resource Specialist, Nurse and a Psychiatrist. TAY students choose from a menu of services offered by these professionals. The treatment is individualized to best meet the recovery needs and current developmental stage of each TAY student. Many of the services are provided where it is most convenient for the student - home, community or the TAY office.

Three days per week, TAY staff provides group rehabilitation services including independent living skills classes. Examples of these classes include money management, cooking skills, understanding how to read an apartment rental lease, writing an effective resume and cover letter, appropriate social skills in the workplace, etc. In addition, we cover psycho educational wellness topics, such as understanding one’s mental health symptoms and how to successfully cope with them, the impact of substance use on mental health symptoms, how to get along well with others, communication skills, etc. TAY staff also focuses on the development of healthy positive leisure time skills and experiences such as field trips in the community and working out at a local gym with Peer Staff through the paid TAY gym membership.

TAY students also have after-hours emergency phone access to TAY staff via an “on-call” cell phone that allows them to talk to a staff member who knows them personally without having to call or visit SYMHS Psychiatric Emergency Services to talk with someone who does not know them well. Crises can be upsetting for clients and we have found they are more comfortable when they can call and speak with someone they already know.

In Fiscal Year 2014/2015, 60 clients were served through TAY.

Program Evaluation Efforts:

Please see the FSP Outcomes page and review the “Transition Age Youth” Outcomes.

In addition to utilizing data from the DCR, the Levels of Care Utilization Scale (LOCUS) is used to determine the level of service intervention a client needs. We are in the early stages of implementing the Child Behavior Checklist (CBCL) and the Milestone of Recovery Scale as outcome measures for the program. SYMHS administration is in the process of formalizing a data collection and reporting process for both the CBCL and the MORS.

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

The TAY Program currently has interim leadership, which has resulted in a less than normal staffing pattern throughout the CSOC and TAY FSPs. There is a current wait list to enroll in the TAY FSP. Additionally, as of December 2015, SYMHS reorganized the CSOC Department and Youth Services Department under one Program Manager, instead of keeping it separate. As with any change, this has required staff adjustment. Lastly, there is more demand for substance abuse counseling services than can be currently met by the one part-time time assigned counselor and could be mitigated by hiring additional staff to address the substance abuse needs of the TAY population.

3. List any significant changes in Annual Update, if applicable.

The entire Youth Outpatient Services Division, which includes all the youth MHSA services will be relocating to a new building. This will result in increased moving costs for the 2016/2017 MHSA budget, but this relocation will enable all of the Youth Services staff to be co-located within one building. The move is scheduled to occur in July 2016.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

1. *Provide a program description. Include achievements and notable performance outcomes.*

Adult/ Older Adult Program within the Integrated Full-Service Partnership

SYMHS provides intensive community-based services for individuals who are between the ages of 26 to 59 years old with severe mental illnesses and/or co-occurring disorders, which are underserved, at risk of homelessness, hospitalization or re-hospitalization, and/or incarceration to achieve improved quality of life and community stability. The FSP also provides intensive community-based services to older adults aged 60+ who are diagnosed with severe mental illness and who may also have complex medical needs, co-occurring disorders, and/or specialized needs related to mental health and aging.

33 individuals were served by the Adult/Older Adult FSP during the 14/15 Fiscal Year. Of this 33, 30 were adults and 3 were older adults.

FSP SUPPORT:

- **Housing Resource Specialist:** Coordinates with existing housing programs; develops partnerships with local landlords; assists clients in locating affordable temporary/ emergency/ transitional/ permanent housing. The Housing Resource Specialist assists clients with paper work and navigating systems in order to avoid homelessness.
- **Employment Resource Specialist:** Assesses and provides a wide variety of employment and pre-employment resources for clients who have expressed interest in community employment. The Employment Resource Specialist coordinates a Vocational Training Program that provides time-limited paid work skills training through supported employment at a variety of local businesses.
- **Wellness & Recovery Center:** Peer Staff, Peer Volunteers, and County providers work as an integrated team to provide a wide range of wellness and recovery-oriented activities and services such as Culinary Academy, Home Economics, Double Trouble, Pathways to Recovery, Town Hall, Art and Music Groups, Peer Counseling, building social support, community reintegration, and employment training opportunities.

Program Evaluation Efforts:

Please see the FSP Outcomes page and review the “Adults” and “Older Adults” Outcomes.

In addition to utilizing data from the DCR, the Levels of Care Utilization Scale (LOCUS) is used to determine the level of service intensity a client needs. We are in the early stages of implementing the Milestone of Recovery Scale as outcome measures for the program. SYMHS administration is in the process of formalizing a data collection and reporting process for both the CBCL and the MORS.

1. Describe any challenges or barriers, and strengths to mitigate.

SYMHS has been following the medical model for treatment. The FSP team is in the process of transferring to a more recovery-oriented program model. Additionally, we are in the process of increasing staff to ensure adequate coverage because of the increase care load size, as a result of the increase LPS Conservatorships in both counties.

2. List any significant changes in Annual Update, if applicable.

None at this time, the program is progressing as planned.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

- 1. Provide a program description. Include achievements and notable performance outcomes.*

MHSA Adult Urgent Services

The Adult Urgent Services program is responsible for intake and access to adult outpatient services, and for providing or connecting consumers with urgent and ongoing therapy, case management, medication, and dual diagnosis services as needed.

Notable program achievements include short wait times for Clinic triage and intake/assessment, short wait times for Urgent Services psychiatric services (3.74 days average) and relatively short wait times for non-urgent psychiatric services (21 days average).

In FY 2014/2015 there were a total of 1,465 sign-ins to Open Access Clinic (includes duplicates) and a total of 1,145 unduplicated clients. A total of 1,158 triages were completed (includes duplicates). 330 clients (28.8% of all clients seen) completed intake/assessment. 222 individuals from Open Access Clinic were scheduled for standard psychiatric evaluations from Open Access Clinic and 63 were seen for urgent medication evaluations. A total of 1,882 outpatient therapy appointments were scheduled with the Urgent Services therapists.

Program Evaluation Efforts:

The program will continue to measure wait-time outcomes for all offered services, in order to continually provide quick access to services. Additionally, program staff are being trained to use the Milestones of Recovery Scale (MORS). Data will be collected every 6 months.

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

One barrier is that we continue to have very high numbers of individuals coming to Open Access who are reporting significant mental health symptoms/mental health history and are also using illicit drugs. A unified approach to treating both issues is sometimes difficult to achieve. We have been attempting to mitigate this by including two CADAAC certified substance abuse counselors during Open Access Clinic hours to create an interdisciplinary approach. Our Open Access Clinic team member who was previously split between Adult Urgent Services and SUDS is now working full time with the Adult Urgent Services team, focusing on the dual-diagnosis population. We have also added additional dual diagnosis treatment groups (Addiction Free Pain Management and Co-Occurring Disorder Group).

Starting March 21st, 2016, we will be expanding the Open Access Clinic hours to five days a week, Monday through Friday from 8 am – 3 pm. We will be combining Open Access with the Options for Change Orientation process. This change will allow clients to begin receiving help for either mental health or substance use disorders 5 days a week on a walk-in basis.

2. List any significant changes in Annual Update, if applicable.

None at this time, the program is progressing as planned.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

4. *Provide a program description. Include achievements and notable performance outcomes.*

MHSA Youth Urgent Services

SYMHS Urgent Youth Services program provides expedited access to outpatient behavioral health services for youth who have been taken to Psychiatric Emergency Services (PES) experiencing suicidal ideation or homicidal ideation and are not hospitalized but are sent home with a safety plan in place. The program also provides expedited mental health assessments for youth who have been hospitalized as a danger to self, danger to others or as gravely disabled. The Urgent Youth Services team is comprised of a licensed therapist and a case manager. A youth is assessed (generally within 3 days of their PES visit) and the team works to address current crisis and risk needs to stabilize the youth and family and move into ongoing behavioral health services or to stabilize the youth and family to discharge from services. The team conducts weekly reviews with a multidisciplinary team to ensure every child who visits Psychiatric Emergency Services or is hospitalized has been offered expedited and adequate care.

- Unduplicated # of individuals served for Fiscal Year 2014-2015: 65
- Total # Served for Fiscal Year 2014-15: 70
- # of individuals who returned to PES within the reporting 14-15 year:
 - 12
- # of individuals served by the program who were hospitalized within the reporting 14-15 Year:
 - 9

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

SYMHS has seen an increase in the overall numbers of youth coming into Psychiatric Emergency Services either voluntarily or on a 5150 hold, an increase in the number of youth returning to PES (18%) and in the number of those youth served by Urgent Youth Services who needed to be hospitalized (14%).

6. *List any significant changes in Annual Update, if applicable.*

- Notable changes to the Urgent Youth Services program are as follows:
 - The Urgent Youth Services team receives their referrals primarily from Psychiatric Emergency Services and through the psychiatric hospitalization/discharge process.
 - The Youth Mentor role was severely underutilized and when the position became vacant, SYMHS chose not to fill the position. Youth frequently refused Peer Mentor services when they were offered, and while this role and level of service as a part of the team was well intended, it did not seem to match the needs of the youth being

- services in this program. There does not appear to be an ongoing need to include this role as a part of the Urgent Services team.
- The Parent Partner role was also underutilized, but not to the same degree as the Youth Mentor role. When the Parent Partner position became vacant, it was also not filled. The ongoing need to include this role as a part of the Urgent Services team should be assessed and thoughtfully considered.
 - Youth are assessed and if deemed to meet medical necessity and SYMHS level of care, are offered services in a variety of ways. The development of the individualized treatment plan is strength based and youth and family driven. Youth may be offered brief individual and family therapy services through the Urgent Youth Services therapist. Case management and rehabilitation services are available to increase positive social, educational and community engagement, and to promote skill development and coping strategies. Psychiatric assessment and medication support are provided if needed. Youth may be referred to more long term behavioral health services through SYMHS Youth Outpatient Services, SYMHS Full Service Partnership Programs, or through our contract provider, Victor Community Support Services (VCSS). Referral and linkage to the above listed services is provided by the Urgent Youth Services therapist and case manager. The team refers and/or integrates other supports and resources when necessary which may include but are not limited to the SYMHS and VCSS services previously mentioned, in addition to Therapeutic Behavior Services (TBS), Wraparound Services and other Evidenced Based Programming such as Functional Family Therapy (FFT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
 - Urgent Youth Services staff deliver services to families that are consistent with the values of building upon parental strengths, supporting and encouraging growth, and intervening in negative patterns of parenting. Due to the brief nature of the Urgent Youth Services program, youth are referred to family specific evidenced based programs as needed.
 - Services to address the significant problems that arise when youth have been exposed to trauma are incorporated into the service delivery structure in Urgent Youth Services. Due to the brief nature of the Urgent Youth Services program, youth are referred to trauma specific evidenced based programs as needed.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

1. Provide a program description. Include achievements and notable performance outcomes.

The Bi-County Elder Services Team (BEST) is an Older Adult Services Program that 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. There is currently a .55 FTE allocated to the BEST Program. The BEST staff person provide assessments, treatment planning, therapy, case management and outreach to community entities that work with older adults and to older adults themselves.

Since program inception, the BEST program continues to maintain relationships with community entities that serve older adults, such as Sutter/Yuba counties' Adult Protective Services, senior housing entities, senior legal services, private caregiver companies, etc. BEST has continued to be in high demand for outreaches, as there are many requests for community outreaches, even after having educated over a 1000 people in Sutter/Yuba communities about older adult mental health issues over the past decade.

The unduplicated count for those served in FY 2014/2015 was 67 individuals. In FY 2014/2015, there have been 10 outreach events and 163 individuals trained in older adult mental health issues.

Program Evaluation Efforts:

The Adult Outpatient Department, which provides oversight to this program, enforces the use of the Level of Care Utilization System (LOCUS) tool for evidence-based treatment planning. Additionally, program staff are being trained to use the Milestones of Recovery Scale (MORS). Data will be collected every 6 months.

1. Describe any challenges or barriers, and strategies to mitigate.

Currently, there is only one .55 FTE assigned to the BEST Program. However, there is a plan in place to relieve this position of other duties assigned and to return it to at least .75 FTE. This would allow more time for therapy, case management, community outreach and the continued maintenance of established community-based relationships that have not been able to be maintained as a result of the lack of time available to this position.

2. List any significant changes in Annual Update, if applicable.

There are none at this time; the program is progressing as planned.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

SYMHS Ethnic Outreach Program

The MHSA Ethnic Outreach Team consists of Latino and Hmong providers who have sensitivity to and understanding of the mental health and other special needs of the persons they serve. Bilingual outreach, referral, linkage, counseling, and other services are provided in a variety of settings, such as schools, homes, local primary care clinics, community agencies, SYMHS Clinic, and the Hmong Outreach Center.

In FY 2014/2015, the Ethnic Services Program served 228 unduplicated clients.

Please read below for more specific Ethnic Outreach program descriptions, program challenges, and significant changes.

Hmong Outreach Program:

- 1. Provide a program description. Include achievements and notable performance outcomes.*

The Hmong Outreach Center was established under the MHSA CSS plan in efforts to provide culturally and linguistically responsive mental health services to the underserved Hmong population in Yuba and Sutter counties. In an effort to reduce stigma and increase access, the Center is located in Olivehurst, CA, where the majority of the Hmong population resides. Services are provided by bilingual/bicultural Hmong staff. The Hmong Outreach Program currently provides intake assessments, groups, 1:1, case management, crisis intervention, and consultation services. At this time, the Program mainly services the Hmong adult population due to there being a limited number of Hmong children/youths in services because of stigma and lack of mental health awareness in children among Hmong parents.

The most notable program achievement includes developing culturally responsive rehab group services that runs 4 days/week and being able to engage/retain 46 individuals in this service.

In FY 2014/2015, the Hmong Program has served 65 individuals and families.

Program Evaluation Efforts:

A stigma assessment survey was recently developed and will be used to assess and improve services and program activities. Also, the Adult Outpatient Department, which provides oversight to this program, enforces the use of the Level of Care Utilization System (LOCUS) tool for evidence-based treatment

planning. Additionally, program staff are being trained to use the Milestones of Recovery Scale (MORS). Data will be collected every 6 months.

1. Describe any challenges or barriers, and strategies to mitigate.

The concept of mental health counseling and counseling services are relatively new to the Hmong population and so it has been a challenge to engage and retain this group in services. Strategies that have been used and will continue to be used in engaging and retaining individuals in services include: group outings, cultural activities and activities familiar to this population, and eliminating transportation barriers by providing transportation to/from the Center for group services.

Efforts are also currently being used to reach out to Hmong youths and young adults to educate about mental health services. More specifically, a logo contest for the Hmong Outreach Center has been launched as a creative opportunity for dialogue, education and outreach to Hmong youths and young adults about mental health illness.

In addition, the Center has launched the Hmong Traditional Healer's Project as part of Prevention and Early Intervention (PEI) efforts to cross train and collaborate with Hmong traditional healers in identifying the first onset of mental health illness. To date, the Project has worked with and trained 17 Hmong traditional healers and provided a minimum of 15 informal/formal cross trainings to western providers about Hmong traditional healing practices, including 2 sessions with SYMHS psychiatrists.

The Center is also currently in its very beginning phases of implementing a project as part of Innovations (INN) titled "A culturally competent collaboration to address serious mental illness in the Traditional Hmong population." See the Innovation Section of this report for more information.

2. List any significant changes in Annual Update, if applicable.

There are none at this time; the program is progressing as planned.

Latino Outreach Program:

1. Provide a program description. Include achievements and notable performance outcomes.

The Latino Outreach Program was established under the MHSA CSS plan in an effort to provide culturally and linguistically responsive mental health services to the underserved Latino population in Sutter and Yuba Counties.

As described in the FY 15-16 Annual Update, there was a significant effort to reduce stigma and increase access, thus SYMHS relocated the Latino Outreach

Program to a new service location in a non-stigmatizing existing county rented office space in the Holly Oak business complex in September 2015. This business complex has the added bonus of being conveniently located near affordable public housing that is home to many Latino beneficiaries and near the Sutter County Social Services/Welfare departments. In addition, bus transportation is nearby.

The Latino Outreach Team has remained focused on providing culturally responsive services, which have included:

Direct Services: Assessment, Individual Therapy, Group Therapy, Family Therapy, Consultations, Community-Based Services, Case Management, Referrals/Linkages to Community Resources, and School-Based Mental Health Services.

Outreach and Education: Community Outreach, Educational Outreach, and Consumer and Family Education.

In addition to the above core services, the Latino Outreach Program provides transportation, culturally and linguistically appropriate behavioral health services- as directed by the client, convenient evening appointments, and referrals to Resource Specialists in Housing, Employment and PEI.

In FY 2014/2015, the Latino Outreach Program served 163 unduplicated individuals.

Program Evaluation Efforts:

SYMHS currently obtains the following for data collection/evaluation purposes: the number of clients served and race/ethnicity data from the DCR reporting system and SYMHS electronic health record system, the access rate data from APS healthcare, and the annual client satisfaction survey. Additionally, program staff have recently been trained in the Milestones of Recovery Scale (MORS) and will be using that to monitor recovery progress.

1. Describe any challenges or barriers, and strategies to mitigate.

The Latino Outreach Team is adjusting to their new service site location and is currently working in the midst of upcoming remodels, which can make for a challenging environment, but staff remain excited for the changes. Current recruitment efforts are occurring for a peer staff navigator, which will help relieve some of this work burden on other program staff members. Additionally, case management was moved to the main campus, but access to case management is still available to the Latino Outreach staff by referral. Lastly, there is hopes that the program will continue to grow and see an increased number of Latino clients. As this happens, staff want to ensure that there is staff available to treat this hopeful influx of clients because of the program relocation.

2. *List any significant changes in Annual Update, if applicable.*

There are none at this time; the program is progressing as planned.

MHSA Program Component PREVENTION AND EARLY INTERVENTION (PEI)

1. Provide a program description. Include achievements and notable performance outcomes.

Prevention and Early Intervention Services (PEI) provides for a multitude of free services and trainings for community members, staff of schools and law enforcement personnel. Activities are designed to increase awareness of risk factors and early warning signs of mental health disorders and to decrease stigma. The SYMHS Plan consists of 5 major area components, all of which include a prevention categorized activity or an early intervention categorized activity. The 5 PEI Program areas include:

- Area 1: Community Prevention Team
- Area 2: Mentoring
- Area 3: Strengthening Families
- Area 4: Recreational Opportunities
- Area 5: First Onset

The plan consists of an interagency, multidisciplinary team that actively collaborates with Schools, Family Resource Centers (FRC), Churches, nonprofits and other agencies in the Sutter and Yuba Communities. Sixteen staff have a portion of their time dedicated to PEI activities. There is one full-time Prevention Services Coordinator who has additional duties as well. The PEI Program Manager has 45% of her time allocated to PEI and has additional duties in other areas. The team has utilized the Train the Trainer Approach in various PEI community activities to expand capacity within the region.

What is the population being served?

Via survey, when the community was asked to identify the groups in most need of mental illness prevention and early intervention the top five survey responses were:

1. People who have attempted suicide or might (61%).
2. People who start to show signs of mental illness (42%).
3. People with history of mental illness and/or substance abuse (40%).
4. People facing trauma in their or their families lives (40%).
5. Children and youth in stressed families (39%).

These choices are reflected repeatedly in Sutter-Yuba Counties PEI projects and program strategies.

PEI Mission Statement

Sutter Yuba Mental Health Services Prevention and Early Intervention Team will develop capacity by providing training of various program designs to bring service access and delivery to families and neighborhoods with an emphasis on prevention and early intervention. The goal is to empower the community of providers to meet the needs of the targeted groups through community participation and leadership.

PEI Vision Statement

Sutter and Yuba County communities share responsibility for promoting strong mental health and resiliency among individuals in their many diverse communities. Prevention and early intervention approaches are tools for empowerment and social justice that emphasize holistic and integrated approaches to mental health, Drug and Alcohol issues.

The PEI Team uses activity sheets to monitor education, training, ethnic outreach, and outreach. For example, these activity sheets were a tracking mechanism for the community services offered through Yellow Ribbon Suicide Prevention, 40 Developmental Assets, Building Resiliency, Traditional Healers, LGBT Resource Development, Stigma Reduction Activities, etc. They track the type of activity offered, materials provided, a brief narrative description of what occurred, and who attended. The Prevention Services Coordinator and the team maintains the sign in sheets of those that attended each activity and the form is electronically submitted to the Quality Improvement Staff Analyst. The Prevention Services Coordinator then enters the data into the PEI excel spreadsheet that tracks each of the activities that is kept on the public drive so staff can review. For the trainings, a feedback worksheet was completed by the participants and the Cal-MHSA feedback form for the Applied Suicide Prevention Training was utilized. Also Mental Health First Aid Training has a specific feedback form that is use for each of the Mental Health First Aid (MHFA) session and the form tracks adults, youth, military members, and family and there is an opportunity to provide feedback. All of this information from the program results is reviewed by the MHAB.

Prevention Data:

Area 1. Community Prevention Team

- **Suicide Prevention ASIST – \$6261.00**
Trained 121 Community Agency Staff
Estimated Cost per Student \$51.74
- **Safe Talk – \$1000.00**
Trained 19 Community Partners
Estimated Cost per Student \$52.63
- **Mental Health First Aid – \$2500.00**
Trained 50 Community Agency Staff
Estimated Cost per Student \$50.00
- **Signs of Suicide Prevention – \$58350.00**

Trained Students Staff & Parents Anna McKenney Intermediate School Marysville & Riverside Meadows Intermediate School Plumas Lake for a total of 874

Estimated Cost per Student, Parents, faculty & Staff, \$66.76

- **Ethnic Outreach Traditional Healers Project**– \$35,000.00
1510 people reached
Estimated Cost per Client \$23.17
- **Older Adult Services Training** – 5,000.00
200 Students
Trained IHSS workers in Yuba County about behavioral health issues that older adults face.
Estimated Cost per Students \$25.00
- **Nurtured Heart Parent Training Spanish** – \$5,000.00
124 Students
Estimated Cost per Student \$40.32
- **Nurtured Heart Parent Training** – \$5,000.00
89 Students
Estimated Cost per Student \$56.17
- **Bullying Prevention** – \$3,000.00
126 Students
Estimated Cost per Student \$23.80

Total Prevention & Early Intervention Community Outreach – \$130,000.00

Area 2. Mentoring

- **Big Brother Big Sisters** – \$30,000.00
15 Outreach events at United Ways Breakfast Meeting, United Way Community Fair, Yuba County Library, Sutter County Library, Farmers Market Tabling, Job Fair Tabling (Sutter) Cal-Tans District Fair. Yuba College (Emailed them twice on FB. Visited College put up flyers, April Lane Elementary School, Bridge Street School, King Avenue School, Twin Rivers Charter School, Starbucks/Jamba Juice Flyers posted 12 ongoing matches 22 Volunteers
Estimated Cost per Match \$2,500.00
- **Camptonville Community Partnership** – \$9,999.00
299 Youth Participants
Estimated Cost per Match \$33.44

Area 3. Strengthening Families

Due to staffing challenges, the Strengthening Families Program was not conducted in FY 2014-2015.

Area 4. Recreation – \$38,807.03

Recreational opportunities provided to at-risk populations throughout bi-county area. To date have approved projects totaling 144 children activities.

Estimated Cost per Child \$269.49

Area 5. First Onset

- **Education/Training at Community Sites – \$25,125.00**
Miscellaneous training topics included stigma, suicide prevention, early identification of mental illness, and first onset signs and issues. Activities occurred at sites, such as foster care independent living, tribal health, Gay Strait Alliances, schools, alcohol and drug programs, domestic violence intervention sites, homeless programs, and spiritual community.
1,084 people reached
Estimated Cost per person \$23.17
- **Aggression Replacement Training – \$25,258.00**
ART aides in the early identification of mental illness and address stigma issues through the interaction of the training. Aggression Replacement Training® (ART®) is a multimodal psychoeducational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART® is to improve social skill competence, anger control, and moral reasoning.
Trained 8 Students at Sutter County Probation and 9 Students at Feather River Academy Yuba City
Estimated Cost per Student \$1485.00

1. Describe any challenges or barriers, and strategies to mitigate.

The MHSA Staff Analyst and PEI Coordinator are currently reviewing the newly approved PEI Regulations and determining how they should be implemented. Staff have attended the MHSOAC Regulation workshop and communicated the challenges of regulation implementation.

Additional challenges include: The former lead Child Psychologist for the Onset Team Program passed away in the prior fiscal year and this lead role has not been fulfilled, thus we currently do not have a Psychologist to provide guidance. This is a needed to create effective linkages between primary care clinics and providers with mental health. However, this type of consultation is still occurring, but not formally within the former Onset Program.

Four new staff have been added to the PEI Team. It has been challenging to get everyone training and ready to provide services. While this has been challenging, the new staff additions have been appreciated, as before we only had one full time staff person making this very challenging to do all that we need to do in our plan.

2. List any significant changes in Annual Update, if applicable.

There are none at this time; the program is progressing as planned.

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.

Detailed below are each SYMHS Innovation Program and its accompanying program description, implementation status, barriers/challenges, and any significant changes anticipated for the 2016/2017 fiscal year.

Title: 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 (Innovation Project 1).

Purpose:

- Increase the quality of services, including improved 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 be further considered 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 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 Status:

The project became operational on February 1, 2015. The following information represents the first year of data collected on the project.

General Information:

Table #1 outlines the primary demographics of the total population that initiated services with the Probation INN Program during the first project year. Overall, Male clients represent 66% of the program, while female clients represent 34%. Approximately 30% of the clients are from underserved ethnic and cultural communities, including American Indian/Alaskan Native (3%), Asian (3%), Black/African American (7%), other (11%) and Clients identified as Bi/Multi-Racial/Ethnic (2%). There were 0 individuals aged 0-15 served by the program as their needs are better served by our juvenile programs. 4 (4%) of the clients are age 16-25, but the program primarily serves those aged 26-59, which accounts for 89% of total program roster. Only 7% of the program is 59+.

Demographic	Number & Percentage
Gender	
Male	60 (66%)
Female	31(34%)
Race	
American Indian/Alaskan Native	3 (3%)
Asian	3 (3%)
Black/African American	6 (7%)
Native Hawaiian/Pacific Islander	0 (0%)
White	67 (74%)
Other	10 (11%)
More than one race	2 (2%)
Ethnicity	
Hispanic	12 (13%)
Non-Hispanic	79 (87%)

services with the Probation INN Program during the first project year. Overall, Male clients represent 66% of the program, while female clients represent 34%. Approximately 30% of the clients are from underserved ethnic and cultural communities, including American Indian/Alaskan Native (3%), Asian (3%), Black/African American (7%), other (11%) and Clients identified as Bi/Multi-Racial/Ethnic (2%). There were 0 individuals aged 0-15 served by the program as

their needs are better served by our juvenile programs. 4 (4%) of the clients are age 16-25, but the program primarily serves those aged 26-59, which accounts for 89% of total program roster. Only 7% of the program is 59+.

A total of 91 individuals have initiated services with the Innovation Treatment Team.

On the following page, you will find disaggregated tables for the caseloads for Sutter County and Yuba County.

Milestones of Recovery Scale (MORS):

The Milestones of Recovery Scale (MORS) is one of the project measurement tools for the Probation Project. The MORS is a recovery-based outcome tool that provides data from reoccurring and consistent assessments that help to track the individual process of recovery for each project client. The ideal and perfect outcomes would show that each client would be progressing through the recovery

stages as they progress through services. The plan was to initially conduct the MORS every 90 days, however as the project became operational, it was determined that clinical data would be collected every 12 treatment sessions. See the challenges section for a more thorough explanation.

The average MORS intake score for Sutter County is 3.1 (Experiencing high risk/engaged with mental health providers). The average MORS intake score for Yuba County is 4.4 (Not coping successfully/not engaged with mental health providers).

In order to meet criteria for analysis for this report, an individual would have needed to receive a baseline MORS and another MORS score, after being in the program for at least 3 months or have received 12 treatment sessions.

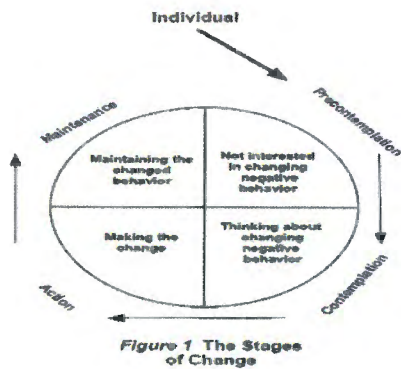
For Sutter County, 13 of the clients met this criteria. Of this 13, 11 individuals (85%) have increased in their recovery when compared to their baseline prior to entering the Innovation program. 2 (15%) of the 13 clients have experienced declines in their recovery. For those who showed increases in recovery, the increase ranged from +1 to +5. The average score increase was 2.36 points. When looking at all of the recovery increases and decreases for the program, the average recovery rate was +1.76.

For Yuba County, 27 of the clients met this criteria. Of this 27, 7 (26%) have increased in their recovery when compared to their baseline prior to entering the Innovation program. Staff notes indicate in individuals that increased that engagement and treatment attendance was consistent, sobriety was consistent and increased employment led to increases. 11 (41%) of the clients have maintained their recovery since entering the program, and 9 (33%) have seen a decline in their recovery. For those clients who experienced score declines, it was directly related to lack of or inconsistent engagement to treatment and subsequent relapses, probation incompliance, and returns to jail. For those who showed increases in recovery, the increase ranged from +1 to +3. The average score increase was 1.42 points. When looking at all of the recovery increases and decreases for the program, the average recovery rate was -0.11.

University Rhode Island Change Assessment (URICA):

The URICA is a 32-item self-report measure that includes 4 subscales measuring the stages of change: Precontemplation, Contemplation, Action, and Maintenance. Responses are given on a 5-point Likert scale ranging from 1 (strong disagreement) to 5 (strong agreement). The subscales can be combined arithmetically ($C + A + M - PC$) to yield a second-order continuous Readiness to Change score that can be used to assess readiness to change at entrance to treatment. For this study, a URICA score is conducted at the beginning of treatment and at the close of treatment.

The stages of change are as follows:



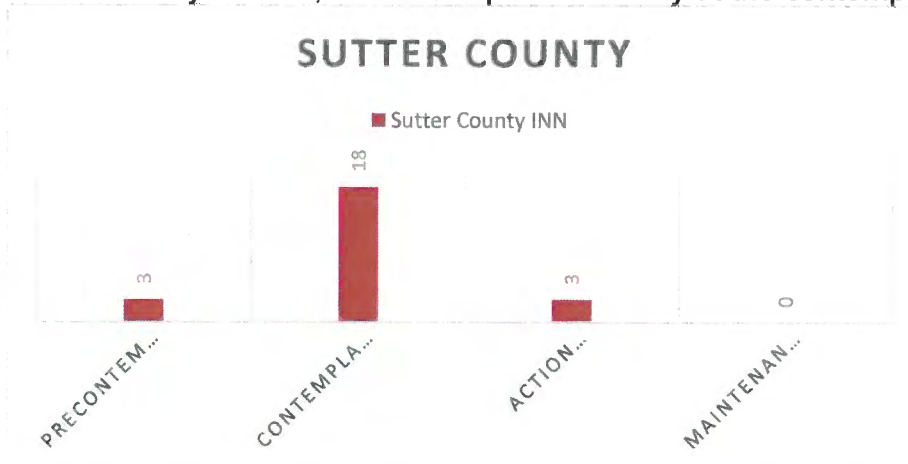
Precontemplation: Precontemplators are individuals who are either not thinking about changing their behavior or do not want to change their behavior. These individuals often feel discouraged about their situation and as a result would rather not think or discuss their problem, much less try to change it.

Contemplation: During this stage, individuals recognize that they have a problem. They weigh the pros and cons of the problem behavior versus improving it and begin to think about changing their behavior.

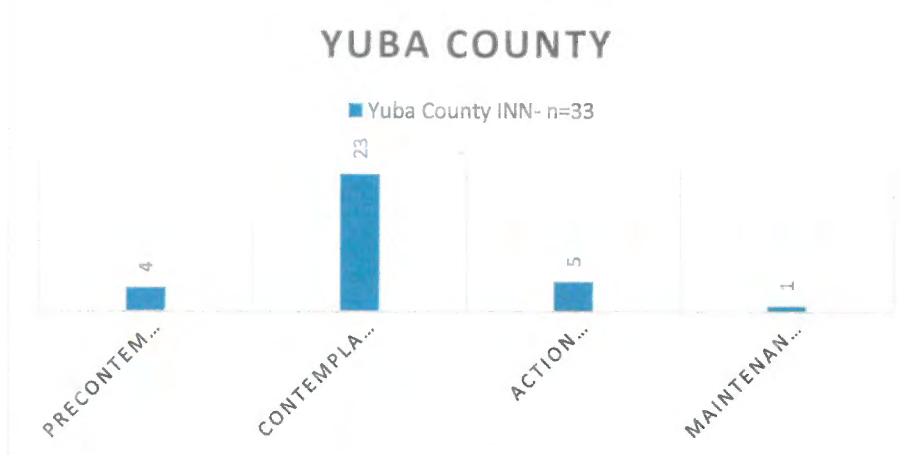
Action: In this phase, individuals are implementing any change plan they may have developed and begin to modify their behavior.

Maintenance: If the individual is successful in sustaining the problem behavior for three to six months, then the individual moves to the maintenance stage. It is during this stage that the individual focuses on incorporating the new improved behavior into this or her lifestyle.

Sutter County URICA Intakes: When looking at the completed URICA assessments Sutter County intakes, clients are predominately at the contemplation stage (75%).



Yuba County URICA Intakes: When looking at the completed Yuba County URICA assessments, clients are also predominately at the contemplation stage (70%).



At this early point in the analysis, the data supports that clients in both Sutter and Yuba counties, regardless of the setting are more likely to enter innovation treatment services in the contemplation stage. However, there are limited sample groups and as the project progresses, more accurate statements can be made about whether or not if an individual's readiness for treatment is improved depending on his/her setting in or out of custody.

This section does not include a comparative analysis for URICA intake versus discharge. There needs to be more consistency with discharge URICA assessments and the sample sizes are small. This analysis will be done as more data is gathered on discharged clients.

Level of Care Utilization System (LOCUS):

The LOCUS is a short assessment of a client's current level of care needs completed by clinicians. LOCUS has three main objectives: (1) to provide a system for assessment of service needs for adults with mental illness based on 6 evaluation parameters; (2) to describe a continuum of service arrays which vary according to the amount and scope of resources available at each "level" of care in each of four service categories; and (3) to create a methodology for quantifying the assessment of service needs to permit reliable determinations for placement in the service continuum. This tool has evolved since it was first introduced in the year 2000, and now includes content related to recovery status. (LOCUS Adult Version 2010.)

The six evaluation parameters include: (1) risk of harm; (2) functional status; (3) medical, addictive and psychiatric co-morbidity; (4) recovery environment; (5) treatment and recovery history; and (6) engagement and recovery status. A five point scale is constructed for each parameter.

The LOCUS defines six “levels of care” in the service continuum in terms of four variables: care environment, clinical services, support services and crisis resolution and prevention services. The six “levels of care” include: (1) recovery maintenance and health management; (2) low intensity community based services; (3) high intensity community based services; (4) medically monitored non-residential services; (5) medically monitored residential services; and (6) medically managed residential services.

The four service categories are as follows:

Level 1 – describes community services for consumers who have achieved a level of independence from the county mental health system

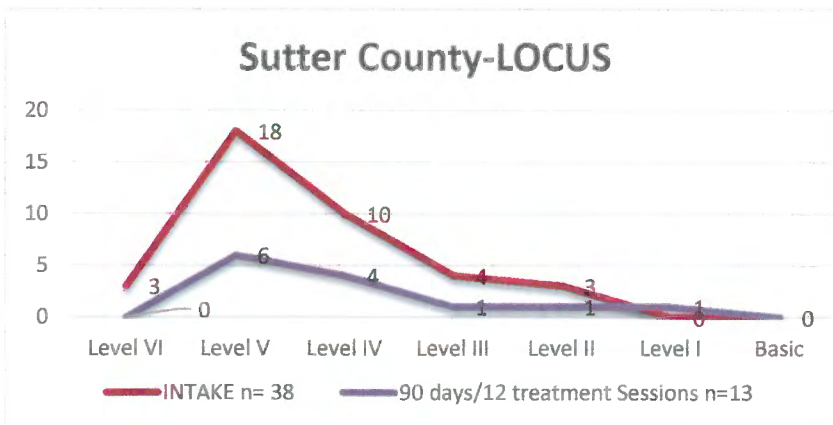
Level 2 – describes the beginning of more independence from the mental health system, persons have an established wellness plan, and are able to manage their illness including emergencies

Level 3 – describes an intensive level of services that may be brief or need to be sustained for several years. Consumers who need Level 3 services may be in pre-contemplation or contemplation stages, and have started to engage in their treatment.

Level 4 – describes services that may be known as “assertive community treatment” and is best for consumers at imminent risk of involuntary treatment, or persons who would not be discharged without the availability of intensive community support.

Level 5 – identifies individuals who require residential treatment provided in a community setting, non-hospital free standing residential facilities.

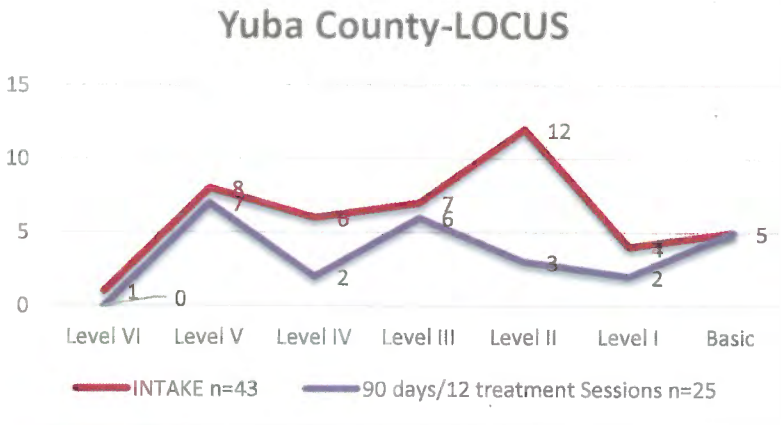
Level 6 – identifies individuals who need the most intensive level on the continuum of care available and individuals may be independently or may be involuntarily committed to treatment



For Sutter County, individuals are entering innovation treatment predominantly at a Level 5 (47%), which is an intensive level. At this point in time it is valuable to see that the innovation project in Sutter County is treating individuals with serious mental

health needs. In Yuba County, the LOCUS level is more sporadic with 28% of the

clients presenting at a Level 2, while 35% are presenting at Levels above 3. While a



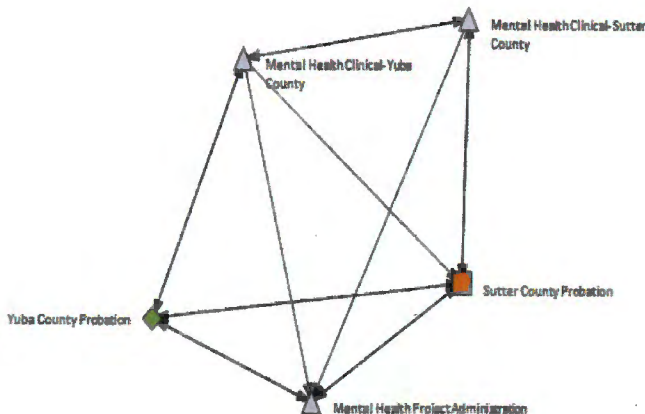
secondary trend line is displayed and represents placement scores following 12 treatment sessions, the sample sizes are too small to analyze. As the project progresses, more analysis at the individual level for LOCUS scores will be done to show progress at a granulate level.

Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER):

PARTNER is a social network analysis tool. This is a joint innovation project between Sutter-Yuba Mental Health Services, Yuba County Probation, and Sutter County Probation and the team thought it would be valuable to measure our interagency collaboration as all of the 3 agencies work together on this project. The PARTNER Tool is able to asses gaps, strengths, and areas of improvement, identifies key players, measures trust and value, and captures perceptions of project outcomes. A baseline survey was sent to all of the project partners on March 10, 2015. The plan is to conduct an identical survey every year to measure progress.

March 10, 2015 PARTNER Survey Administration:

Overall Network Activity on a Monthly Basis:



Each triangle represents a respective agency. Mental Health is divided into 3 areas because mental health is providing the clinical aspects to the program, as well as the lead administrative role. The graphic to the left shows an appropriate level of communication between each project partner. Mental health project administration is having bidirectional communication with each partner. Bidirectional communication is also occurring

between the respective probation departments and between the respective

clinicians. This represents that during the implementation stage that communication between all partners was reported as present.

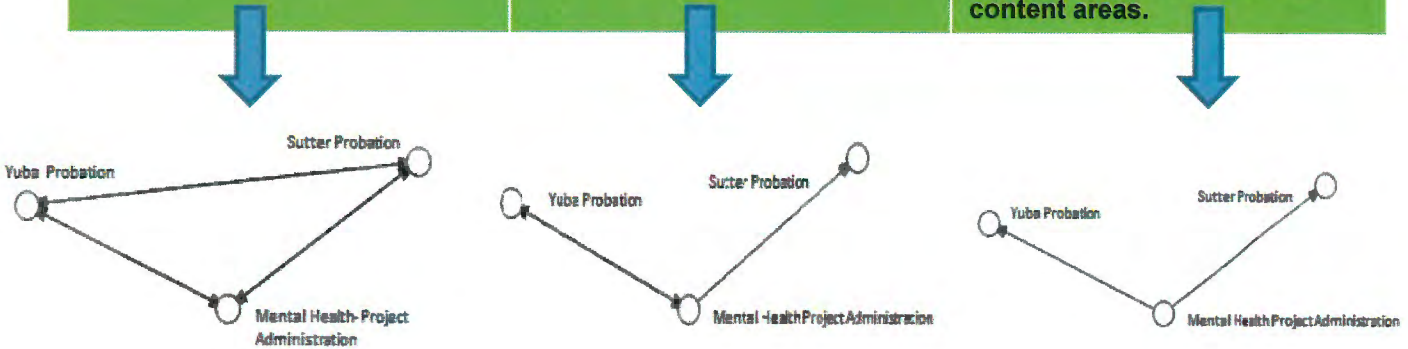
When project partners were asked to evaluate the success of the collaborative in reaching their goals, individuals rated the project at varying success levels, ranging from somewhat successful to very successful.

Project administration is hopeful that by the end of the 3-year term, all project partners will rate the collaborative as being completely successful and very successful. When analyzing trust within the collaborative, partners' responses resulted in a 94.6% trust score, which is very high. Project administration hopes to sustain and even increase this trust score among the collaborative as the project progresses. Lastly, when



visualizing collaboration, it is ideal to see that all project partners visualize the same level of collaboration. Below is a description of each collaboration level.

- Level 1: Cooperative Activities:** Involves exchanging information, attending meetings together, and offering resources to partners
- Level 2: Coordinated Activities:** Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs.
- Level 3: Integrated Activities:** In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas.



When looking at Level 1, the graphic shows an enclosed triangle with bidirectional arrows from each point, this illustrates that Level 1 collaboration is full perceived by all 3 major project partners. Level 2 and Level 3 are less interconnected and relay the need for further partner discussion on how to enhance cooperative activities.

Challenges:

2015/2016 Challenges:

Initially, the Innovation treatment team envisioned that the assessment, post recovery plan, and connections to ancillary services would be completed in the first 30 days of client contact while he/she is still in-custody at jail. However, after implementation, it was identified by Sutter County clinical staff that this is very difficult and impossible at times to conduct the post recovery plan immediately with the client and that it actually rushes the entire process. In moving forward, the initial assessment will be conducted by Sutter-County within the jail, but the post recovery plan may be conducted while the client is in probation. Project staff will still attempt to do as much as time permits within the in-custody setting, but will not do so in a manner that can affect the quality of services for the innovation client.

2016/2017 Challenges:

- Initially, both probation departments would be utilizing the STRONG (Static Risk and Offender Needs Guide) assessment tool. This was done from February 2015 through December 2015. Both the Sutter and Yuba Probation Departments ended their contracts with the vendor that provides the STRONG. They both contracted with NOBLE to provide new probation assessment tools. All project partners are working to identify a new probation tool to be used for project year 2. The new tool is expected to be operational by May 2016.
- Initially, all data was expected to be collected every 90 days. However, after implementation, it was discovered that the population we were collecting data on tends to be sporadic at attending treatment and the team felt that we were not getting accurate data at the 3 month interval because there could potentially only be 1-2 treatment sessions at that point, which would not provide information on if the treatments were working. Also, it made it very difficult to compare clients' outcomes because if one had 15 treatment sessions within the 90 days, while another only had 5 treatment sessions. Rather it was agreed upon by all project partners that data would be collected every 12 treatment sessions. This made it to where we were evaluating each client the same.

Significant Changes:

See above for the challenges and the mitigation strategies for changes to the plan.

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

Purpose:

- Increase the quality of services, including improved 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 the 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.

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 supports a project staff member whose role is to assist the client in accessing an appropriate traditional healer that specializes in treating the identified symptoms. Additionally, this staff person coordinates the client's traditional healing services with his/her current mental health services.

Project Status:

SYMHS has experienced some challenges with Innovation Project 2, specifically with the obtainment of the cultural materials needed for the traditional ceremonies. After much analysis and looking at other county's processes, it was decided that a cultural broker within the Yuba-Sutter communities is needed to help us achieve the project goals. SYMHS Administration is in the process of identifying who this cultural broker should be and will soon be offering a contract to a selected agency to help us with this project.

Challenges:

See above- Project status

Significant Changes:

There are none at this time.

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

Purpose:

- Increase the quality of services, including improved 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 improved 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.

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. 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 of the 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.

General Program Data:

As of March 2016, we have served 14 unduplicated Post-TAY Students. Program clients represent a diverse client population. Male clients represent 64% of the client population, while female clients represent 36% of total program admissions. Half of the first-year Post-TAY clients are from underserved ethnic and cultural communities, including Black/African American (14%), Hispanic/Latino (14%), and clients identified as Bi/Multi- Racial/Ethnic (21%).

Milestones of Recovery Scale (MORS):

The Milestones of Recovery Scale (MORS) is the primary project measurement tools for the Probation Project. The MORS is a recovery-based outcome tool that provides data from reoccurring and consistent assessments that help to track the individual process of recovery for each project client. The ideal and perfect outcomes would show that each client would be progressing through the recovery stages as they progress through services. The MORS is conducted on a monthly basis for this project.

When looking at pre scores for all of the clients served for year 1 and year 2, the clients' baseline/ or if n/a first recorded MORS scores, ranged from 2 to 7, with the average score admittance being 5.5/ MORS status "not coping successfully/engaged with mental health provider(s)". There was a .03 increase in the average pre-services MOR score from the first project year. The highest recovery stage received by an individual client in the program has remained at the score of 7, which is described as the stage of early recovery. 3 clients have successfully graduated from the Post-TAY Program, which means that they have successfully mastered living independently, as well as demonstrated consistent, productive involvement in school, work, or volunteering activities. Program graduates have an average length of stay of 12.3 months. However, the number of graduates is very small and this has not been demonstrated as a consistent trend yet.

For the purposes of analyzing recovery growth, client progression is only analyzed if the client has been in the Post-TAY program for at least 6-months. 11 out of the

14 total served clients met this criterion (79%) met this criterion. Only 2 out of the 4 unduplicated clients for year two were able to meet this criterion.

When looking at the MORS scores for the unduplicated clients for year 2, 14% of the unduplicated clients experienced slight regressions when comparing their current (January 2016) MORS score with their baseline regression. The regressions are attributed to program disengagement and psychiatric emergencies. However, in both of these cases, clients have re-engaged with the Post-TAY counselor and MORS scores have been gradually increasing.

When looking at the baseline score compared to the current (January 2016) MORS score, 6 out of the 14 clients demonstrated (43%) an increase in their recovery prior to the program. Score increases were attributed to program re-engagement (if disengagement had occurred), educational gains, employment gains, and consistent program contact. 2 (14%) of the total served clients have maintained an identical pre and current MORS score and 21% clients have regressed when compared to their pre-services MORS score. In each case, regression was attributed to loss of housing, employment, and program disengagement. Program clients are surveyed every 6 months and asked to rate their satisfaction on varying program aspects.

When looking at overall satisfaction with the support received from the program, 11 total survey responses were received within the 1 year survey period and 64% of the clients responded that they strongly agree that they are satisfied with the program, while another 18% agreed. 0% of clients disagreed/strongly disagreed with this statement.

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 continue to increase as the project progresses. Additionally, limited support services with the community for our older clients (age 21-29) presents itself as challenge to the community integration. Lastly, there is currently interim leadership over the TAY and Post- TAY program, which when staffing changes occur, there is always some adjustment that is needed for staff.

Significant Changes:

There are none at this time; the program is progressing as planned.

*** Please Note- At this time SYMHS will not be requesting review/approval for any new Innovation Programs. We currently want to focus our efforts on our already approved programs.**

MHSA Program Component WORKFORCE EDUCATION AND TRAINING

1. Provide a program description. Include achievements.

Sutter-Yuba Mental Health Services (SYMHS) Workforce Education and Training (WET) Program provides for training, education and skill development for all of the MHSA programs. Via its WET Program, SYMHS has maintained an active partnership with the Central Region Partnership, the Health Professions Educational Foundation, and the California Institute for Behavioral Health Solutions (CIBHS). These partnerships have provided SYMHS with many training opportunities, technical assistance on workforce programs and training, and staff opportunities for the state-level Mental Health Loan Assumption Program. The WET Plan's action strategies focus on workforce development, cultural competence, youth awareness of mental health careers, internships, and a local financial incentive program for the SYMHS workforce.

Current implemented programs include:

Action Plan 2: Public Mental Health Workforce Development- Evidence Based Practices and Skill Development

Program provides funds 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:

FY 14/15

- 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.
- Supplemental Funding for Trauma- Informed CBT. Trained 3 staff members.
- Supplemental Funding for the CIBHS Leadership Institute.
- Funded 50% of the costs for the MHALA MORS Trainer Certification for 2 staff members who are now certified trainers. Two on-site Introductory MORS trainings have occurred as a result of this 12 SYMHS staff have been trained in the MORS.
- Funded CIT Training for 14 PES staff members.
- Funded a Nurtured Heart Trainer Certification for one staff member. Subsequent on-site trainings will be occurring for other SYMHS staff members now that we have a trainer.
- Funded MHALA Villages 3-day Immersion Training for 20 SYMHS staff members.

FY 15/16

- Funded Gang Awareness Training for 4 SYMHS staff members who are helping to develop a Forensics Program for SYMHS.
- Funded Crisis Intervention Training (CIT) Train-the Trainer Series for 2 SYMHS staff members.
- Funded Critical Incident Stress Management (CISM) for 2 SYMHS staff members
- Funded Seeking Safety Training on-site for 45 staff members.
- Funded Pain Management and Mindfulness Training for 2 SYMHS staff members. The staff members are now in the process of creating a support group based on the skills learned from the training.
- Funded Moral Reconciliation Therapy (MRT) for 8 staff members.
- Supplemental Funding for CIBHS Co-Occurring Training for 5 staff members
- Supplemental Funding for CIBHS UC Davis Leadership Institute for 3 staff members.
- Funded Non-Crisis Intervention Trainer Certification for one staff from our Psychiatric Health Facility.

Action Plan 3: 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 Member representatives.
- Hosted Culturally Responsive Services for Latinos Training. Trained 35 SYMHS staff members and 1 consumer/family member representative.
- Sponsored an organization-wide survey for collecting staff perspective on improving the services for our Latino population.
- Funded 2 staff members to attend the “Each Mind Matters- “The Spirituality Factor: Weaving Spirituality and Behavioral Health Using Evidence and Practice”: California Mental Health and Spirituality Initiative Northern Region Conference”.
- Funded cultural formation focused training, titled “Cultural Complexities in Assessment, Diagnosis, and Engagement” for SYMHS staff, clients, family members, and network providers. 63 staff members were trained.

FY 15/16

- Funded Spirituality Training for 47 staff members.
- Funded Disability Cultural Competence Training 49 staff members.
- Funded 8 stipends to consumers who presented a Consumer Client Culture Training.

Action Plan #4: 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:

FY 14/15

- 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 that was distributed to all high school and community college counselors in the area (32 binders distributed).

FY 15/16

- The Mental Health Director and the MHSA Coordinator attended and presented at the Live Oak High School Career Fair. Entry-level to advanced-level mental health careers were discussed and the binders were presented.

- Current efforts are being made with the PEI Team to use funds to tap into their PLUS leadership groups to create mental health career presentations.

Action Plan #5: 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:

- The program is newly implemented as of January 2015. Marketing efforts are being conducted by the overseeing committee to provide awareness about the financial incentives to active treatment clients and family members.
- Due to the lack of applications, a new marketing strategy to the community colleges will be being implemented to increase program awareness.

Action Plan #6: 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:

FY 14/15

- 67.15 clinical supervision hours have been provided to staff working in new and expanded capacities in Youth Outpatient Services. \$2704 has been expended on this project in the 14-15 fiscal year.

Action Plan #7: 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.

Achievements:

- Successfully partnered with the California Institute for Behavioral Health Solutions (CIBHS) 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.

FY 14-15

- The 2014/2015 Program Cycle was opened on March 2, 2015. Applications to the program were mailed to CIBHS and are being reviewed by an independent CIBHS application committee.
- 4 SYMHS staff were recommended to be awarded this cycle. All recommended awardees are focusing on graduate-level studies, specifically Marriage and Family Therapy. \$16,500 was expended this cycle.

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.*

There are none at this time; the program is progressing as planned.

MHSA Program Component CAPITAL FACILITIES/TECHNOLOGY

Significant Update/Change:

Capital Facilities –

The Adult Ed Work Activity Center Expansion is a newly-proposed Capital Facilities Project by SYMHS. Aspects of this proposal were included in the original Little White House renovation project. The previously approved Capital Facilities Project intended to renovate and remodel the “Little White House” for use by staff and consumers within the context of the organization’s Wellness and Recovery Program. Project implementation had been on hold since its approval in 2010. Following project approval, SYMHS discovered that the costs for the facilities were more than anticipated, thus the project was considered significantly underfunded.

Following the discontinuance of the “Little White House” Project, SYMHS proposed using capital funds for the expansion of SYMHS Psychiatric Emergency Services facility. The PES Expansion project was approved by the local Behavioral Health Advisory Board and the Sutter County Board of Supervisors. As discovered during the original community planning process for the project, mental health crisis is a prioritized concern for the Sutter-Yuba communities, thus SYMHS administration determined that beyond a small expansion project, more was needed to address mental health crisis in the community. Since the passing of the 2015-16 Annual Update, SYMHS has developed a closer partnership with the Rideout Hospital and has since embedded a 24/7 crisis team in the emergency room. This diversion has eliminated the need to expand the SYMHS PES facility.

SYMHS is now wanting to revert back to the original community planning process and honor the community and consumers’ feedback for dedicated space for learning, training, and advancing the skills of our SYMHS clients. Two major events have made this project more feasible for SYMHS. First, on-site Youth Services and Socials Services are being relocated to a different building, which has given SYMHS more space. Secondly, the existing Adult Education Work Activity Center (WAC) has been under new leadership and has since developed into a very sought after consumer program. Instead of remodeling the Little White House on the front of the SYMHS property, the plan is to renovate existing space within the main SYMHS building and expand the WAC Program to be a more comprehensive work experience and training program.

The existing WAC program has reached capacity in its current space and there has been numerous consumers who want to enroll in the program, but cannot due to it being at capacity. This has caused consumers to request that the space be expanded. In addition to this feedback, the WAC proposal has been presented at a variety of administrative meetings and has received support throughout the entire process. This is all in addition to the original community planning process for the Little White House, where consumers, community members, and staff were in focus groups that designed what services should be offered in this type of consumer facility.

See WAC Capital Program Proposal on Page 52..

IT Facility Plan:

1. Provide a program description

The technology portion of the SYMHS Cap/IT Plan was to institute an Electronic Health Record (EHR) and associated support structures to meet state and federal mandates to provide Health Information Exchange (HIE). This included the purchase of an EHR, the future 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.

None at this time.

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

The EHR Project went live on April 1, 2012 and is progressing as planned.

4. List any significant changes in 16/17 Annual Update, if applicable.

No significant changes are anticipated.

Sutter -Yuba Mental Health Services

Mental Health Services Act

CAPITAL FACILITIES PROJECT PROPOSAL

For

**Adult Ed. Work Activity Center (WAC)
Expansion**

Exhibit 1

CAPITAL FACILITIES PROJECT PROPOSAL FACE SHEET

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES PROJECT PROPOSAL**

County: Sutter-Yuba Mental Health Services

Date: 3/14/16

County Mental Health Director:

Tony Hobson, PhD
Printed Name

Signature

Date: _____

Mailing Address: 1965 Live Oak Blvd, Yuba City, CA 95992

Phone Number: (530) 822-7200

E-mail: THobson@co.sutter.ca.us

Contact Person: Megan Ginilo

Phone Number: (530) 822-7200

E-mail: MGinilo@co.sutter.ca.us

Exhibit 1 continued

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Sutter and Yuba counties and that the following are true and correct:

- 1) The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to renovate a building at 1965 Live Oak Blvd, Yuba City, CA 95992.
- 2) The intended use of the portion of the building being renovated is to:

The renovations will provide and expand the capacity and access to existing services.
- 3) All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and/or renovate those portions of the property that will be used for the provision of MHSA services.
- 4) The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health services.
- 5) For acquisition/construction Sutter County will be the owner of record.
- 6) For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.
- 7) This building will be dedicated to the provision of MHSA services for a minimum of 20 years.
- 8) Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.
- 9) The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities funds.
- 10) The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.
- 11) Sutter County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.
- 12) Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.

Exhibit 1 continued

- 13) The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.
- 14) This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.
- 15) All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at 1965 Live Oak Blvd, Yuba City, CA 95992 are true and correct.

Date: _____

Signature _____

Local Mental Health Director

Please see Fiscal Certification for Auditor approval.

Exhibit 2

PROJECT PROPOSAL NARRATIVE

- 1) Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.
 - If the proposed Project deviates from the information presented in the already approved Exhibits 2 and 3 of the Component Proposal, the County must describe stakeholder involvement and support for the deviation.

The Adult Ed Work Activity Center Expansion is a newly-proposed Capital Facilities Project by SYMHS. Aspects of this proposal were included in the original Little White House renovation project. The previously approved Capital Facilities Project intended to renovate and remodel the "Little White House" for use by staff and consumers within the context of the organization's Wellness and Recovery Program. Project implementation had been on hold since its approval in 2010. Following project approval, the county discovered that the costs for the facilities were more than anticipated, thus the project was considered significantly underfunded.

Following the discontinuance of the "Little White House" Project, SYMHS proposed using capital funds for the expansion of SYMHS Psychiatric Emergency Services facility. The PES Expansion project was approved by the local Behavioral Health Advisory Board and the Sutter County Board of Supervisors. As discovered during the original community planning process for the project, mental health crisis is a prioritized concern for the Sutter-Yuba community, thus SYMHS administration determined that beyond a small expansion project, more was needed to address mental health crisis in the community. Since the passing of the 2015-16 Annual Update, SYMHS has developed a closer partnership with the Rideout Hospital and has since embedded a 24/7 crisis team in the emergency room. This diversion has eliminated the need to expand the SYMHS PES facility.

SYMHS is now wanting to revert back to the original community planning process and honor the community and consumers' feedback for dedicated space for learning, training, and advancing the skills of our SYMHS clients. Two major events have made this project more feasible for SYMHS. First, on-site Youth Services and Socials Services are being relocated to a different building, which has given SYMHS more space. Secondly, the existing Adult Education Work Activity Center (WAC) has been under new leadership and has since developed into a very sought after consumer program. Instead of remodeling the Little White House on the front of the SYMHS property, the plan is to renovate existing space within the main SYMHS building and expand the WAC Program to be a more comprehensive work experience and training program.

The existing WAC program has reached capacity in its current space and there has been numerous consumers who want to enroll in the program, but cannot due to it being at capacity. This has caused consumers to request that the space be expanded. In addition to this feedback, the WAC proposal has been presented at a variety of administrative meetings and has received support throughout the entire process. This is all in addition to the original community planning process for the Little White House, where consumers,

community members, and staff were in focus groups that designed what services should be offered in this type of consumer facility.

A Town Hall Meeting was held on 1/25/2016 to kick off the marketing of this idea as a Capital/Facilities MHSA project. 15 SYMHS consumers attended and applauded the idea of SYMHS moving in this direction. Consumers were enthused with the expansion and were excited at the thought of having more onsite work experience, more training, and more access to computer classes.

Beyond specific meetings held to discuss the WAC Project, please see page #1 of this Annual Update for a description of the community planning process for the entire 2016/2017 Annual Update.

2. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

The Capital Facilities funds will be used to renovate an existing county-owned space for the purposes of expanding the services and the capacity of the WAC program. The renovated space will create an industrial teaching kitchen that will service as the work experience classroom for SYMHS clients. With the expanded space, the WAC plans to expand the curriculum to include training topics that consumers requested, such as computer training, budgeting, vocational activities, such as sewing, and competitive employment skills.

The WAC Expansion Project is consistent with the goals of SYMHS CSS Three-Year Plan and is consistent with the Capital Facilities and Technological Needs Component. The program is an available resource for the SYMHS Integrated Full Service Partnership and the Wellness and Recovery Program. The Program is client-driven and wellness focused. Every activity and training offered by the WAC embodies the MHSA spirit of helping people recover by providing them a safe space to explore what their interests are while also teaching them valuable work skills that can be used on a resume.

Exhibit 3

PROJECT DETAILS

Answer the following questions as appropriate to the Project Proposal.

Project Title: WAC Expansion

Project Address: 1965 Live Oak Blvd., Yuba City, CA 95992

1. Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction. If the proposed project involves renovation of an existing facility, indicate whether it is County owned or owned by a private entity.

The project site is located on the grounds of the Mental Health Offices and Clinics site at 1965 Live Oak Blvd in Yuba City, California. The existing space was originally created as a kitchen area when our site was still a county hospital, not a mental health building. It has since been re-purposed as a storage area. The project site is a building owned by Sutter County and is conceptualized as a renovation to the existing space.

- Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.

The basic remodeling idea is to renovate the existing storage room space through an interior demolition phase, followed by an interior building improvement phase that will result in an expanded teaching kitchen area. Industrial kitchen hook-ups and appliances will need installed. The major construction area will be this kitchen area. Other minor construction will include the purchase and set-up of a sound-proof moveable wall, which will allow other county business to be held in the adjacent meeting room without being affected by the noise of the teaching classroom.

The new area will need furnished with industrial kitchen appliances.

SYMHS will collaborate with the County of Sutter, Department of General Services, who will be the department responsible for conducting the full scope of construction and project management for the renovation site. The General Services Department will facilitate all design documents, cost estimates, plan checks, code requirements, architectural review and cost containment measures.

- When renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.

The renovation and ultimate improvement of the project site will enable both an expansion of capacity of existing services and the provision of new services. The WAC will continue to offer the culinary institute, but after the renovation there will be an increased number of enrollment spots available for new consumers to attend. Consumers have been asking to join, but because of extremely limited space and a limited kitchen size, the program can only accommodate a few consumers. This will enable a larger class size.

The renovation will also result in the provision of new services because as the culinary program component moves to the renovated space, the existing WAC office will be moved to a new office site within SYMHS and here a new classroom component will be added to the WAC Program. Consumers will be able to access computers for training and for the use of employment-related projects. A new curriculum is being developed by the WAC Program Manager that will provide new classes and teaching topics proposed by consumers.

- When the renovation is for administrative services, describe how the administrative offices augment/support the Counties ability to provide programs/services, as set forth in the County's Three-Year Plan.

Not applicable.

- When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the Counties capital interest in the renovation and use of the property.

Not applicable. Renovation is for a Sutter County- owned building

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable. Complete all that apply.

Please see the Proposal Narrative for a full explanation of the intended purpose of the PES Expansion, including the program and services to be provided as result of the expansion.

- Children
- Transition Age Youth
- Adults
- Older Adults
- N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly

- 3) Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The project location will be located on the main campus of SYMHS in Yuba City, California. It is located within the SYMHS main building, where all of the mental health services and substance use services are provided for many of our MHSA programs. The facilities are served by the local bus service (main city transit service, not a special route) that stops directly at the SYMHS main campus. Route 2A busses run on a 30-minute schedule from 7AM to 6PM, daily and offer planned transfer capability to other lines at the Main Walton Terminal for the line. Other external bus lines also connect at the Walton Terminal for wider service.

- 4) Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes
- MHSA only (The part of the building being renovated)
 - MHSA and other services

- If the building will be used for other purposes, the description should indicate the percentage of space that will be designated for mental health programs/services and supports and for other uses.

100% of the space will be utilized for mental health programs/services.

- Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.

Not applicable, will be used for mental health services only.

- 4) Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.

The project facility is on county grounds placing it within the maintenance scope of Sutter County Public Works activities. SYMHS has created an annual maintenance fund set-aside per year, in accordance with accepted prudent property management guidelines, to afford regular prudent maintenance of the facility.

Additional Information:

1. Leasing (Rent) to Own Building

Provide justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include a detailed description of length and terms of lease prior to transfer of ownership to the County.

Not applicable.

2. Purchase of Land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County’s infrastructure.

Not applicable.

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4. (Must be in accordance with WIC Section 5847 (a) (5))

Not applicable.

Exhibit 4

CAPITAL FACILITIES PROJECT PROPOSAL FACT SHEET

Project Location

Name of Project: Adult Ed. Work Activity Center (WAC) Expansion

Site Address: 1965 Live Oak Blvd., Yuba City, CA 95992

Project Information

- New Construction
- Acquisition of an existing structure
- Acquisition and renovation of an existing structure
- Renovation of a County owned structure
- Renovation of a privately owned structure
- Purchase of Land
- Lease (rent) to own

Intended Use: Teaching classroom for a consumer work experience program

- Mental Health only (Includes facilities for integrated mental health substance abuse treatment)
- Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal \$197,500.

Priority Population (please check all that apply)

- Children
- Transition Age Youth
- Adults
- Older Adults
- N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly TBD- It will depend on how many classes and rotations are built into the new schedule following the program space expansion.

- Provide new services
- Expanded services

Please provide a brief description below

Sutter-Yuba Mental Health Services intends to use the Capital Facilities funds to improve the County's property and Ad Ed Work Activity Center's department's ability to provide vocational and pre-employment skills to individuals with mental illness who are wanted to enter the workforce. Learning environments will include an on-site culinary teaching kitchen and an onsite computer classroom.

Exhibit 5

BUDGET SUMMARY For WAC Expansion Renovation Capital Facilities Project Proposal

A more detailed Budget summary will be added at a later date. Sutter County General Services has quoted the project at \$197,500 which is within the already requested and allocated funding amount for SYMHS Capital Facilities Projects.

BUDGET

Please see the funding summary of FY 15/16 below. The figures in the funding summary constitute our best estimation of funding and costs at the time of the Annual Update submission.

County: Sutter-Yuba Mental Health Services							Date: 4/8/2016
		MHSA Funding					
		CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2016/17 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	\$504,906	\$551,559	\$39,500	\$1,350,255	\$1,557,694		
2. Estimated New FY 2016/17 Funding	\$7,458,958			\$1,187,500	\$312,500		
3. Transfer in FY 2016/17 ^{1/}							
4. Access Local Prudent Reserve in FY 2016/17							
5. Estimated Available Funding for FY 2016/17	\$7,963,864	\$551,559	\$39,500	\$2,537,755	\$1,870,194		
B. Estimated FY 2016/17 Expenditures	\$7,963,863	\$180,000	\$0	\$1,634,265	\$398,802		
C. Estimated FY 2016/17 Contingency Funding	\$1	\$371,559	\$39,500	\$903,490	\$1,471,392		
^{1/} 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							
1. Estimated Local Prudent Reserve Balance on June 30, 2016		\$873,950					
2. Contributions to the Local Prudent Reserve in FY 2016/17		\$0					
3. Distributions from Local Prudent Reserve in FY 2016/17		\$0					
4. Estimated Local Prudent Reserve Balance on June 30, 2017		\$873,950					

Appendix