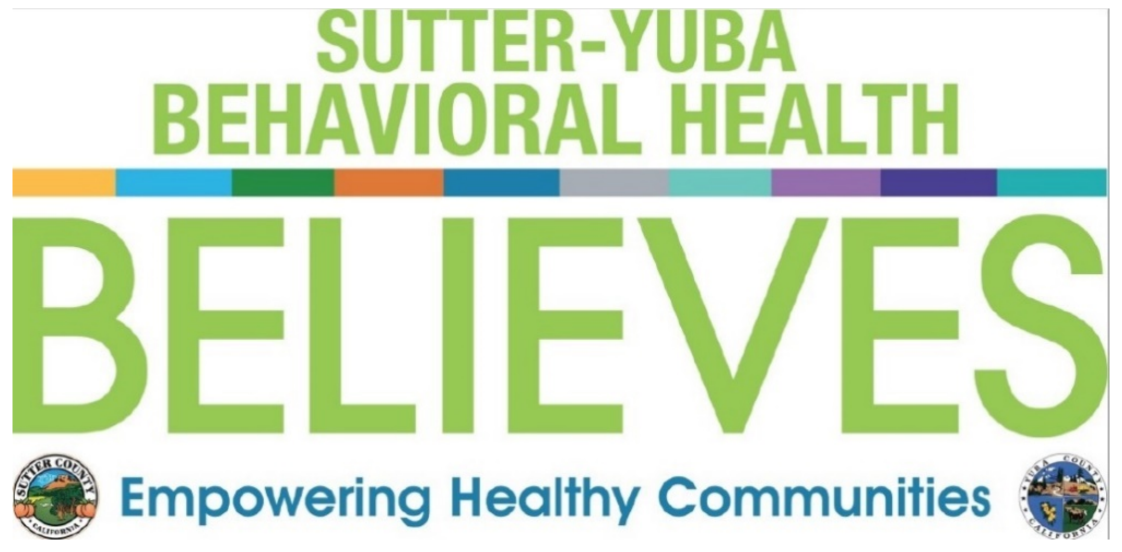


SUTTER-YUBA BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)

FISCAL YEARS 2021-2024

Three-Year Program and Expenditure Plan

Approved by Sutter and Yuba County Boards of Supervisors on June 22, 2021

TABLE OF CONTENTS

	Page
MHSA County Compliance Certification	3
Fiscal Accountability Certification	4
Executive Summary	5
County Description and Demographics	9
Community Program Planning Process	13
Public Review and Public Hearing Process	28
Community Services and Supports	29
Children & Youth Full Service Partnerships	29
Children & Youth General Services Development	35
Adult & Older Adult Full Service Partnerships	38
Adult General Services Development	41
Ethnic Outreach Services	44
Wellness & Recovery	46
Supportive Housing Services	47
Prevention and Early Intervention	48
Prevention Programs	49
Early Intervention Programs	63
Outreach for Increasing Recognition Program	69
Stigma and Discrimination Reduction Programs	72
Suicide Prevention Programs	77
Access and Linkage to Treatment Program	84
Timely Access to Services Program	86
Innovations	87
Workforce Education and Training	88
MHSA Budget Summary FY 2020-23	92
AB 114: PEI Reversion	93
Sutter and Yuba County Minute Orders	98
Appendix	100

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sutter-Yuba Behavioral Health

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

Local Mental Health Director	Program Lead
Name: Rick Bingham, LMFT Telephone Number: 530-822-7200 E-mail: RBingham@co.sutter.ca.us	Name: Betsy Gowan, LMFT Telephone 530-822-7200 E-mail: BGowan@co.sutter.ca.us
Local Mental Health Department Mailing Address: 1965 Live Oak Blvd., Suite A P.O. Box 150 Yuba City, CA 95992-1520	

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

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

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

All documents in the attached Three-Year Program and Expenditures Plan are true and correct.

Rick Bingham, LMFT
Mental Health Director (PRINT)

Rick Bingham Digitally signed by Rick Bingham Date: 2021.07.13 16:33:36 -07'00'
Signature

Date

MHSA FY 2021/22 - 2023/24 THREE-YEAR PROGRAM AND EXPENDITURE PLAN FISCAL ACCOUNTABILITY CERTIFICATION

County: Sutter-Yuba Behavioral Health

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

Local Mental Health Director	County Auditor-Controller
Name: Rick Bingham, LMFT Telephone Number: 530-822-7200 E-mail: RBingham@co.sutter.ca.us	Name: Nathan M. Black, CPA Telephone Number: 530-822-7127 E-mail: NBlack@co.sutter.ca.us
Local Mental Health Department Mailing Address: 1965 Live Oak Blvd., Suite A P.O. Box 150 Yuba City, CA 95992-1520	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) Sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations Sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or updated and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county with are not spent for their authorized purpose within the time period specified by WIC Section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Rick Bingham, LMFT	Rick Bingham Digitally signed by Rick Bingham Date: 2021.07.13 16:33:55 -07'00'	
Mental Health Director (PRINT)	Signature	Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fun (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC Section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Nathan M. Black, CPA	Nathan Black	7/15/2021

EXECUTIVE SUMMARY

This summary provides the background and strategies Sutter-Yuba Behavioral Health (SYBH) employed to develop the FY 2021-2024 Three-Year Program and Expenditure Plan. In addition, it identifies how the values, learnings and stakeholder input informed the basis for this plan.

The SYBH Management Team began the Three-Year Program Planning process early in FY 19-20. An MHSA Team was established to support the MHSA Coordinator in guiding, planning, informing, and reporting relevant data and information for this Three-Year Plan. The MHSA Team consisted of a consultant, who had prior MHSA Coordinating experience, MHSA Staff Analyst, two newly hired Staff Analysts assigned to Quality Assurance (QA) and Children's Services, and the Administrative Service Officer (ASO) who provided budget planning and management of the project. The ASO reported directly to the Behavioral Health Director on all phases of the planning.

The MHSA team developed a timeline to ensure timely completion of each phase and activity related to the plan (See attached MHSA Timeline in Appendices). The MHSA Team also initiated the process of establishing an MHSA Steering Committee. The committee was reviewed and approved by Senior Management. An official correspondence was sent to solicit interest of stakeholders in participating on the committee.

Following review of all the relevant MHSA regulations and prior plans, the MHSA Team developed an evaluation tool to assess each MHSA program. The Branch Directors and Program Managers over each MHSA program completed the information; identifying goals, targets, sources of data collection, and opportunities for improvement. The evaluation tool was also used to identify requests for expansion and new initiatives. (See attached Program Evaluation Tool Template in Appendices).

The MHSA Team met with SYBH management on multiple occasions for planning purposes, reporting out on progress, and obtaining on-going feedback.

The MHSA team also participated in three program development meetings with the full Management team comprised of the Behavioral Health Director, Branch Directors and Managers on 8/21/19, 9/11/19 and 1/13/20 to look at the MHSA services as a whole, including background and data on each MHSA component, to receive budget updates and aid in prioritizing services for expansion as well as any new initiatives. (See attached Program Development Meeting Agendas in Appendices).

In January and February of 2020, the planning was coupled with and informed by stakeholder input from both the Three-Year Planning process and the recently approved Innovation Project, Innovative and Consistent Application of Resources and Engagement (iCARE). Earlier in 2019, SYBH had engaged in a robust stakeholder process to develop the Innovation plan to engage historically underserved and inappropriately served individuals who frequent the local

Emergency Departments, Psychiatric Emergency Services and contact with law enforcement. The stakeholder planning resulted in the iCARE plan that was approved by the Mental Health Oversight and Accountability Commission (MHOAC) on September 26, 2019.

The iCARE planning and stakeholder input highlighted the needs of individuals who frequent emergency services, yet do not historically access follow up care. Individuals targeted for iCARE engagement have some of the most serious behavioral health disorders with complex issues such as homelessness, substance use disorders, significant chronic medical conditions and criminal justice involvement and frequently come to the attention of law enforcement and the community as a whole. By meeting individuals where they are, iCARE is designed to reach, engage and link these individuals to services from a community-based approach. The on-going follow up care must also meet the needs of this population by ensuring ease of access and timeliness of urgent services, and community-based service delivery including intensive FSP services provided in a “whatever it takes” model and team approach. This Three-Year plan begins to address this need through more community-based early intervention, improved access to urgent services, and the addition of a second Adult and Older Adult Full-Service Partnership (FSP) for those with the most disabling Behavioral Health disorders.

During the program review, it was noted that the Adult and Older Adult existing FSP program HOPE, needed expansion to increase the number of individuals served to meet the demand of the growing number of people referred for or on conservatorship and individuals with frequent psychiatric hospitalization. Direct service staff were added and the number of FSP slots were increased correspondingly.

In total, this plan increases Adult and Older Adult FSP capacity by 75%. This was accomplished by creating efficiencies in CSS -General Systems Development (GSD) and moving funds to CSS-FSP. This MHSA plan entails a redesign of Adult Urgent Services to create pathways aligned with the appropriate level of care based on each client’s needs and reducing the length of time an individual receives services from the Urgent Service Team. A proposed Prevention and Early Intervention (PEI) funded Adult Early Intervention team will also provide an entry point into service thereby further reducing the demand on Adult Urgent Services. This PEI service will be tailored to newly diagnosed individuals needing education, brief treatment and support to address their disabling condition. Linkage will occur between the Adult Early Intervention Program and community-based PEI and iCARE services tailored to reducing stigma of seeking Behavioral Health assistance through outreach, education and engagement activities.

In addition, Children’s Services will add a PEI Early Intervention Program in partnership with Sutter County Child Welfare Services and Yuba County Child Protective Services to address the needs of foster youth at risk of losing their placement. SYBH is involved in planning with both county Child Welfare Services to implement AB2043. The focus is to provide an urgent early intervention to stabilize a situation prior to a full-blown crisis that places youth at risk of going to PES, being hospitalized or losing their placement. Any of these outcomes can have a

devastating destabilizing effect for the vulnerable youth. The anticipated start date for the Early Intervention and Urgent Service will be in FY 20/21 following AB2043 being enacted.

Further information on each of these initiatives can be found within the plan document. Refer to the CSS section for FSP changes and the PEI Early Intervention section for Adult Early Intervention and Early Intervention for Foster Youth.

The training of the two new Staff Analysts on MHSA has proven to be invaluable to SYBH in the development of the Three-Year Plan. The Analysts now have the knowledge of rules and regulations that guide MHSA and a better understanding of each local MHSA program and activity. They are also now connected to MHSA state-wide groups. Additionally, SYBH hired a Deputy Branch Director who has taken on the role of MHSA Coordinator. She has been an MHSA Coordinator in the past and has experience and knowledge of MHSA implementation.

During the course of the Three-Year Plan development, the Staff Analysts will be working collaboratively to address areas identified as a priority for continuous quality improvement:

- Data collection and reporting; working with the Electronic Health Record (EHR) technological support, KingsView, to develop Anasazi MHSA dashboard reports for CSS programs.
- Improve access to outcome data contained in the Data Collection Reporting (DCR).
- Development of web-based data collection and evaluation for PEI activities not captured in Anasazi.
- Performance-based contract monitoring of MHSA contracts on a quarterly basis.
- Informing and educating stakeholder, Behavioral Health staff, and the Local Behavioral Health Advisory Board through quarterly reporting of relevant MHSA data and stories.
- Development of an MHSA Steering Committee to review MHSA activities, provide input early in planning process, provide leadership in the Community Program Planning Process, interface with the iCARE Stakeholder team and the Local Behavioral Health Advisory Board.
- Utilizing a Continuous Quality Improvement format such as Plan-Do-Study-Act to report out on the impact of a Quality Improvement activity and the lessons learned from the activity.

Due to the Covid-19 pandemic on March 19, 2020 at 11:59 P.M. Sutter County implemented a Shelter in Place Directive to be in effect until 11:59 P.M. on April 9, 2020, or until extended, rescinded, superseded, or amended in writing by the Health Officer of Sutter County. Sutter County and Yuba County share a Joint Powers Agreement and act as a Bi-County Behavioral Health entity; thus, Yuba County implemented the same directive. This directive impacted the Spring 2020 Community Program Planning Process meetings as SYBH was unable to complete all of the scheduled meetings. As the impact of the pandemic became clearer DHCS granted a one-year extension for the approval of Three Plan and Annual Update. SYBH completed the

Community Program Planning Process (CPPP) in the Spring of 2021. The results of the CPPP process are a part of this document.

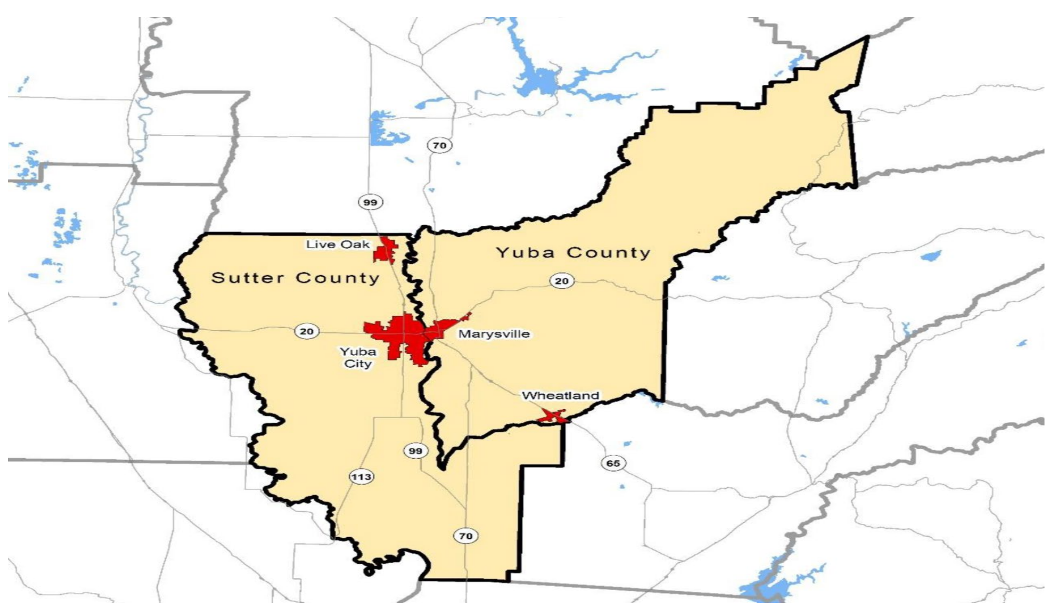
This plan was posted for a 30-day Public Review and Comment period from April 13, 2021 - May 12, 2021. The plan was be posted on the Sutter County website at https://www.suttercounty.org/doc/government/depts/hs/mh/mhsa The SYBH Advisory Board conducted a Public Hearing on May 13, 2021. During that Public Hearing the SYBH Advisory Board voted to recommend that the Sutter and Yuba Boards of Supervisors approve the plan.

Printed copies of the plan were available to be viewed at the Sutter County Administrative Office (1160 Civic Center Blvd #A, Yuba City, CA) and Yuba County Administrative Office (915 Eighth Street Suite 115, Marysville, CA) and Sutter and Yuba County Libraries (750 Forbes Ave, Yuba City, CA and 303 Second St, Marysville, CA, respectively).

COUNTY DESCRIPTION AND DEMOGRAPHICS

The Sutter and Yuba Bi-County Behavioral Health Services organization serves the communities of both Sutter and Yuba counties. Sutter-Yuba Behavioral Health is unique in that it is the only bi-county Behavioral Health organization in the State of California. The two counties lie about forty miles north of the Sacramento metropolitan area and are separated by the Feather River. The county seat for Sutter County is Yuba City and the county seat for Yuba County is Marysville. The two county seats are the largest cities in each county and face each other on opposite banks of the Feather River. Most of the population is located at this central point of the bi-county area where these two county seats meet. The proximity of the cities and the fact that they are in different counties has created a unique partnership between Sutter and Yuba counties that has resulted in the sharing of some key services including Sutter-Yuba Behavioral Health. The community itself is ethnically and culturally diverse, and includes people of several different backgrounds including Caucasian, African-American, Latino, Chinese, Laotian (Hmong), and Asian Indian, among others. Spanish is designated as a threshold language due to the large Spanish-speaking population. Sutter and Yuba counties' diversity are also reflected in the Asian Indian population and prominent military community. Sutter County has one of the largest Asian Indian communities in the United States for a county of its size and Yuba County is the home of the 23,000-acre Beale Air Force Base. Sutter and Yuba counties' combined land mass of over 1200 square miles consists largely of rural agricultural land making agriculture a driving force in the economy. In addition to agriculture, the health and education fields make up a large portion of the workforce and economy.

As seen in the map below, the county seats are separated by the Feather River and are less than 2 miles apart.



According to the 2010 Census data, Sutter County's population is at 94,737 and Yuba County's population is at 72,155 individuals. The 2010 Census data is still the most current data available for this comprehensive data set. Since the Sutter-Yuba Behavioral Health is a bi-county agency, the total population for the service area is 166,892 in 2010. Nearing the end of the 10-year cycle, the U.S. Census Bureau efforts to conduct the 2020 survey are approaching.

The table below displays the total population for both Sutter and Yuba counties and is further broken down by race/ethnicity, gender, and age

SUTTER COUNTY 2010 CENSUS DATA		
Race	**Number**	**Percent**
Total Population	94,737	100
One Race	89,440	94.4
White	57,749	61
Black or African American	1,919	2
American Indian and Alaska Native	1,365	1.4
Asian	13,663	14.4
Asian Indian	10,513	11.1
Chinese	326	0.3
Filipino	714	0.8
Japanese	382	0.4
Korean	156	0.2
Vietnamese	184	0.2
Other Asian	1,388	1.5
Native Hawaiian and Other Pacific Islander	281	0.3
Native Hawaiian	48	0.1

YUBA COUNTY 2010 CENSUS DATA		
Race	**Number**	**Percent**
Total Population	72,155	100
One Race	67,068	92.9
White	49,332	68.4
Black or African American	2,361	3.3
American Indian and Alaska Native	1,675	2.3
Asian	4,862	6.7
Asian Indian	461	0.6
Chinese	269	0.4
Filipino	694	1
Japanese	187	0.3
Korean	108	0.1
Vietnamese	86	0.1
Other Asian	3,057	4.2
Native Hawaiian and Other Pacific Islander	293	0.4
Native Hawaiian	50	0.1

Guamanian or Chamorro	147	0.2
Samoan	15	0
Other Pacific Islander	71	0.1
Some Other Race	14,463	15.3
Two or More Races	5,297	5.6
White; American Indian and Alaska Native	1,109	1.2
White; Asian	998	1.1
White; Black or African American	466	0.5
White; Some Other Race	1,282	1.4
Hispanic or Latino		
Total Population	94,737	100
Hispanic or Latino (any race)	27,251	28.8

Guamanian or Chamorro	112	0.2
Samoan	53	0.1
Other Pacific Islander	78	0.1
Some Other Race	8,545	11.8
Two or More Races	5,087	7.1
White; American Indian and Alaska Native	1,664	2.3
White; Asian	698	1
White; Black or African American	599	0.8
White; Some Other Race	938	1.3
Hispanic or Latino		
Total Population	72,155	100
Hispanic or Latino (any race)	18,051	25

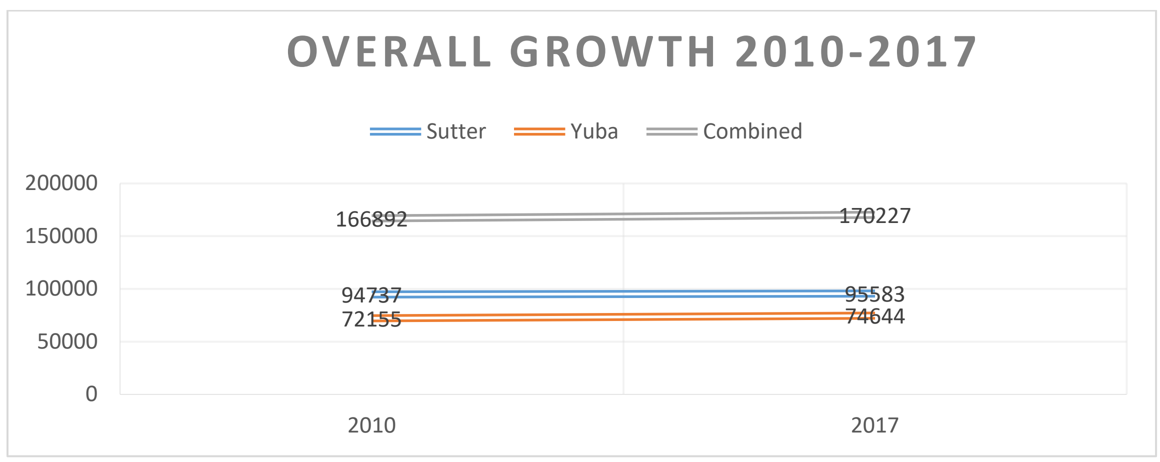
Gender		
Male Population	47,001	49.6
Female Population	47,736	50.4

Gender		
Male Population	36,352	50.4
Female Population	35,803	49.6

Age		
Under 5 years	7,153	7.6
5 years-19 years	21,815	23
20 years-59 years	49,086	51.7
60+ years	16,683	17.6

Age		
Under 5 years	6,217	8.6
5 years-19 years	16,885	23.4
20 years-59 years	38,351	53.2
60+ years	10,702	14.9

As we wait for new data on the composition of the current population, the most current 2017 estimates developed by the U.S Bureau American Community Survey 5-year Estimates provide a more realistic look at the demographics until 2020 data is available. Census data estimates for 2017 projected the Sutter County and Yuba County populations to grow to 95,583 and 76,644, respectively, making the total combined estimated population for our entire service area to be 170,227. This reflects a growth rate of approximately 2% from 2010 through 2017. By population, Sutter County is the 37th largest county in California and Yuba County is the 39th largest county.



Sutter-Yuba Behavioral Health's (SYBH) bi-county structure provides mental health services and substance-use disorder services to residents of both Sutter County and Yuba County through a Joint Powers Agreement (JPA). SYBH oversees the full range of clinical operations for specialty mental health and crisis services. On average, SYBH serves over 5,000 unique mental health clients each year.

SYBH offers a broad range of services. Below you will find brief descriptions of each of the major service areas.

- Emergency Mental Health Services are provided through our inpatient psychiatric health facility and our psychiatric emergency services unit. Services include inpatient treatment of acute psychiatric conditions, crisis counseling, emergency assessment, crisis line intervention, safety planning, and resource education.
- Youth and Family Services provides outpatient behavioral health services designed to meet the social-emotional and behavioral needs of children, youth, and families. Services offered include assessment, therapy, medication support services, and case management. Youth and Family Services utilizes a continuum of care to assist children, youth, and their families to stay healthy, safe, and successful in school. Youth and Family Services guide youth in their transition to adulthood while promoting a model that supports recovery and wellness.

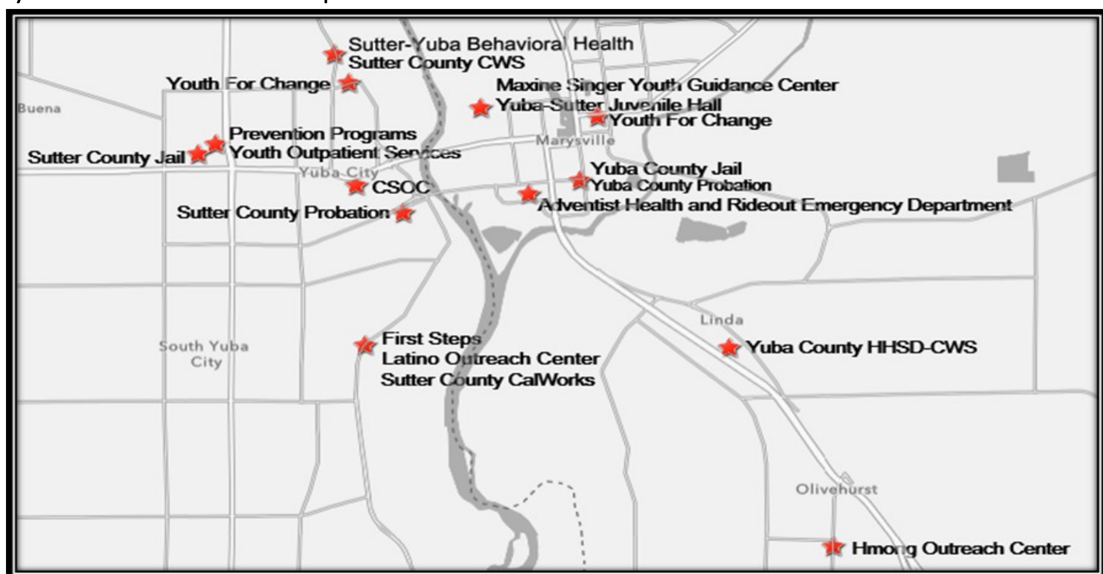
Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

- Adult and Older Adult Services provide outpatient assessment, diagnosis and treatment of serious mental health conditions, and co-occurring mental health and substance use disorders. The treatment team consists of psychiatrists, therapists, nursing staff, case managers, counselors, peer mentors, and support staff. SYBH strives to provide a broad range of culturally conscious, consumer-driven supports and services for the diverse communities within our counties.
- The Prevention and Early Intervention Program at Sutter-Yuba Behavioral Health provides a multitude of free services and trainings for community members, local school

staff, and law enforcement personnel. Prevention and Early Intervention activities are designed to increase awareness of early warning signs and risk factors of mental health disorders.

- The Substance Use Disorders (SUDS) Program provides outpatient, intensive outpatient, residential placements, and referrals for adults and adolescent counseling.

Sutter-Yuba Behavioral Health provides services at many sites throughout the Sutter and Yuba County communities. The map below shows all the service areas.



In addition to the areas shown on the map, SYBH also funds services in numerous schools and other community organizations.

COMMUNITY PROGRAM PLANNING PROCESS

Sutter-Yuba Behavioral Health (SYBH) is committed to a diverse and inclusive approach in the program planning, evaluation, improvement, and implementation of Mental Health Services Act programs. The Community Program Planning Process is constantly evolving in order to include the most relevant feedback from stakeholders and consumers at any given point in time. In recent years, the Sutter County Health and Human Services Department has undergone a reorganization of its administrative infrastructure with the addition of three Branch Directors in the various major Mental Health Service areas to provide the most dedicated, focused, and efficient services to address specific populations in the community. With the reorganization, Sutter-Yuba Behavioral Health has established an MHSA team that includes a consultant, an Administrative Services Officer, and three Staff Analysts. In order to formalize the Community Program Planning Process, the MHSA team has established a Steering Committee to increase and maintain communication between management and stakeholders in planning and review of MHSA programs.

The Steering Committee serves as a vehicle for SYBH and stakeholders to come together to facilitate the planning of the Three-Year Program and Expenditure Plan and Annual Updates. The Steering Committee is in its initial stages and comprises of various stakeholders throughout the community including consumers, SYBH staff members, education personnel, law enforcement officials, and representatives from various local agencies. Steering Committee members are nominated by officials from local agencies and community organizations. They will serve a semi-permanent role for an extended period of time in order to maintain consistency in program planning. The Steering Committee meets monthly for the first 6 months and then bi-monthly continuously.

In addition to a Steering Committee for the MHSA plan, to expand feedback from stakeholders and consumers, SYBH implemented Public Planning Sessions and Stakeholder Forums during the creation and implementation of both the MHSA Three-Year Program & Expenditure Plan and iCARE Innovative plan. All public planning sessions and stakeholder forums included individuals with interest in behavioral health services in the State of California, including but not limited to individuals with behavioral health conditions and/or their family members, providers of behavioral and physical healthcare, social services, educators or representatives of education, law enforcement and other organizations representing interests of those with behavioral health care needs. Public planning sessions consisted primarily of community professionals in the various local agencies, whereas, the majority of participants at stakeholder forums consisted of consumers and family members from the underserved, unserved, and inappropriately served populations. Participants were encouraged to bring new ideas to the table and help re-enforce successful program plans.

Stakeholders and consumers involved in the Community Program Planning Process are listed below:

Adventist Health + Rideout Hospital	Sutter County Welfare
Behavioral Health Advisory Board	Sutter-Yuba Friday Night Live
Consumers/Family Members	SYBH Adult Services
Family Member Support Groups	SYBH Children's Services
Hands of Hope	SYBH CSOC
Hmong Outreach Center	SYBH Psychiatric Emergency Services
Hmong American Association	SYBH Resource Services
LGBTQ Representatives	Youth For Change
Marysville Joint Unified School District	Yuba City Police Department
Marysville Police Department	Yuba City Unified School District
Options for Change First Steps	Yuba County APS
Salvation Army and the Depot	Yuba County Board of Supervisors
Sutter County Board of Supervisors	Yuba County CalWORKs
Sutter County CWS	Yuba County CPS

Sutter County Employment Services	Yuba County Health and Human Services
Sutter County Jail	Yuba County Probation
Sutter County Office of Education	Yuba County Sheriff
Sutter County Probation	Yuba County Welfare
Sutter County Sheriff	Yuba County Probation
Sutter County Jail	Yuba County Sheriff
Sutter County Office of Education	Yuba County Welfare

Public Planning Sessions and Stakeholder Forum participants were advised of mental health programs and services at Sutter-Yuba Behavioral Health and encouraged to provide opinions and feedback via group discussions and stakeholder comment forms. Stakeholder and consumer engagement were documented on meeting sign-in sheets and feedback memorialized on stakeholder comment forms. Stakeholder comment forms included questions regarding general demographic information such as age, gender, and race/ethnicity as well as opinions on mental health services in the community such as its strengths, weaknesses, and any recommendations.

The MHSA team hosted six in-person stakeholder forums or focus groups, two of which were conducted in Hmong and English and one conducted in Spanish and English. Additionally, the MHSA team hosted six virtual stakeholder forums, two of which were conducted in Hmong. MHSA Stakeholder Forum participants were advised of current MHSA program plans, development, and the Mental Health Services Act. Flyers publicizing the MHSA stakeholder forums were posted at the location of each forum. Flyers were also shared at existing mental health services support groups and meetings. Informational emails were sent to the staff at each location and verbally communicated to their partners and consumers. The MHSA stakeholder forums are listed as follows:

In Sutter County:

- Thursday, January 30, 2020, 3:00-5:00 PM at the Latino Outreach Center – 545 Garden Hwy Suite B, Yuba City, CA.
- Monday, February 2, 2020, 9:30-10:30 AM at the Wellness & Recovery Town Hall Meeting – 1965 Live Oak Blvd, Yuba City, CA.
- Thursday, February 6, 2020, 4:00-5:30 PM at the Transitional Aged Youth (TAY) Center – 809 Plumas Ave, Yuba City, CA.
- Wednesday, February 19, 2020, 6:00-7:30 PM at Sutter-Yuba Behavioral Health Facility – 1965 Live Oak Blvd, Yuba City, CA.

In Yuba County:

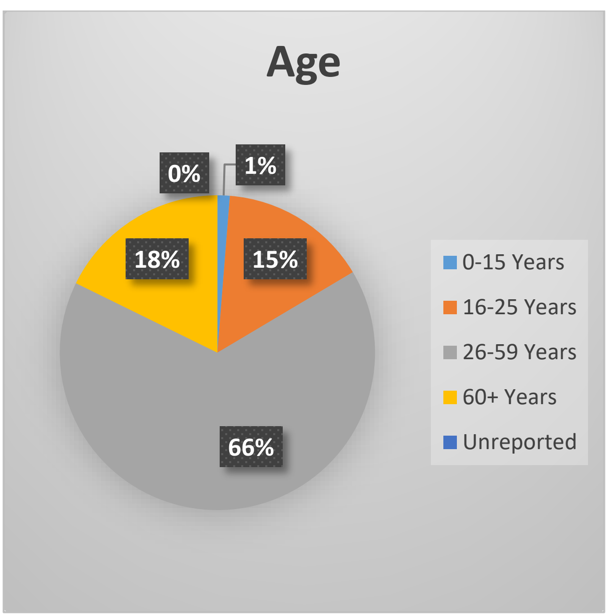
- Wednesday, February 5, 2020, 10:00 AM-12:00 PM at the Hmong Outreach Center – 4853 Olivehurst Ave, Olivehurst, CA.

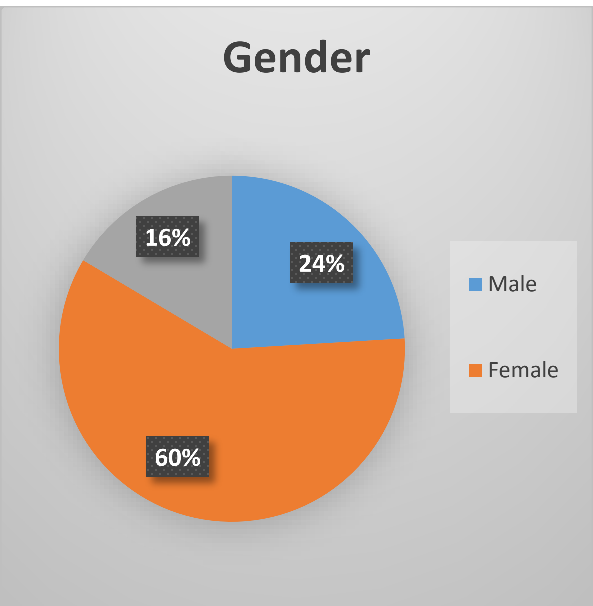
- Wednesday, February 5, 2020, 6:00-8:00 PM at the Hmong Outreach Center – 4853 Olivehurst Ave, Olivehurst, CA.

Virtual:

- Thursday, February 25, 2021, 3:30-5:30 PM with Transitional Aged Youth (TAY)
- Tuesday, March 2, 2021, 10:00-11:00 AM with Hmong Outreach Center Women's Virtual Group
- Wednesday, March 10, 2021, 2:00-3:30 PM with general community members
- Tuesday, March 16, 2021, 4:00-5:00 PM with SYBH MHSA Steering Committee
- Monday, March 29, 2021, 10:00-11:00 AM with Hmong Outreach Center Men's Virtual Group
- Tuesday, March 30, 2021, 2:00-3:30 PM, with general community members

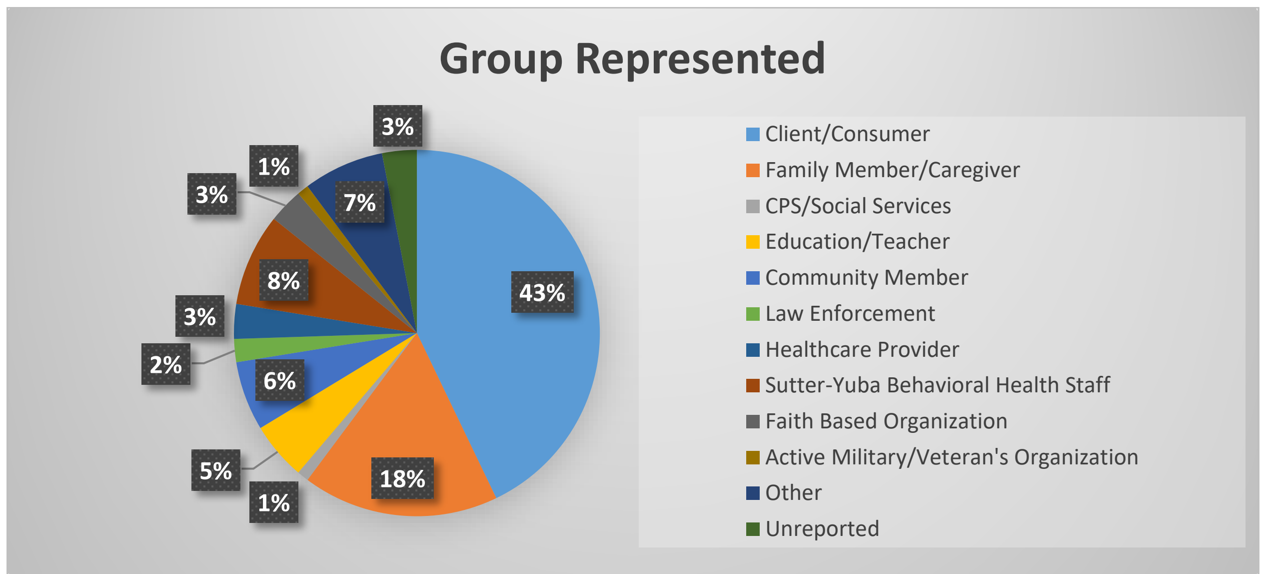
The demographics of stakeholders attending MHSA stakeholder forums are as follows. Seventy-nine participants responded to the survey questionnaire. Of those who attended the stakeholder forums and completed a stakeholder comment form, 56% resided in Yuba County and 31% resided in Sutter County. 13% who responded did not report their county of residence. 16% of respondents were under the age of 26, 66% of respondents were between the ages of 26-59, and 18% were age 60 and older. 255% were male and 60% were female. 16% did not report their gender.



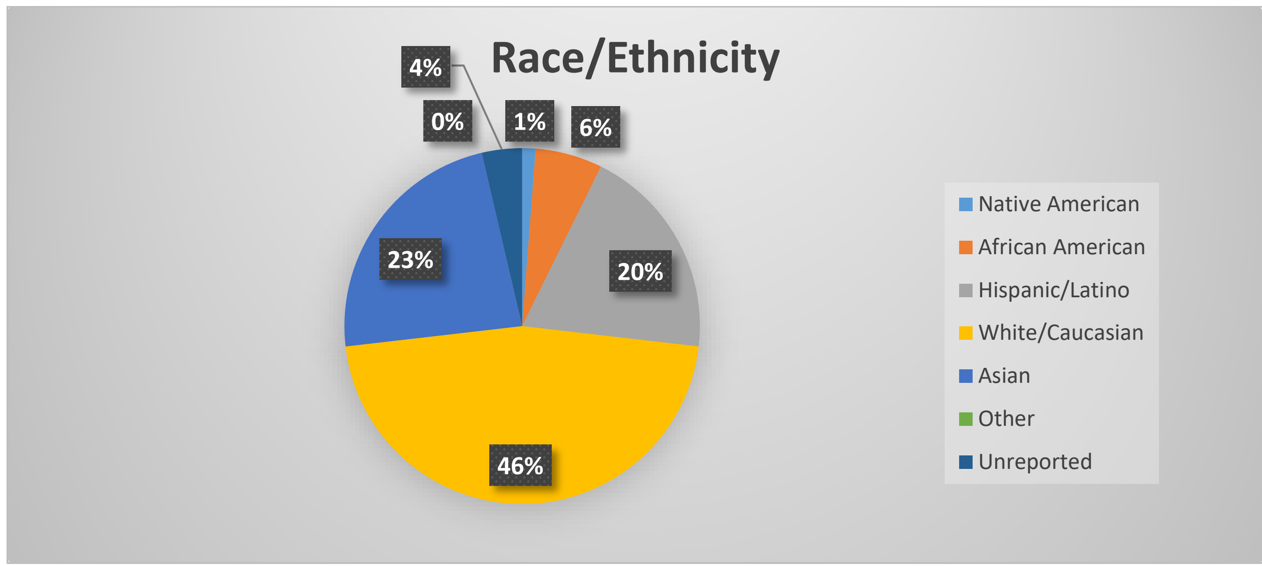


18% of respondents reported they are a family member of someone with a behavioral health issue, 43% reported they are a consumer, 2% reported they are law enforcement, 5% reported educational affiliation, 6% were community members with interest, 3% were from a faith community, 8% were SYBH staff, 1% were from a social service agency, 3% were from a

healthcare provider, and 7% belonged to another group or did not report. It should also be noted that some respondents were affiliated with more than one group.



In addition, 20% of respondents identified as Latino, 6% identified as African American, 46% identified as Caucasian, 23% identified as Asian/Pacific Islander, 1% identified as Native American, and 4% did not report their race/ethnicity. It should be noted that some respondents identified as two or more races/ethnicities.



33% of stakeholders who completed feedback forms indicated they were very satisfied with the MHSA Three-Year Plan, while 41% reported they were satisfied and 22% reported being somewhat satisfied, for a total of 96% of stakeholders being either somewhat satisfied to very satisfied.

When asked for their opinions of aspects of the MHSA Three-Year Plan they saw as most valuable and important, common themes that the community valued and thought were of the most importance was having crisis support and services available for needs at any time of day. Stakeholders expressed a higher need for a 24-hour phone line where crisis can be averted. There was a consensus that consumers were in need of services mostly outside of normal business hours. Many expressed in their own words there was need for a “24 hour on call” service to prevent crisis. Others expressed that mental health services could be improved with more timely crisis services.

Another common theme was the need for outreach and linkage to services. Many stakeholders agreed that stigma and fear contributed to lack of seeking services and would like to see more programs addressing prevention and early intervention.

Other comments highlighted the value of mental health services for the homeless. Many agreed that the homeless initiatives across county departments and agencies were doing a good job addressing the needs of the homeless community and was happy to see that services were being provided to this underserved population.

Additionally, verbal and written comments provided by stakeholders, both in direct quotes and in summary points as discussed in stakeholder meetings are detailed below.

1) More FSP programs.
2) Homeless issues.
3) The plan I see most valuable is the service.
4) Outreach-peer support.
5) Early intervention is schools; community education; ICARE.
6) Community partner training.
7) ICARE team, MHSA adult services staffing, peer mentors.
8) 24 hr on call.
9) All of them because they all matter.
10) The 24 hr on call.
11) FURS.
12) Prevention awareness.
13) The homeless, the chronically mentally ill.
14) Homeless help, outreach.
15) More crisis services.
16) Sobriety.
17) Family values.
18) Helping to get information on programs and resources to those in need.
19) Early prognosis and intervention.

20) Being able to reach out those who need help can get it. Preventing crisis. PEI.
21) Outreach-linkage to services.
22) Funding used for the right purposes, what needs more funding.
23) La ayuda mental a la comunidad hispana mas ayuda económica.
24) La ayuda para los homles y para la comunidad medica que no tiene seguro medico.
25) Mas información al respecto.
26) Servicio mental de los adultos/Servicio en las escuelas/Servicio de salud y vivienda de los homles.
27) Los programas para todas las personas mas en el ispano.
28) Funding for Hmong center support groups to support group outings.
29) More interpreters, more availability in offices, more staff.

Regarding stakeholders' top concerns with mental health services, many believed:

1) Lack of funding.
2) Housing, peer support (clubhouse model).
3) More therapists and support for adult consumers. Caregiver assistance support.
4) Housing.
5) How to motivate clients to utilize services/How to keep clients utilizing services-maintenance/Need more staffing
6) Where I go to crisis it take too long, I don't like blood pull.
7) Drug prevention.
8) Not enough one on one, crisis help by phone to prevent hospitalization.
9) The stigma, community prejudice, records being compromised.
10) Knowing what constitutes crisis services (for clients).
11) Med therapy, healthy mind.
12) Work, help, knowing your medicine.
13) Help for the homeless.
14) Continuing drop in centers for clients.
15) Removing stigma-getting information out-early prevention.
16) Insurance, limited resources, homeless people (outreach), education.
17) People not taking advantage of services.
18) More services for these coming out of prison-preventage, access to services, youth, follow up.
19) Outreach, education, oversight, investigations.
20) Que le retiren los fondos para la salud mental hispana, la fasta de interés a la gente hispana.
21) Qye aya mas personas que ayuden a los que no pueden venir a reseliz los servicios y mas propagandas para saber que existen estos servicios.
22) Algunas veces el proceso de inscripción es muy lento, a veces unos decisten por ese motivo. Personas con depresión necesitan atención urgente.

23) Need to go out to schools more, get them involved in the programs from MHSA.
24) Que las familias ignores los servicios. Que no se tenga un servicio gratis medicamente. Que los familiares tengan miedo de dejar a su familia en un asilo.
25) Availability to access trainings for folks in the foothills or conversations with MH personnel; in the foothills there is a different culture (not internet) and knowing the concerns
26) Gaps in service around perinatal mood and anxiety disorders for women and support and services necessary.
27) Navigation of mental health services is key for homeless population.

Stakeholders believed the biggest obstacles that clients/consumers face in seeking mental health services was:

1) Transportation and no support from family.
2) Reaching out.
3) Low motivation, paranoia-client may not "come-in" for services.
4) Recognizing that help/diagnosis is needed. Being able to meet with counselor, etc., more often and more consistently. Transportation to appointments.
5) Stigma, motivation.
6) Clients need reassurance that their care will be successful, they need motivation to come.
7) Transport.
8) Long waits, run around-drop ball, lots of gossip.
9) Don't know where to go to for help.
10) Homeless and transportation.
11) Addiction, stigma, homelessness, transportation.
12) To reach to the services offered by the county/government.
13) Preventing crisis from happening having enough staff and facilities to serve our community.
14) Stigma, access to resources, knowing how to ask for help.
15) El no saber expresar para saber realmente que servicio es adecuado para cada persona.
16) Muy pocos consejeros de habla hispana. Pero al mismo tiempo generalizando que no hay suficiente personal. Para atender pacientes con deprecion.
17) Stubborn to get help, don't know how, scared to get help because others will know.
18) La ignorancia, el no aceptar que están enfermos.
19) Speaking English.
20) Less connected with person virtually than meeting in person
21) If there was a simpler path to get in [virtual support groups] and if kids aren't home, they can't get in.
22) Would like to have regular transportation. The bus is not safe and people have health issues.

23) Virtual platform is very discouraging and when they can't get in, they get frustrated.
24) Distance and transportation issues.
25) Stigma and reducing response time to access to MH services.
26) Increase early childhood MH linkages and access to expand and enhance programs in place.
27) Connection with programs like First Five and other off base resources; stigma; clinic on base can only see active duty personnel.

In suggesting ways to improve mental health services, stakeholders stated:

1) More workers to serve more people.
2) Need a program like TAY for adults.
3) More aspects to ICARE – outreach to parents of adult children.
4) Trying to improve foster kids home, leaving from home to home.
5) Funding for homeless, therapy, more crisis lines, more awareness about the illness and how to treat it.
6) To open other facility.
7) Getting information out on where to go and get help for those in crisis.
8) By proper training and by reaching out to the people suffering mental health issues on spot crisis services.
9) Community awareness.
10) Staff trainings of government and county employees, mental health first aid trainings in community.
11) Involvcrando mas a la comunidad hispan un poco mas de publicidad involocras mas a la comunidad.
12) Dando a comosev los servicios y teniendo mas interpretes y gente que ayude.
13) Proporcionando mas información a la comunidad de los servicios que están proporcionando.
14) El plan que presentaron es excelente porque tienen mas ideas y siempre seguir actualizándonos para mejorar los planes.
15) Con las programas adecuados y con las persona q nos ayuden con el lenguaje.
16) More help talking about household items you need, how to move out, insurance, extra things you have to pay for.
17) Pre-COVID we did a lot of vocational training and clients are missing that, and there is an intense interest in getting more vocational skills
18) No changes at this point due to COVID-19. After COVID-19, more programs such as interpreting services, go back on approved outings to be able to get out.
19) When COVID-19 ends would like larger building for groups, so we can exchange ideas on traditional healing to heal ourselves and to gather.

20) small media outreach (the territorial), Facebook groups; flyers in the post office and local stores, word of mouth, need to educate people in the area through possibly the schools
21) word of mouth; community support coordinator to begin at Beale and that person will start to attend these meetings; flyers
22) word of mouth, publications
23) increase outreach and would like more information on iCARE
24) outreach

In summary, although the community expressed needs in certain areas, there was overwhelming support for the MHSA Three-Year Program & Expenditure Plan.

In addition, the SYBH iCARE team hosted four public planning sessions for the iCARE (Innovative & Consistent Application of Resources and Engagement) Innovative Project. SYBH publicized the iCARE public planning sessions through the community's local newspaper, The Appeal Democrat, and other resources such as the Sutter County and Yuba County One-Stops, Sutter and Yuba counties' libraries, Sutter and Yuba counties' Administrative Offices, Facebook, email blasts, and flyers posted at all service sites. The four public planning sessions are listed as follows:

In Sutter County:

- Thursday, April 25, 2019, 3:30 – 4:30 pm at Veteran's Hall – Tucker Room 1425 Veterans Memorial Circle, Yuba City.
- Thursday, April 25, 2019, 5:00 – 6:00 pm at Veteran's Hall – Tucker Room 1425 Veterans Memorial Circle, Yuba City.

In Yuba County:

- Tuesday, April 30, 2019 3:30 – 4:30 pm at Yuba County Government Center, Board of Supervisors Chambers 915 8th Street, Marysville.
- Tuesday, April 30, 2019 5:00 – 6:00 pm at Yuba County Government Center, Board of Supervisors Chambers 915 8th Street, Marysville.

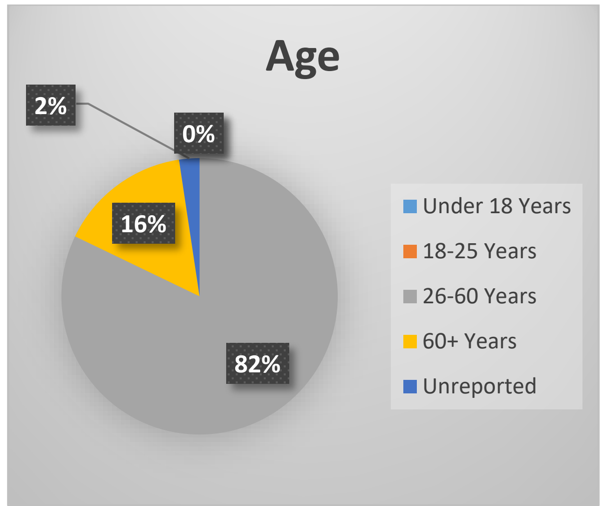
Additionally, the SYBH iCARE team hosted 10 targeted stakeholder forums for the iCARE Innovations Project as follows, including one session in Spanish:

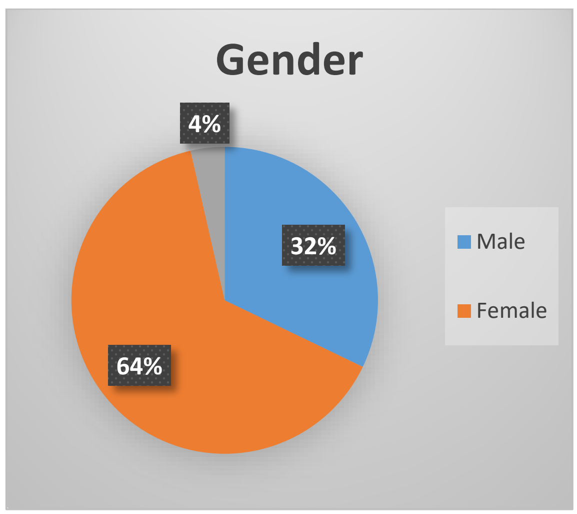
1) Homeless Union – April 23, 2019 12:00 – 1:00 pm
2) Yuba County Health and Human Services – April 24, 2019 10:00 – 11:00 am
3) Wellness and Recovery Town Hall – April 29, 2019 9:30-10:30 am
4) Latino Outreach Center – April 29, 2019 2:30-4:30 pm
5) Yuba County Law Enforcement and Adventist Health + Rideout Hospital (including emphasis on Emergency Room Staff) – April 30, 2019 11:30 am – 1:30 pm

6) Sutter County Law Enforcement Staff – May 2, 2019 2:00 – 3:00 pm
7) Behavioral Health Advisory Board – May 9, 2019 5:00 – 6:00 pm
8) Family Member Support Group – May 9, 6:00- 8:00 pm
9) Hmong Outreach Center – May 21, 2019 10:00 – 11:00 am
10) Sutter Emergency Operations Center – June 14, 11:00 am – 12:00 pm

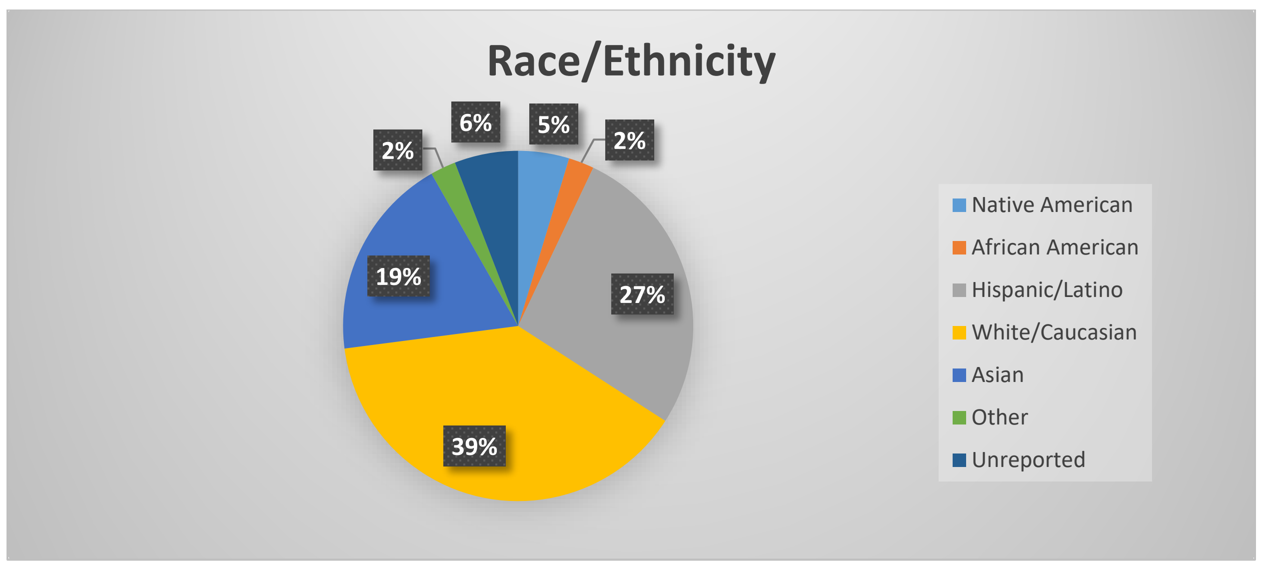
Of those who attended the iCARE stakeholder forums and public planning sessions, 84 individuals filled out stakeholder feedback forms. While not all questions on all forms were answered, of those that were, the demographics for stakeholders attending iCARE stakeholder meetings are as follows, including a rating of the CPP process itself.

The charts below provide a visual representation of the participants at the iCARE stakeholder forums.

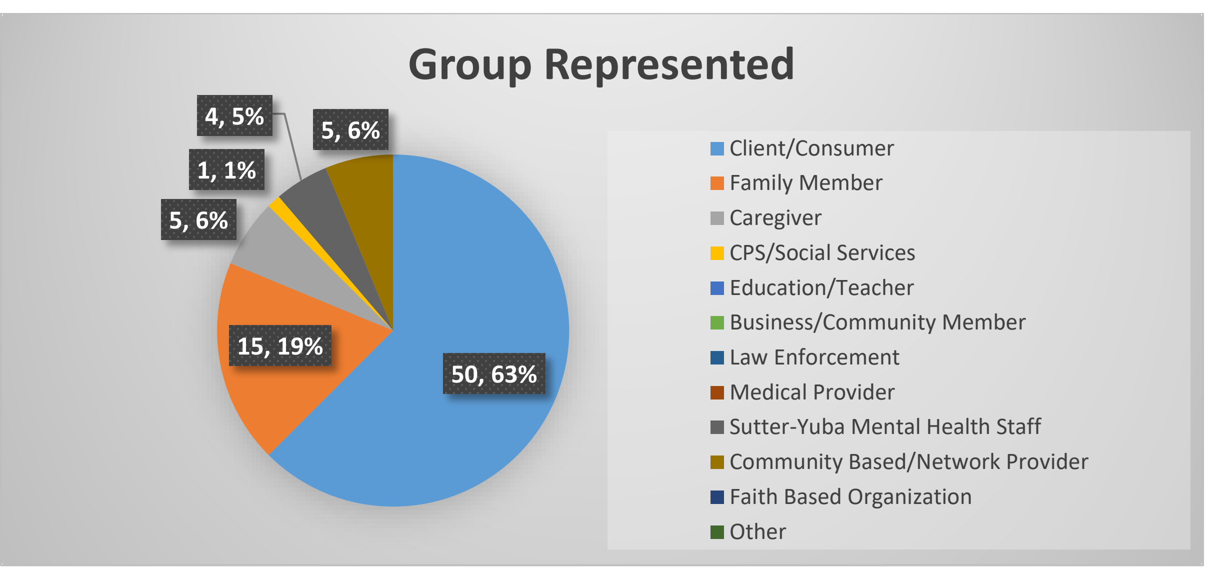




Of those who attended the iCARE stakeholder meetings and completed a stakeholder comment form, 82% of respondents were between the ages of 26-59, 16% were age 60 and older, 32% were male and 64% were female. 4% did not report their gender. 46% of respondents reported being from Yuba County, while 46% of respondents reported being from Sutter County.



27% of respondents identified as Latino, 2% identified as African American, 39% identified as Caucasian, 19% identified as Asian/Pacific Islander, 5% identified as Native American, 2% report another race/ethnicity, and 6% chose not to report. 54% did not share their primary language, 33% spoke English primarily, 11% stated Spanish is their primary language, and 6% spoke another language.
21% of respondents reported they are a family member of someone with a behavioral health issue, 10% reported they are a consumer, 6% reported they are law enforcement, 1% reported attending for an educational purpose, 9% were from a community agency, 2% were from a faith community, 11% were County staff, 6% were from a social service agency, 3% were from a healthcare provider, 20% were community members, 2% were 27 active military/veterans and 2% were alcohol and drug providers.



60% of stakeholders who completed feedback forms indicated they were very satisfied with the iCARE Community Program Planning Process, while 30% reported they were satisfied and 5% reported being somewhat satisfied, for a total of 90% of stakeholders being either satisfied or very satisfied.

The draft innovation plan was publicly posted on Sutter County's website from May 6 – June 5, 2019. Additionally, the link to the publicly posted plan was emailed to approximately 391 stakeholders, including individuals participating in stakeholder meetings that provided email addresses to SYBH. The link to the publicly posted draft plan was sent out via email to all Health and Human Services staff in both Sutter and Yuba Counties, law enforcement, and Adventist Health + Rideout Regional Medical hospital staff.

Two press releases noticing the posting of the iCARE plan was sent to the local newspaper with a full article detailing stakeholder meeting dates and the process for the posting of the plan published in the local newspaper, the Appeal Democrat, on April 14 and April 28, 2019. Flyers posting the dates of the public hearings were posted at Sutter-Yuba Behavioral Health (SYBH), SYBH's Latino Center, Hmong Center, Public Health, the County Administrator's offices for both Sutter and Yuba counties, both Sutter and Yuba County libraries, and other various county buildings in the two counties. Additionally, the iCARE Stakeholder meeting flyers were shared on Sutter County's Network of Care Website on April 18, 2019 in addition to email blasts also being sent out to Sutter and Yuba County employees and five additional non-county agencies on April 18, 2019.

While no written comments were received during the time the iCARE plan was publicly posted, (May 6, 2019 – June 5, 2019), several verbal comments and one email comment were provided to SYBH in addition to written comments via stakeholder feedback forms collected at stakeholder meetings. Additionally, a summary analysis of comments received is as follows:

Verbal comments for the iCARE plan included requests for SYBH to clarify in the innovation project narrative how family members will be noticed of the existence and availability of the iCARE Team including how referrals could be made. Additional clarification was also requested as it related to the number of training hours to be offered, number of community members, SYBH staff, and health care providers projected to be trained under this effort. Stakeholders requested trauma informed trainings be added to the roster of trainings offered and that trainings be offered to EMTs and paramedics providing care in ambulance response. Suggestions were made to offer trainings to local business owners 28 to include convenience stores, gas stations and laundry mats. Clarifications for referrals, family outreach and additions for types of trainings, and recipients of training have been made to include all suggestions above in the section of this proposal titled, proposed project, section A.

In the law enforcement iCARE stakeholder session, it was verbally noted that, “There is more stigma for community members in receiving mental health care than getting arrested,” and there was hope through the community training component of this plan that this stigma could be reduced.

Verbal suggestions at the iCARE stakeholder forums also included an emphasis on cultural and language competency to include competencies in working with forensically involved consumers. These suggestions have also been incorporated in the training offerings under this plan and included for implementation of the project.

While this project will serve adults 18 years old and older, several stakeholders requested that SYBH consider if a mobile engagement team like the iCARE Team could work for children and youth. While SYBH did not change the age range to be served by the iCARE Team in this innovation project, SYBH will keep this request in mind as we study the engagement strategy under this project, as well as other MHSA programs focused on serving children and youth.

Other comments highlighted the value of paid peer mentor positions within county mental health plans, to include a suggestion for integrating paid peer mentors within local Red Cross programs. While this project will not integrate paid peer mentors within local Red Cross programs, SYBH acknowledges the value that peer mentors could bring to the Red Cross. SYBH will include the Red Cross in the group of community partners to which community training will be offered. SYBH will also offer a community presentation about what the iCARE team does and how to refer to the local Red Cross. Paid peer mentor positions are included in this proposal as integral members of the iCARE mobile team.

Additionally, verbal and written comments provided by stakeholders, both in direct quotes and in summary points as discussed in stakeholder meetings are detailed below. No changes to the publicly posted plan were required as comments were in alignment with the plan. Some comments as listed below are direct quotes and others are summarized from stakeholder conversations:

Support for the benefits of, “Training of outside systems to better support individuals with behavioral health needs.”

“Working with Law Enforcement to ensure measurement of engagement of forensically involved consumers, specifically those with substance use treatment needs.”

“Better educating first responders including ambulance staff about behavioral health conditions and working with community members needing care.”

“Ensuring the iCARE Team was collaborating and coordinating with the Rideout street medicine team and physical health care providers to include the emergency room.”

“Meeting consumers where they were.”

“Building trust and respecting consumers as people.”

“Partnering with consumers in ways that have a balance of power and allow for true partnership in behavioral health care.”

“Understanding that consumers don’t want to be, “owned by the behavioral health system.”

“Address consumer transportation needs.”

“NAMI or increased family supports should be present in the community.”

“Peer positions can, “show other consumers the ropes,” or “let new consumers know they got a lot of help here at SYBH.”

“Have engagement approaches that allow consumers to, “develop their own personal check list for insight,” and read books on behavioral health conditions on their own terms.”
“Deploy the mobile team in ways that respect consumer rights and liberties.”

“Deploy the mobile team in non-descript ways that don’t increase the stigma of behavioral health.”

“Respect community neighborhoods by coming there but maintaining confidentiality and anonymity - Don’t put SYBH or the county logo on the van.”

“Respect the time of health care providers whose skill sets are greatly impacted because of severe provider shortages.”

“Ensure the innovation project includes the homeless community, to include the collaboration with the homeless union and peers with lived experience in the deployment of the project.”

“Family members trying to access care and encountering barriers find those barriers traumatizing and feel, “There MUST be something better than this,” of experiences with 5150’s for loved ones.”

In summary, there was overwhelming support for both aspects of the innovation proposal with an overwhelming majority of stakeholders saying the mobile team and wide-reaching

community education strategy has been, “needed for years,” and that better engagement strategies were “crucial.”

While clarifying language was added to the innovation proposal as indicated above and in response to consumer and stakeholder requests, no substantive changes to the iCARE proposal or publicly posted iCARE plan were made.

Consumers, family members, community partners, service providers, and educational partners helped Sutter-Yuba Behavioral Health with the program planning process for both the iCARE plan and MHSA Three-Year Program & Expenditure Plan, and will continue to help with program implementation, monitoring, quality improvement, and project evaluation.

Public Review and Public Hearing Process

This plan was posted for a 30-day Public Review and Comment period from April 13, 2021 - May 12, 2021. The plan was be posted on the Sutter County website at https://www.suttercounty.org/doc/government/depts/hs/mh/mhsa The SYBH Advisory Board conducted a Public Hearing on May 13, 2021. During that Public Hearing the SYBH Advisory Board voted to recommend that the Sutter and Yuba Boards of Supervisors approve the plan.

Two press releases noticing the posting of the plan will be sent to the local newspaper with a full announcement detailing stakeholder meeting dates and the process for the posting of the plan. They were published in the local newspaper, the Appeal Democrat. Flyers posting the dates of the public hearings will be posted at Sutter-Yuba Behavioral Health (SYBH), SYBH’s Latino Center, Hmong Center, Public Health, the County Administrator’s offices for both Sutter and Yuba counties, both Sutter and Yuba County main libraries, and other various county buildings in the two counties. Additionally, the stakeholder forum flyers were shared on Sutter County’s Network of Care Website on April 18, 2020.

A virtual Public Hearing was be held on May 13, 2021.

COMMUNITY SERVICES AND SUPPORTS

Sutter-Yuba Behavioral Health is dedicated to an integrated service model for clients and families with a focus on unserved, underserved and inappropriately served populations. The Community Services and Supports programs provide a wide array of client and family driven mental health services and systems. Community Services and Supports (CSS) focus on community collaboration, cultural competence, wellness, recovery, and resilience.

Of the individuals seen by SYBH in FY 2018-2019, 53% identified as female, 47% as male, and less than 1% as other or not reported. Additionally, 65% identified as White, 14% Latino, 4% African-American, 4% Asian/Pacific Islander, 1.5% Native American, 6% identifying as two or more ethnicities, less than 1% as other, and 4% not reporting.

In FY 2018-2019, SYBH served 5,173 unique individuals: approximately 3.1% of the population of both Sutter and Yuba counties for that fiscal year. Per the National Institute of Mental health (NIMH), prevalence rates for individuals estimated to live with severe and persistent behavioral health conditions is 4%. For the population of Sutter and Yuba counties, this percentage is equivalent to 7,089 individuals based on the projected population data for 2017. With the increasing need for services that offer a higher level of care, there has been a shift to move more resources to higher levels of treatment such as full-service partnerships.

In the Community Services and Supports section, you will find descriptions of the Full-Service Partnerships (FSP) and General Systems Development (GSD) programs funded by the Mental Health Services Act at Sutter-Yuba Behavioral Health.

Children and Youth Full-Service Partnerships

The children and youth Full-Service Partnership (FSP) programs provides a wide array of services to keep children, youth, and their families healthy, safe, and successful in school and in their transition into adulthood, while living in a home and community that supports recovery and wellness. The programs assist children and youth in accessing behavioral support services such as: assessments, individual, group and family therapy, medication support services, and case management assistance (which includes, but is not limited to assistance with transportation, obtaining housing, basic needs, concrete supports, care coordination, and linkage to community resources). Services are provided in clients' homes, schools, and other community-based locations. All FSP clients and their caregiver have access to someone known to them 24 hours per day/seven days per week for crisis support services. Currently, the children and youth FSP programs are broken down into three age groups: Early Childhood (0-5

years), Children's (6-15 years), and Transitional-Aged Youth (TAY) (16-25 years). The 0-5 and 6-15 age groups are currently contracted out to Youth 4 Change, a community-based organization with a long history of providing effective FSP services while the TAY FSP services are operated in house.

Early Childhood and Children's Full-Service Partnership

The integrated early childhood and children's FSP program is contracted out to Youth 4 Change, who provides a variety of office, community and home-based services and supports to children, youth, and their families. These services are available to qualifying children with serious emotional disturbances and who are experiencing significant emotional, psychological or behavioral problems that are interfering with their well-being and their families. Children enrolled in this program receive behavioral health services that are tailored and consistent to match each individual's needs and goals. These services include Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), and Community-Based Services (CBS).

Current program goals are to assist children, youth and their families to stabilize mental health problems while improving circumstantial life events including environmental concerns, school performance issues, and involvement with multiple child-serving systems.

The program uses a "wrap-like" model and utilizes an FSP treatment team. The treatment team consists of a therapist, a parent partner, and Mental Health Rehabilitation Specialist who provides case management for the child and family. If a client requires psychotropic medication, a psychiatrist is assigned to the team as well. In order to provide 24/7 access to services, the program has multiple FSP teams that manage a shared caseload and communicate client needs whenever needed. Clients are given a contact phone number allowing them to call for assistance at any time of day or night and their needs will be met.

The function of the mental health therapist is to assess the client's mental health needs, develop the mental health treatment plan, provide psychotherapy, and provide guidance to other team members regarding delivery of services. Resource Specialists provide rehabilitation services and assist clients and families with integrating skills learned in therapy. The Parent Partner assists with client engagement and provides emotional support and non-traditional case management services such as transportation to and from appointments. In the case of clients who require psychotropic medication, the psychiatrist will assess the client's need for medication and provide information about medication and potential alternatives for clients and their treatment teams while also monitoring and advising of client progress. The team is prepared to provide services for special circumstances such as housing, food, clothing and more. A flexible fund is designated for the programs specifically for these kinds of expenses.

Clients are first screened to ensure that they meet program criteria. Referrals are screened by the Open Access Clinic (OAC) Supervisor to evaluate relative need (as compared to other youth who may be seeking FSP services). The OAC Supervisor coordinates with the contractor to determine program capacity at the time of referral and also coordinates with the referring party to ensure that the client is receiving some level of mental health treatment pending the availability of FSP services.

In reviewing the early childhood and children's FSP program, some challenges we are facing include staffing and capacity needs. The number of children and youth that meet criteria for FSP services is increasing beyond what the program can accommodate. It appears that local demand for services for all youth and children continue to rise and multiple community partners and agency staff have commented that symptom severity for local youth seeking services has increased dramatically over the past few years. There is no indication that this trend is reversing.

According to data extracted from SYBH's Electronic Health Record (EHR) Anasazi:

In FY 2018-2019, SYBH served 196 unduplicated children in the 0-15 age group.
In FY 2019-2020, SYBH served 158 unduplicated clients.

Although those numbers include children receiving non-FSP services through the contractor, it illustrates a growing need for mental and behavioral health services.

In FY 2018-2019, 93 children age 0-15 were served in the FSP program.
In FY 2019-2020, 89 children age 0-15 were served in the FSP program.

In FY 2018-2019, 66% of clients served were male and 33% were female. Among those, 63% were Caucasian, 10 percent were Latino, 8% were African-American, 1 percent Native American, 1 percent reported as other race/ethnicity, 8 percent did not report, and 9 percent reported being two or more races/ethnicities.

In FY 2019-2020, 38% of clients served were male and 62 percent were female. 66 percent identified as Caucasian, 11 percent were Latino, 10 percent were African-American, 1 percent were Native American, 2 percent did not report, and 11 percent identified as two or more races/ethnicities. Again, all clients were under 15 years of age for this population.

According to the percentage served, it appears we are underserving the Asian communities in this age group. No clients served reported being of Asian background while the community population reflects a 14% Asian population, 11% of which is Asian Indian. As discovered in the Community Program Planning Process, some of the barriers preventing the Asian communities from seeking services are stigma and language. Currently, we have a Hmong Outreach Center to

address the Hmong community needs, however, navigating the system outside of the Hmong Outreach Center proves to be a challenge due to language barriers. The Hmong Outreach Center is actively working to engage Hmong youth and to de-stigmatize mental health issues through the Prevention and Early Intervention (PEI) activities such as Hmong Impact Youth. It is with these fundamental outreach and awareness programs that Sutter-Yuba hopes to link this underserved and inappropriately served age group population who may need higher levels of care to the appropriate level of treatment.

Currently, the children and youth FSP program is at capacity, serving 75 clients as of November 11, 2019. In review of past years' numbers served, the target number of children and youth to be served for the Fiscal Year 2020-2021 is 85.

For FY2021-2024, the Youth for Change contract will accommodate 85 youth in the FSP program. In addition, SYBH plans to build upon the existing Child and Family Team (CFT) processes to create a more robust system emphasizing coordinated care from behavioral health and other child-serving systems such as Child Welfare Services and those that could assist with basic needs like housing and food. For example, the CFT's will provide mental health therapy, social service needs, serve as a resource to connect the families to housing supports, and coordinate a treatment plan that may include other important figures who may impact the child and family's personal life.

Data continues to be challenging, however, efforts to improve data collection are taking place. Processes are being developed to monitor outcomes. Scores from the CANS and LOCUS assessment tools are utilized to identify client needs. A Medical Necessity/Program Recommendation procedure has been developed to streamline services. A number of data points have been identified and monitored such as demographics served, triage appointments, CANS and LOCUS scores. Although data is being monitored with the CANS and LOCUS scores, a standardized method has not been established on how to analyze and evaluate this data. SYBH is developing a Data Quality Strategy which includes a Dashboard Development Project that will streamline the data extraction and analysis process. These dashboards will display program data such as Demographics Served, Count of Services, Timeliness, Outcome Measures, Katie A youth, High Utilizers, among others. The dashboards will allow SYBH to monitor the effectiveness of its programs and services efficiently . The project includes regular Management meetings to incorporate the best utilization of tools to measure the performance of programs and outcomes of clients. The addition of a Staff Analyst in the Children's Services Branch will provide administrative support for the programs within the Children's Services Branch and ensure fidelity to the overall Data Quality Strategy. These additional supports will allow SYBH to effectively monitor data and indicators for various outcomes such as client success and decrease of symptomology as well as client needs to be served by child-serving systems.

Transitional-Aged Youth Full-Service Partnership

The Transitional-Aged Youth (TAY) FSP program offers a wide array of office, community and home-based services and supports to youth age 16-25 and their families. These services are available to youth who are experiencing significant emotional, psychological, or behavioral problems that are interfering with their well-being and their families. The TAY FSP program emphasizes outreach and assertive engagement for transitional aged youth who are currently unserved, underserved or inappropriately served such as those who are homeless, gang-involved, who have co-occurring mental health and substance abuse disorders, who are aging out of foster care, probation and/or children's mental health systems. It utilizes a "whatever it takes" team approach that is individually tailored to the youth's needs and goals.

The objectives for the program are to assist youth with significant mental health problems in order to make the transition from youth to adulthood as seamless as possible. By providing supportive mental health treatment, transitional-aged youth will be equipped with the tools necessary to be successful as an adult. As with the program goals for the children's programs, the intent of TAY FSP service is to decrease clients' negative symptomology, decrease clients' confrontation with law enforcement and/or probation, increase clients' social skills, assist clients in obtaining employment and permanent housing.

Services provided in the TAY FSP program are administered by a treatment team and include assessment, diagnosis, plan development, individual and group therapy, individual and group rehabilitation services, medication support services, targeted case management, intensive care coordination, intensive home-based services, and therapeutic behavior services.

The treatment team consists of a Therapist and Intervention Counselor. If the client requires psychotropic medication, a psychiatrist and a nurse are assigned to the team as well. The Intervention Counselor also performs the duties of a Personal Service Coordinator (PSC). The TAY program utilizes the Transition to Independence Process (TIP) model. Each team member is trained according to the TIP model and review TIP materials and concepts weekly during review sessions. Staff in the TAY program also attend TIP model booster trainings. The purpose of these trainings and peer review is to establish a baseline standard and ensure process improvement.

The following table shows the number of unduplicated clients served by the TAY FSP in the past two Fiscal Years. All data was generated from Anasazi, Sutter-Yuba's EHR.

Unduplicated Clients Served by TAY FSP	FY 2018-2019	FY 2019-2020
TAY FSP (16-25)	56	47

In FY 2018-2019, the TAY FSP program served 56 unique individuals. 60% of clients served were male and 40% were female. Among those, 70% were Caucasian, 13% were Latino, 6% were African-American, 1% were Native American, 6% were Asian, 1% did not report, and 7% reported being two or more races/ethnicities. The clients served in this program range from 16-25 years of age. Due to the extended length of time often required for participants to complete this program, it is challenging to measure the exact population of each age group. The program has three phases and typically require approximately 18 months to complete.

In FY 2019-2020, the TAY FSP program served 47 unique individuals. 49% of clients served were male and 51% were female. 71% identified as Caucasian, 9% were Latino, 7% were African-American, 2% were Asian, and 11% identified as two or more races/ethnicities. At the end of FY 2019-2020, 27% of clients served were in the 16-17 years age group, 52% were between 18-20 years of age, and 21% were over 21 years of age.

The maximum program capacity at any given point in time, when fully staffed, is approximately 50 clients. In prior years, staffing had been an issue in the TAY program resulting in the program's inability to serve referrals to its potential. However, as of March 2020, the TAY program is now fully staff and better able to accommodate the program's maximum capacity. As of March 2020, the TAY FSP program served 40 unique individuals. SYBH staff quickly responded to impact of COVID 19 by utilizing telehealth services and providing a hybrid model of in person and telehealth depending on the client's individual need. As will all life during the COVID-19 pandemic protocols were followed. However, the impacts of the COVID 19 pandemic has prevented potential clients from seeking services causing a decrease in the number of unduplicated clients served for the remainder of Fiscal Year 2019-2020. Due to the impacts of the COVID 19 pandemic, the target for the TAY FSP program remains at 50 clients for FY 2021-2022.

To receive services, clients are first screened to ensure that they meet program criteria. Referrals are sent to the TAY Supervisor to evaluate relative need compared to other youth who are also seeking FSP services. The TAY Supervisor will coordinate with the referring party to ensure that the client is receiving some level of mental health treatment if there is no current availability in the TAY FSP and may offer non-FSP support such as TAY Groups.

The program also provides 24/7 access services to FSP clients. The FSP staff share responsibilities with being "on call". Clients are given a phone number to call for assistance at any time. The call is transferred to the staff member that is on duty and can assist with clients' needs. The program also purchases food that is kept in a pantry at the program site to ensure that clients can obtain a meal and food for their home if needed. The program also maintains a "clothes closet" and can purchase clothing items for clients.

Currently, the primary data recorded for this program is the number of youths served. Other data reporting tools such as the Child and Adolescent Needs and Assessment (CANS), Level of Care Utilization System (LOCUS), Child and Adolescent Level of Care Utilization System (CALOCUS), and Milestones of Recovery Scale (MORS) are being utilized. However, we are still in the process of making sense of the data so that it is meaningful. These tools will eventually be used to assess client and program outcomes.

In addition, a critical component of the program model is peer support through the use of peer mentors. Peer mentors are vital to the success of the program because clients are more likely to become and remain engaged in services when they receive support from invested mentors with lived experience. The TAY Program has been lacking in peer mentors for several years. In previous years, the peer mentor contract was through a temporary employment agency and maintaining staff was an issue due to the uncertainty of permanent employment. Another obstacle was the certification of peer mentors with a temporary employment agency. However, as of FY 2020-2021, SYBH now contracts with Youth4Change for its peer mentor staff. The TAY FSP program now has 2 FTE Peer Mentors allocated to the program in the contract with Youth4Change. Currently, there are two Youth4Change Peer Mentors working in the TAY program. Both Peer Mentors are 0.5 FTE and recruitment is in process for an additional 1.0 FTE Peer Mentor.

Data collection also continues to be a challenge for Sutter-Yuba Behavioral Health's MHSA programs. Currently, the data available is limited, however, SYBH is moving towards an improved system of data collection and monitoring. As of December 9, 2019, SYBH has hired a Staff Analyst for Youth and Family Services programs in order to address this obstacle. SYBH is currently working on implementing specific, measurable, attainable, realistic, and time-oriented goals and an effective data collection mechanism to determine whether or not we are achieving such goals. We are working with our Electronic Health Record (EHR) provider to develop dashboards to assist us with data collection, monitoring, and reporting. As of February 14, 2020, fifteen dashboards have been developed for eight separate and different metrics. A portion of the dashboards are operational; however, additional adjustments are being made to some to improve the method and accuracy of data collection.

Children and Youth General Services Development

Youth Urgent Services

The Youth Urgent Services Program provides expedited access to outpatient behavioral health services for youth from Psychiatric Emergency Services (PES) who are experiencing suicidal or

homicidal ideation. These are youth who have been hospitalized as a danger to self, danger to others, or gravely disabled. Urgent Services are designed to stabilize clients and triage to the necessary level of care. It provides office-based assessment, psychotherapy, and medication support and referral services for children and youth 0-20 years of age.

The goal is to reduce the timeframe between a crisis episode and access to mental health treatment in order to reduce return visits to psychiatric emergency and hospitalizations. SYBH strives to prevent mental health outbreaks in youth to the best of its ability. The program model is developed based on a prima facie assumption that expedited access to mental health services benefits clients in crisis situations.

Clients are assessed within three days of their PES visit and a clinician and intervention counselor work to address current crisis and risk needs to stabilize the youth and family. The Youth Urgent Services team will refer clients to ongoing behavioral health services or stabilize the youth and family to discharge. Staff members conduct 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. The table below shows the number of unduplicated clients served by Youth Urgent Services in the past two Fiscal Years. All data was generated from Anasazi, Sutter-Yuba's EHR.

Clients served by Youth Urgent Services (Non-FSP)		
	FY 2018-2019	FY 2019-2020
Youth Urgent Services (0-20)	69	76

Currently, the only data available is the number of children/youth served and the number of children/youth who returned to Psychiatric Emergency Services (PES) or had three or more subsequent hospitalizations within a 12-month timeframe. SYBH has identified a challenge with children and youth who have had three or more subsequent hospitalizations within a 12-month timeframe. SYBH began to address this issue in its Performance Improvement Project (PIP) for the annual California External Quality Review Organization (CalEQRO) audit to ensure children and youth are receiving the appropriate range or intensity of specialty mental health services. This PIP aims to address and improve consumer care and services over time for this population. It is SYBH's goal to decrease access of children and youth through PES and increase access through its Open Access Clinic. SYBH has implemented interventions including re-evaluation of client treatment plans, community education and outreach to increase awareness of the Open Access Clinic, and other Evidence-Based Practices (EBP's) appropriate for these clients. Among these interventions are increased services in Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Behavioral Services (TBS) as well as other services and

strategies to prevent reliance on Psychiatric Emergency Services (PES). Additionally, SYBH is continuing to implement more robust Child and Family Team (CFT) services for this population. Another challenge is the method of data collection and analysis. SYBH aims to increase its data collection and analysis capacity with the recruitment of a new Staff Analyst in December 2019 and development of an improved Data Quality Strategy. For the Youth Urgent Services program, the goal is to be able to identify youth who are at highest risk of visiting Psychiatric Emergency Services (PES), identify the timeframe between the child/youth's initial contact with PES and scheduled appointment with Youth Urgent Services, the progress of the child/youth through CANS and CALOCUS scores, the overall program outcomes, and to reduce those risks by assessing and providing the necessary level of care,

Adult and Older Adult Full-Service Partnerships

During the planning process a review of high utilization of emergency services revealed a population that frequently does not engage in on-going outpatient care. This high-risk population was identified as underserved and inappropriately served. This is a particularly vulnerable population of individuals who have significant psychiatric impairments in addition to complex living situations such as homelessness, substance use disorders, chronic untreated medical conditions, and/or criminal justice involvement either as a victim or perpetrator. The Innovation Project iCARE was designed to provide Peer to Peer outreach and engagement to this population, and the success of this program in engaging these individuals is anticipated to lead to an increased demand for Full Service Partnership (FSP) services. This plan increases FSP capacity by re-prioritizing CSS funds to establish more FSP slots for the identified population and creates more efficiencies in CSS General Systems Development for Adult Urgent Services program to redirect CSS funds to FSP services. The proposed plan for Adult and Older Adult FSP, will now include two FSPs, one of which will be a community-based contract. In addition, more FSP funds will be used to expand the current county run FSP. These changes result in an increase of 75% in the number of Adult and Older Adult FSP slots compared to FY 18/19.

HEALTHY OPTIONS FOR PROMOTING EMPOWERMENT (HOPE)
Adult Full-Service Partnership

HOPE or Healthy Options for Promoting Empowerment is the Adult and Older Adult Full-Service Partnership (FSP). It provides intensive case management and rehabilitation services to adults with serious mental illness and severe functional impairments many of whom are on LPS Conservatorship. Participants in the HOPE program receive intensive support from intervention counselors who work with them individually toward recovery goals. An important part of this program is helping participants to meet basic needs, participate fully in community life, decrease isolation, increase independence and support a sense of belonging. Services are accessed by clinician referral through Psychiatric Health Facility Social Worker, Psychiatric Emergency Services and Adult Outpatient Services.

The HOPE Adult/Older Adult FSP provides assessment, diagnosis and treatment of serious mental health conditions and co-occurring mental health and substance use disorders. In addition, HOPE offers case management, individual and group rehab services, collateral and peer support programs such as the Wellness and Recovery program, and access to employment and housing Resource Specialists. The treatment team consists of Personal Service Coordinators that assist in the development of an individualized Personal Service Plan and assist with access to services by therapists, psychiatrists, nursing staff, counselors and support staff according to

each member's needs. The PSC provides wrap-around support and maintains contact with each client multiple times per week. PSC's are also available to HOPE clients by phone on a 24 hours per day, 7 days per week basis.

In alignment with the goals of Sutter-Yuba Behavioral Health, the HOPE adult/older adult FSP strives to provide a broad range of culturally sensitive, consumer-driven supports and services. The Adult/Older Adult FSP aims to prevent and reduce conservatorship, institutionalization, and hospitalization.

In FY 2019-2020, HOPE served 55 clients. As of December 2020, HOPE has served 42 clients for the 2020-2021 Fiscal Year.

In assessing a need for expansion of this high level of service it was found that from FY 18-19 to FY 19-20, Sutter County experienced a 33% increase in the number of individuals place on LPS conservatorship. During FY 19-20, with the increasing need for FSP services, a reallocation of staff and resources allowed for growth of this FSP. FY 20-21 will be the first full year of this increased allocation. It is anticipated that 80 FSP individuals will be served through this FSP.

With the proposed addition of a new community based contracted FSP serving up to 30 individuals at a given time, the overall capacity for Adult and Older Adult FSP's will be increased. The addition of another FSP will allow each FSP team to specialize and better address the service needs of multiple underserved or inappropriately served populations experiencing significant challenges in their daily lives.

Outcome information will be tracked and reported through DCR, Levels of Care Utilization Score (LOCUS) and Milestones of Recover Scale (MORS assessments).

Demographics Served HOPE FSP FY 18/19	
Client Count	
Unduplicated	26
Gender	
Male	42.30%
Female	57.70%
Ethnicity	
Caucasian	84.60%
African American	3.85%
Native American	3.85%
Latino	3.85%
Two or more	3.85%

Demographics Served HOPE FSP FY 19/20 (through December 2019)	
Client Count	
Unduplicated	41
Gender	
Male	55.60%
Female	44.40%
Ethnicity	
Caucasian	77.78%
African American	5.55%
Native American	3.03%
Latino	9.09%
Two or more	3.03%

Goals:

- Increase the % of Older Adults receiving FSP by 25%.
- Decrease the growth rate of people placed on conservatorship by 50%.
- Reduce the number of people placed in IMD.
- Assure timely access to FSP service.
- Stabilize the living situation including reducing homelessness.

Proposed further Expansion of Adult/Older Adult FSP:

Following review and feedback during the CPPP process, of underserved and inappropriately served individuals at high risk, it was determined a specialized community based FSP service was needed. The main driver of the need for expanded FSP is the presence of high acuity cases in our community without an adequate supply of outpatient FSP slots for conserved and non-conserved clients over-utilizing hospital and emergency care. SYBH provides psychiatric inpatient care of 565 Adult individuals per year. Of those, 50 top utilizers of the Psychiatric Health Facility (PHF) and Managed Care Hospitals were identified to have used these facilities as their main source of care at a cost of $3,419,782 annually. While some hospital care is effective, the data indicate hospital and emergency services over use, with clients utilizing hospital and emergency care as their main source of care. This is expensive and ineffective care for clients who could benefit from available outpatient care, specifically full-service partnerships. Consumers through the iCARE stakeholder process identified a significant interest in assisting individuals in accessing outpatient behavioral health services (voluntary) as their main source of care and reducing unnecessary hospitalization and emergency services (involuntary) use.
Data highlighting the need for more FSP services for Adults and Older Adults are as follows:

- Of the top 25 utilizers of the PHF, two of those 25, or 8% are enrolled in FSP; 12 of the 25 or 48 % are conserved.
- Of the top total 25 utilizers of managed care hospitals, 0 were enrolled in FSP, and 0 were conserved.
- 60-65% of top utilizers have experience in the criminal justice system.
- 85% of top utilizers have co-occurring disorders.

A proposed new community-based FSP will provide intensive services and supports in a "Whatever it takes" service delivery model for up to 35 individuals per year. SYBH plans to contract out this service and will look for an organization with a proven track record of serving individuals at a high level of need with similar FSP services in other counties. This community-based FSP will provide services in a non-stigmatizing manner and thereby increase the likelihood of consumers engaging in the service. The FSP service will be closely linked to the Innovation Project, iCARE. A warm handoff will occur from iCARE outreach and engagement activities to the start of FSP service.

Program Goals:

- Increase the independence of clients living in the community to include increases in wellness, resilience, and symptom stabilization.
- Reduce the number of hospitalizations and emergency services overall.
- Reduce use of substances for those with co-occurring behavioral health and substance use disorders.
- Improve housing stability including reducing incidence of homelessness.
- Reduce law enforcement and criminal justice involvement.

Adult General Services Development

Adult Urgent Services are available to individuals age 18 and above who are seeking specialty mental health services and require expedited access to services. These services are provided through the Open Access Clinic in Sutter County which operates Monday through Thursday from 8 AM to 2PM. The Open Access Clinic is staffed with a team of therapists, substance abuse counselors, and nurses who provide timely access to all adult mental health and substance use disorder services on a walk-in basis. These services include urgent assessments, diagnosis and brief treatment of mental health and substance use conditions. For those who require more intensive treatment, Urgent Services staff provide referrals to the necessary adult services within SYBH in addition to community resources and supports.

The Adult Urgent Services program has previously had a broad focus on providing all consumers who have moderate to severe behavioral health conditions with timely access to specialty mental health services. The central component of this program, the Open Access Clinic, broadly viewed all conditions as urgent conditions, providing same-day access into services four days per week. This broad focus, while providing benefits to all individuals qualified for specialty mental health services, has not sufficiently addressed barriers faced by specific underserved sub-populations.

Sutter Yuba Behavioral Health will continue to operate its Open Access Clinic model and Adult Urgent Services. First priority will be given to individuals recently seen in acute services, (Psychiatric Emergency Services, Psychiatric Hospitals stays). Previously there has been no process for assuring that acute services utilizers are given top priority for therapy services. Individuals can be referred to this program by a clinician completing an intake or reassessment, by an existing provider who has identified the need for this service, or by PES/PHF staff members who have been working with a high utilizer. In addition, individuals in immediate distress resulting in significant impairment in their daily functioning will be prioritized for this service. Referrals are reviewed and approved by the Adult Urgent Services supervisor. Other Individuals requiring an early intervention but not deemed to require an Urgent Service, will be triaged to be served by the *Adult/Older Adult Early Intervention Program funded through PEI*. The Adult/Older Adult Early Intervention Program will also be able to do field or community-based evaluations and intakes.

Adult Urgent Services Brief Therapy model consists of up to six one-hour sessions of individual therapy on at least a weekly basis, or more frequently if determined by clinician and supervisor. Individual therapy is augmented by Evidenced Based Practices group therapies such as Seeking Safety, Cognitive Behavioral Therapies, and Dialectical Behavior Therapy.

The focus of these interventions is to assist the client with stabilizing life factors that are contributing to the existing or impending need to use acute services, with the goal of preventing continued need for these services. This includes but is not limited to interventions such as safety planning, relapse prevention, coping skill building, crisis prevention, and quick linkage to resources for housing, employment, food, clothing, medical care, and other basic needs.

The team has direct access to schedule an urgent medication evaluation a. Unlike standard non-urgent medications evaluations, referrals for this service are overseen and reviewed by the Adult Urgent Services supervisor, with consultation provided by nursing or psychiatry staff as needed.

During FY 2018-2019, Adult Urgent Services served a total of 1,220 unduplicated clients. However, with the inclusion of duplicates, there were a total of 1567 sign-ins to the Open Access Clinic. In FY 2018-2019, there were a total of 1,147 unduplicated clients served through the Open Access Clinic. In FY 2020-2021, as of December 2020, there were a total of 549 unduplicated clients served through the Adult Urgent Services.

With the narrowing of the service delivery model to those in a high level of distress, it is anticipated that Adult Urgent Services will now serve 600 individuals per year.

Outcomes to be measured:

- Unduplicated client count.
- Length of time in service.
- Timeliness of Initial service following referral.
- Timeliness of urgent medication appointment to be at least 50% less than a standard medication appointment.

Bi-County Elder Services Team (BEST)

Description: The BEST Program serves older adults (age 60+) in both Sutter and Yuba counties with serious mental health conditions or co-occurring mental health and substance use conditions. The BEST therapist provides outreach, assessment, individual therapy, case

management, linkage to other adult services such as medication support or substance use disorder treatment and linkage to community resource and supports.

The BEST therapist also participates as an active member of older adult multi-disciplinary teams in Sutter County and Yuba County. The position partners closely with other agencies on this team who are often involved in advocating for and serving older adults, such as Adult Protective Services, In Home Supportive Services, Senior Legal Services, and FREED Center for Independent Living. The therapist serves as a consultant to these agencies, assisting with interventions in the community when necessary, and providing information about mental health issues that impact older adults.

During FY 19/20, the individual that had been with BEST from the beginning retired July 1,2019 A new therapist was hired in March 2020. The gap in coverage caused a dip in the caseload. The program will aim to increase the caseload to a minimum of 60-80 unduplicated individuals each year.

Demographics: In FY 19/20 the BEST Program was composed of 80.7% females and 19.3% males. Of the 57 clients 94.7% were Caucasian, 3.5% identified as Latino, and 1.8% identified as two or more ethnicities.

Numbers Served:

- The unduplicated count for those served in FY 2018/2019 is 57.
- The unduplicated count for those served in FY 2019/2020 was as of November 2019 is 6.

Target number of individuals served each year:

- 60-80 individuals

Program Goals

- Training and orientation of the new lead therapist position
- To bring the active caseload up to a minimum of 60-80 clients
- Conduct a minimum of one community outreach event per quarter when pandemic response restrictions for direct contact with older adults has been lifted
- Participate in monthly older adult multi-disciplinary teams in Sutter and Yuba Counties
- Partner with adult/older adult FSP to reduce homelessness among older adults with serious mental illnesses
- Partner with Adult Urgent Services and Adult Early Intervention Services to ensure Older Adults and their level of need for Behavioral Health Intervention is assessed in a timely manner.

Ethnic Outreach Services

The Ethnic Services Centers and Outreach Program consists of Spanish-speaking and Hmong-speaking providers that have a cultural understanding of the behavioral health and other special needs of the persons they serve. The services provided through Sutter-Yuba's Outreach Centers include bilingual counseling, referrals and linkage, outreach provided in settings such as schools, homes, local primary care clinics, community agencies, and at the Outreach Centers and other Sutter-Yuba office locations. During FY 19/20 a new therapist position was added at the Latino Outreach Center.

Numbers Served:

- In FY 2018/2019, the Ethnic Services Program served 336 unduplicated clients.
- In FY 2019/2020 as of November 2019, the Ethnic Services Program served 261 unduplicated clients.
    - Hmong Outreach: 45
    - Latino Outreach: 216

Target number of individuals served each year:

- Hmong Outreach: 50
- Latino Outreach: 270

Program Goals:

- Identify one new data source and analyze findings of the demographics for both the Latino and Hmong population to integrate more targeted approaches for engagement and outreach efforts responsive to the changing demographics within these populations
- Conduct 2-4 outreach events annually for behavioral health Outreach Centers to help reduce stigma and promote access to underserved sub-populations within each target area
- Conduct 4 outreach events annually to promote PEI programs using methods that are culturally-relevant and trauma-informed
- Promote outreach and engagement events to unserved and underserved populations identified in the MHSA plan

Hmong Outreach Center

Description: The Hmong Outreach Center serves bilingual and Hmong-speaking only adults and families. Services offered include individual therapy, group and individual rehabilitation services, case management, linkage to other adult services such as medication support or substance use disorder treatment and linkage to community resources and supports.

The Hmong Outreach Center recently has broadened its access by remaining open until 6p.m. four days a week and providing afternoon drop-in hours. This allows clients to come in for help with accessing services throughout the entire public system to help them get and stay connected for all their needs which help reduce contributing factors to poor mental health conditions. By being more accessible with drop-in hours, The Hmong Outreach Center hopes to serve the needs in a culturally-sensitive manner that helps target barriers and stigma while building trust in the community.

Demographics: The Hmong Outreach Center service recipients were composed of 69.4% females and 30.6% males. The Center served 51 unduplicated clients in FY 18/19 of which 97% identified as Asian Pacific Islander and 3% identified as Caucasian. The age group served consists solely of clients 21 and older. This was expected as the Center has indicated Hmong Youth typically speak English as a first language and prefer to seek services through the agency's Youth Outpatient Program.

Numbers Served:
- In FY 2019/2020 – November 30, 2019, due to the pandemic response, there was limited outreach event opportunity. There was 1 outreach event which served 2 unduplicated clients

Latino Outreach Center

Description: The Latino Outreach Center serves bilingual and Spanish-speaking only adults, children and families. Services offered include individual and group therapy, case management, linkage to other adult services such as medication support or substance use disorder treatment and linkage to community resources and supports. The Latino Outreach Center now operates walk-in triage and intake services (Open Access Clinic) on Thursdays from 9am – 12pm.

Due to the high demand for services at the Latino Outreach Center, in FY 19/20 a fourth therapist was added to the team which is anticipated to increase the numbers served by 25%. There is a shortage of therapists in the community that speak Spanish resulting in individuals relying heavily on receiving their services from SYBH.

Demographics: In FY 19/20 the Latino Outreach Center service recipients were composed of 56% females and 44% males. For the Center, 88% have identified themselves as Latino, 2% as two or more ethnicities, and 10% identify as Caucasian. The Center's largest age group served on average is age 0-20. During FY 18/19 year this group accounted for anywhere from 48-64% of the client's served. Adults age 21 and up accounted for 36-52% of the client's served during this period.

Wellness and Recovery Program

The Wellness and Recovery Program offers recovery-oriented group and individual support to consumers with serious mental health conditions or co-occurring mental health and substance use disorders. Team members include therapists, counselors and peer specialists. The Wellness and Recovery Program offers a variety of therapy and skill-building groups and activities for consumers in recovery. The program also partners with Sutter County schools to provide an onsite Adult Education and Work Activity Center. Together, these programs help consumers work toward their social, occupational and educational goals. Participation is for current SYBH consumers by referral from their current provider. 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 Recover, Town Hall, Art and Music Groups, Peer Counseling, building social support, community re-integration, and employment training opportunities.

During FY 19/20, SYBH began contracting with Youth for Change (YFC) as the employer for the peer staff. The prior contractor was Rush Personnel a temporary staffing agency. YFC has a strong background in delivering behavioral health services as well as employing people with lived experience. YFC is able to provide more training, support, employee benefits as well as an increased hourly wage. In addition, the Supervisor for the Peer Recovery staff is now a person with lived experience.

There is a total of 5 Peer Recovery staff. Prior to beginning of the COVID-19 pandemic there were 17 peer lead groups per week with the average group size, 8 attendees. Peer support services are currently provided individually primarily via virtual platforms. Recent efforts have been made to also establish virtual peer support groups.

FY 18/19 unduplicated count of individuals served was 226.

FY19/20 unduplicated count as of 11/1/19 was 242.

The following training will be offered to Peer Recovery Staff over the upcoming months and years:

- LEAP (Listen-Empathize-Agree-Partner) is an evidence-based program that to teaches you how to create alliances with people struggling with serious mental illness that lead to treatment and recovery.
- MHFA (Mental Health First Aid)
- Trauma-Informed Care
- WRAP (Wellness Recovery Action Plan)

Supportive Housing Services

SYBH is partnering with Regional Housing Authority and Pacific West Communities in the development and construction of a 40-unit shared permanent supportive housing, housing-first model apartment complex. SYBH will use non-competitive No Place Like Home (NPLH) funding and MHSA housing funds to assist in funding the apartment complex. development. Yuba County will contribute $596,705 (total award amount) of its NPLH funds, Sutter County will contribute $500,000 (total award amount) of its NPLH funds. Additionally, SYBH will contribute $1,547,676 of its MHSA Housing funds, for a total of $2,644,381 of housing funds for the development costs at 448 Garden Highway, Yuba City. The apartment complex will be known as New Haven Court (NHC). NH will be a mixed-use housing complex for individuals experiencing chronic homelessness. 19 of the residential units will be specifically for individuals experiencing mental health challenges that meet the requirements for service by SYBH. 20 units will be for other community members experiencing homelessness, and 1 until will be for a resident manager. It is anticipated that residents will begin moving in to NHC during May of 2021.

All housing that is funded by NPLH and MHSA is required to have on-site permanent supportive housing services for those who are placed in a SYBH unit. SYBH is responsible for provision of these services and will be contracting with a qualified provider to ensure that quality services are available. Supportive Housing Services are focused on stabilizing residents in their housing. This includes preparation for housing inspections, document collection activities, problem solve lease violations/ tenancy issues, and independent living skill development. Another area of focus for Supportive Housing Services is to collaborate and coordinate with other onsite providers and the property managers to develop a unified sense of community amongst all residents. This would include development of an active and vibrant resident council, and onsite socialization services that will enhance connectedness amongst residents and further enhance a sense of community.

PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention (PEI) programs are designed to promote wellness, foster health, prevent suffering that can result from untreated mental illness, and improve mental health conditions in the early stages of its development. Prevention and Early Intervention services emphasize outreach and education to inform the community of indicators and risk factors leading up to mental health disorders. These programs are implemented to reach the most unserved, underserved, and inappropriately served communities of Sutter and Yuba counties. Efforts are made to reach these communities and improve linkage and referrals at the earliest possible onset of mental illness. Education aims to reduce stigma and discrimination of those suffering from mental illness. Early Intervention programs are targeted at those exhibiting early signs of a mental illness, designed to reduce the duration of untreated serious mental illness and prevent mental illness from becoming severe.

Since the inception of MHSA, Sutter-Yuba Behavioral Health has implemented 15 programs and trainings focused on Outreach, Prevention and Early Intervention. With the collaboration of various agencies within the community, SYBH has developed programs across schools, ethnic outreach centers, law enforcement agencies and other family-focused social services departments. SYBH strives to expand its PEI programs and continually develop new ideas to reach all populations and communities of Sutter and Yuba counties.

Prevention and Early Intervention programs use a variety of trainings and evidence-based practices to provide the community awareness, early interventions, and community campaign methods such as Knowing the Signs of Suicide and Each Mind Matters. Each activity within the program works to address the needs of subpopulations within the community.

The Prevention and Early Intervention staff have been working to improve tracking systems and ensure compliance with the Prevention and Early Intervention regulations released in July of 2018. Our agency has experienced challenges in having the proper systems in place in order to provide data for all activities of the programs. This in part because PEI activities are not managed in our Electronic Health Record. Sutter-Yuba is making the capacity building for this a priority in FY 19/20 to have them in place for the 2021-2024 plan. A large component of this is our plan to implement a web-based data tracking system to strengthen and streamline program indicator and outcome monitoring and allow for continuous quality improvement in our program.

Due to COVID-19 all of our group activities/programs have faced barriers in how PEI services are delivered. Traditionally our services are provided physically in schools classrooms to conduct our services and in public or private buildings in our community. Since March of 2020, COVID-19 has affected how our services were provided, initiating modifications that needed to be in place to fulfill our objectives. Some of the modifications are still in the process of approval. Such as; parental agreement to conduct services outside of school hours, reliable internet access to

conduct virtual groups, computer access to the underserved community, confidentiality among the groups, permission from school officials to share student's emails address to communicate with group facilitators, school officials allowing time during school hours for groups and room availability with computer access. Other possible barrier is that PEI staff have been, are and will continue to be temporarily reassigned to emergency roles, sometimes with little or no advance notice, which makes it difficult to commit to ongoing activities. If that is the case all groups can and will suspended.

The following adult suicide intervention and suicide awareness program cannot be done in virtual platform and cannot be modified.

- Applied Suicide Intervention Skills Training (ASIST) and SAFE-Talk
- Yellow Ribbon program
- Signs of suicide (SOS)
- Signs of self-injury (not designed to be done virtually)
- The strengthening families program (not a suicide or suicide awareness program) cannot be presented in virtual format due to the activities that each family have to perform and the interaction that needs to happen between families.

The content of the following support groups has not change, and neither the fidelity of each program. However; some minor portions of some curriculum may be modified to deliver the program in a virtual platform but in compliance with the fidelity of the program. What will change during this pandemic is the platform in which each of the following groups is presented. PEI staff have been, are and will continue to be temporarily reassigned to emergency roles as the uncertainty of the pandemic fluctuates in our community, but we have every intention to accommodate the needs of each school and students.

Prevention Programs

The Prevention Program is composed of five activities. These activities include The Council for Boys and Men, Girls' Circle, Nurtured Heart Approach, and two contracted activities - LAUNCH Mentoring Program and Camptonville Community Partnership. Each activity uses an evidence-based method and/or targets a subset of the community population to promote prevention efforts in the community. Each activity has its own set of indicators to measure outcomes based on its unique approach. All activities use a pre and post evaluation method to evaluate the reduction of prolonged suffering that have continued to exist within the Prevention Program. Some activities have been shifted from under this program recently and do not include this level of data for last fiscal year but will incorporate this level of monitoring over the next three years.

Activity: The Council for Boys and Young Men *Program Code: PP-01*

Description: The Council occurs in school-based locations and juvenile hall. School-based locations allows for participation by culturally diverse populations and includes underserved Sikh and Hispanic populations in Sutter and Yuba Counties. The Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.

The Council groups are well-suited in all settings where boys live and gather: schools, after school programs, community youth groups and projects, juvenile justice settings, recreational programs, foster care services, mentoring projects, faith organizations, outdoor and adventure learning, camps, mental health programs. Adolescent males are almost three times as likely as same age females to have ADHD, and more likely to have a learning disability. Older teen males report higher levels of substance abuse, especially binge drinking, than their female peers. More than one in four young men ages 18 -25 report dependence or substance abuse. Bullying occurred most frequently in sixth through eighth grade, with little variation between urban, suburban, town, and rural areas; suburban youth were 2-3 percent less likely to bully others. Males were both more likely to bully others and more likely to be victims of bullying than were females.

To participate, boys need only have the interest, make a commitment to attend the meetings, and agree to follow the council agreements. These agreements are developed by the group itself and typically include: no put-downs or interruptions, offer experiences - not advice; keep the focus on yourself and your experience; and keep what is said in the group confidential. Facilitators explain the legal and ethical limits to confidentiality to safeguard the boys' well-being. Boys are free to participate at their own pace. Participants can express a range of ideas and emotions with peers and can expect respect and high regard from one another.

The Council is a strengths-based group approach for boys and youth who identify with male development to promote their safe and healthy passage through the pre-teen and adolescent years. PEI staff use a team approach in preparing for each session and use the curriculum as designed. The Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.

Traditionally this group is done in-person group, but in light of the COVID-19 pandemic all sessions of the "council" will be held in virtual platform. Some challenges expected to be faced during the Council curriculum include issues of safety, rapport building technology issues, parental permission obtainment, scheduling, school-facilitator communication, and providing incentives to participants.

Indicators and selection process: Schools identified indicators as a measure of student success based on their Positive Behavioral Interventions and Supports (PBIS) policy. The indicators are as follows:

- School attendance
- Grades
- Referrals for student participants

The indicators measured to evaluate reduction in prolonged suffering:

- School engagement,
- Tobacco use
- Alcohol and drug use
- Practicing caring
- Respecting boundaries
- Respecting differences
- Attitudes about healthy masculine identities

Data collection and frequency: Data is collected through school records, parent, teacher, and student feedback. Data collection occurs at the beginning and end of each school semester and quarterly during the semester session. School records, along with the parent, teacher, and student feedback were reviewed and analyzed to determine the reduction in referrals and improvement of grades and attendance. The indicators for prolonged suffering are monitored and measured using anecdotal evidence gathered through school records prior to and after council participation, along with parent, teacher, and student feedback.

Demographics for FY 19/20 are Listed Below:

Age	**#**	**Gender**	**#**
0-15	36	Male	66
15-25	31	Female	0
26-59	0	Decline	9
60+	0		
Decline	8		
Race	**#**	**Ethnicity**	**#**
American Indian	4	Caribbean	0
Asian		Central America	2
Black	5	Mexican	30
Pacific Islander	1	Puerto Rican	3
White	18	South American	2
Other	20	Hispanic-Other	1
More than one	18	Non-Hispanic other	25
Decline	9	Decline	14
Language	**#**	**Sexual Orientation**	**#**
English	49	Gay	
Spanish	1	Hetero	54

More than one	17	Bisexual	2
Decline	8	Questioning	1
		Queer	
Disability	**#**	Other	2
Hearing	2	Decline	16
Seeing	2		
Mental	1	**Veteran Status**	**#**
Physical	1	Yes	0
Chronic	1	No	0
More than one	4	Decline	0
Communication			
Other			
No	41		
Decline	23		
Demographic Information Not Collected/Refused*			55

Numbers Served:

- In FY 2019 - 2020, 130 unduplicated clients were served.

Annual target of individuals served:

- 85 high school students

Goals: The goals of this activity are to decrease risk factors and increase in protective factors are measured using anecdotal evidence gathered through school records prior to and after council participation, along with parent, teacher, and student feedback.

Desired Program Outcomes:

- Increase in school engagement,
- Avoid tobacco use
- Avoid alcohol and drug use
- Practicing caring and cooperating vs. aggression
- Respecting boundaries
- Respecting differences and having pride in one's ethnicity
- Create healthy masculine identities

Culturally Competent: The Council utilizes cultural competency in youth development. Facilitators encourage developing a positive cultural identity which is recognized as a key component to resilience. The Council provides an inclusive environment that honors cultural, family, and spiritual beliefs and incorporates aspects of cultural practices into the program. Also included is youth sexual identity and gender identities, recognizing that for many youths who are marginalized from culture there is a need to belong and be authentic while remaining

safe and connected within a group that accepts them. Marginalized youth often lack opportunities to voice their opinions and perspectives and the Council encourages these individuals to have a voice. Youth are encouraged to recognize cultural differences and societal expectations of men.

Activity: Girls Circle *Program Code: PP-02*

Description: Girls Circle is a high school or middle school girls' support group that runs in eight, ten, or twelve-week sessions, meeting once per week for 40-60 minutes. Each session has a theme, and each week includes activities and/or discussion related to topics within that theme. PEI staff facilitate and support the activities and/or discussions, but participants are encouraged to direct the discussions and to support each other.

The initial training provides a comprehensive course on the Girls Circle model for participants of all experience levels and solidly sets the foundation for implementing dynamic female responsive programming via Girls Circle support groups. Workshop facilitators use an experiential model of learning to include lecture, demonstration, group discussion, case studies, simulation, small group interaction, and brainstorming to stimulate participants' learning. The subject matter relates to the scope of practice in all youth serving sectors in its attention to girls' developmental stages and needs.

The Girls Circle program is advertised at participating schools to enable staff to refer student to the program and enable girls to self-refer. Information tables & presentations have also been used to introduce the program at new schools or at sites where we are attempting to get information about the program out to a larger audience. School sites request our staff to provide Girls Circle with the school counselors referring students to the group.

Traditionally this group is done in-person group, but in light of the COVID-19 pandemic all sessions of the "Girls Circle" will be held in virtual platform. The curriculum may be modified to provide the virtual training, but the modification will not affect the fidelity of the program.

Indicators and selection process: Girls Circle measures outcomes in conjunction with any combination of the Girls Circle Activity Guides. This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model and integrates a validated self-efficacy instrument. Additional contents include step-by-step instructions for program evaluation, consent forms, and information sheets. These indicators will allow us to evaluate the reduction in prolonged suffering. The indicators also are measures used evaluate reduction in prolonged suffering. This survey and course if provided in both Spanish and English. The Toolkit and Administrative Manual assists programs to measure the following, using Schwarzer's Self-Efficacy Scale:

- School Attachment

- Avoiding Self-Harm
- Positive Body Image
- Avoiding Alcohol
- Avoiding Tobacco
- Communicating Needs to Adults
- Making Healthy Choices regarding Nutrition, Self-Care and Activities
- Using Protection if choosing sexual activity

Data collection and frequency: Girls Circle measures outcomes in conjunction with any combination of the Girls Circle Activity Guides. Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. No formal evaluation tool was used locally. PEI staff are incorporating processes for FY 19/20 to collect data and evaluate the program using the Girls Circle Program Toolkit and Administrative Model.

This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model and integrates a validated self- efficacy instrument. Additional contents include step-by-step instructions for program evaluation, consent forms, and information sheets. Spanish language surveys and forms are also included. The Toolkit and Administrative Manual assists programs to measure the following, using Schwarzer's Self-Efficacy Scale:

- School Attachment
- Avoiding Self-Harm
- Positive Body Image
- Avoiding Alcohol
- Avoiding Tobacco
- Communicating Needs to Adults
- Making Healthy Choices regarding Nutrition, Self-Care and Activities
- Using Protection if choosing sexual activity

Demographics:

Age	**#**	**Gender**	**#**
0-12	23	Male	0
13-25	19	Female	42
26-49	0	Decline	
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	1
Asian		Central America	0
Black	3	Mexican	12
Pacific Islander		Puerto Rican	0
White	16	South American	0

Other	6	Hispanic Other	0
More than one	15	Non-Hispanic Other	22
Decline		Decline	7
Language	**#**	**Sexual Orientation**	**#**
English	33	Gay	2
Spanish		Hetero	17
More than one	9	Bisexual	18
Decline		Questioning	3
		Queer	0
Disability	**#**	Other	1
Hearing	1	Decline	1
Seeing	2		
Mental		**Veteran Status**	**#**
Physical		Yes	NA
Chronic	1	No	NA
More than one	4	Decline	NA
Communication			
Other	2		
No	25		
Decline	7		
Demographic Information Not Collected/Refused*			49

Numbers Served:

- In FY 2019 – 2020, 42 unduplicated clients were served.

Annual target of individuals served:

- 100 high school students
- 100 middle school students

Goals: Girls Circle goals are to reduce negative outcomes of untreated mental illness by counteracting social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. Connecting the students with the school counselor builds a safety net and a path to connecting to services.

Desired Program Outcomes:

- Increase in self-efficacy
- Decrease in self-harming behavior
- Decrease in rates of alcohol use
- Increase in attachment to school

- Increase in positive body image
- Increase in social support

Activity: Nurtured Heart Approach *Program Code: PP-03*

Description: The Nurtured Heart Approach® (NHA) has been shown to be applicable across many disciplines and successfully used by psychologists, social workers, counselors, other treatment professionals, educators, and parents alike. The NHA is also successfully used with most symptoms related to behavior: opposition, defiance, ADHD, ADD, anxiety, depression, and children on the Autism Spectrum. Nurtured Heart Approach is being used in our schools and homes, we receive referrals from Sutter & Yuba County Child Protection Services, Schools, Probation from various surrounding counties, Behavioral Health, local non-profits and churches. These settings help alleviate potential transportation issues for participants and are convenient to participants who drop off their children in school and stay for the program. Evening hours are more convenient for people that work during the regular work schedule. The activity is open to everyone regardless of their parenting skills and is non-discriminatory. PEI staff were the first to offer this training in Spanish. Nurtured Heart Approach is being used in our schools and homes, we receive referrals from Sutter & Yuba County Child Protection Services, Schools, Probation from various surrounding counties, Behavioral Health, local non-profits and churches.

Traditionally this group is done in-person group, but in light of the COVID-19 pandemic all sessions of the "Nurtured Heart Approach" will be held in virtual platform. Some barriers with this program: Access to computer for the Latino population, lack of knowledge on how to use computers and virtual platforms, lack of privacy at home, lack of space for trainings at home.

Indicators and Selection Process: Nurtured Heart Approach is being used in our schools and homes, we receive referrals from Sutter & Yuba County Child Protection Services, Schools, Probation from various surrounding counties, Behavioral Health, local non-profits and churches and therefore will be using the following indicators:

- School referrals
- CPS / County Court Referrals
- Probation department referrals
- Community Referrals

This activity will determine the indicators to evaluate the reduction in prolonged suffering in FY 19/20 to be used in the successive three years.

Data collection and frequency: Data is collected through completed Nurtured Heart Approach evaluations at the end of each training and at the end of the 6-week training. An activity sheet is also completed and filed monthly. Nurtured Heart. Each week participants shared their success in applying the NHA concept at home. There is a different discussion each week and participants shared how they are improving and minimizing their challenges.

An activity sheet is completed and filed monthly to track each session conducted under this activity. Each week participants shared their success in applying the NHA concept at home. There is a different discussion each week and participants shared how they are improving and minimizing their challenges.

Demographics:

Age	**#**	**Gender**	**#**
0-15	0	Male	17
16-25	8	Female	82
26-59	84	Decline	21
60+	7		
Decline	21		
Race	**#**	**Ethnicity**	**#**
American Indian	3	Caribbean	0
Asian	1	Central America	1
Black		Mexican	46
Pacific Islander		Puerto Rican	
White	38	South American	
Other	49	Hispanic Other	3
More than one	5	Non-Hispanic Other	24
Decline	24	Decline	46
Language	**#**	**Sexual Orientation**	**#**
English	51	Gay	0
Spanish	33	Hetero	87
More than one	16	Bisexual	0
Decline	20	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing		Decline	33
Seeing	1		
Mental	1	**Veteran Status**	**#**
Physical	3	Yes	1
Chronic	1	No	97
More than one	1	Decline	22
Communication			
Other	2		
No	84		
Decline	27		
Demographic Information Not Collected/Refused*			

Numbers Served:

- In FY 2019 – 2020, 120 unduplicated clients were served.

Annual target of individuals served:

- 100 Adults
- 50 Spanish-speaking Adults

Goals: The goals of this activity are to improve communication, manage behavior or teach social skills target specific realms of problematic actions that children are manifesting.

Desired Program Outcomes:

- Improve family relationships
- Promote positive Behavioral Changes in children
- Improve the child-parent relationship

Culturally Competent: NHA is available in Spanish and English. The Latino parents participating in the NHA discuss the social and cultural barriers to the approach of parenting helping overcoming barriers to the development of parent child relationship.

Activity: LAUNCH Mentoring Program (Contract) *Program Code: PP-04*

Description: The LAUNCH Mentoring Program is a committee of school administrators, school support staff and identified students with greatest need and pulled school discipline, attendance and counseling referrals to identify an appropriate student population. The Intervention and Prevention Program focused on the "Unduplicated Pupil" population as identified by the Local Control Funding Formula (LCFF) which includes pupils who are English learners, meet income or categorical eligibility requirements for free or reduced-priced meals under the National School Lunch Program, or are foster youth. Foster Youth have a high prevalence of mental health due to the trauma experienced in their lives, with additional Mental Health needs assessed trained staff and referred to interagency teams such as the Family Assistance Services Team (FAST) or to an appropriate Behavioral Health program.

This activity aims to increase protective factors and build a positive, healthy relationship with someone that can identify if a student needs additional mental health services, the need can be quickly identified and referred appropriately. The program settings are positive, neutral settings that are comfortable for mentors and mentees alike. The intention is to provide a safe, comforting environment.

Indicators and selection process: The identification of these indicators was selected via a collaborative process between IPP staff, school administrators as well as student support staff that includes school counselors, probation school resource officer, and a social worker. The indicators were selected using guidance of practice-based evidence standard. This was also

determined since the same criteria was used with other IPP programs that were evaluated and monitored such as Foster Youth Services. Pre and Post Program Progress were measured and reported. Staff compared data prior to the student beginning the program and again at the end of the school year. School site staff provided IPP with data to use for program evaluation. These indicators also are measures used evaluate reduction in prolonged suffering.

- Risk factors
- School discipline
- Grades

Data collection and frequency: Data is collected by school site personnel which was then provided to IPP staff for data collection and analysis. Data is collected at the beginning of the school year, or prior to the program beginning and then again at the end of the school year.

Demographics:

Age	**#**	**Gender**	**#**
0-15	13	Male	6
16-25	0	Female	7
26-49	0	Decline	29
Decline	29		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	
Asian	1	Central America	
Black	0	Mexican	4
Pacific Islander	0	Puerto Rican	
White	11	South American	
Other	2	Other	6
More than one	0	Decline	32
Decline	29		
Language	**#**	**Sexual Orientation**	**#**
English	13	Gay	0
Spanish	0	Hetero	12
More than one	0	Bisexual	1
Decline	29	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	29
Seeing	0		
Mental	**1**	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	1	No	0
Other	0	Decline	0
No	11		
Decline	29		

Numbers Served:
- In FY 2018-2019, 42 unduplicated students were served.
- In FY 2019 – November 30, 2019 20 unduplicated clients were served.

Annual target of individuals served:
- 22 Students

Goals: The goals of this activity are to add protective factors to students via mentoring, positive role modeling and support. Additionally, improvement of grades and attendance and a decline in discipline and negative behaviors.

Desired Program Outcomes:
- Decrease in risk factors, indicators, and/or
- Decrease in school discipline referrals, suspensions, and absences.
- Increase in protective factors
- Improvement in grades,
- Appropriate use of school counseling (decrease of responsive sessions and increase in preventative sessions with counselor)

Culturally Competent:
Program staff are trained in cultural competency and knowledgeable of the cultural needs of the Sutter County community. We have the availability of interpreters to translate evaluations should it be necessary. Students and parents were provided an assessment to determine individualized needs. IPP staff has been trained to meet the needs of all students in a non-discriminatory manner.

Activity: Camptonville Community Partnership (Contract) Program Code: PP-05

Description: The Camptonville Community Partnership Program is an activity that targets members of stressed families, students at risk of school failure, underserved populations and those at risk of a potentially serious mental illness. Referrals for the program come from the schools and foothills community members. The Camptonville Community Partnership Program helps strengthening relationships between family members, classmates and teachers through activities that provide teamwork and building their communication skills.

The Camptonville Community Partnership Program takes a multi-pronged approach that encompasses any identified opportunities to provide to the Camptonville, Brownsville, and Challenge communities and sustain youth engagement. The Camptonville Community Partnership seeks to increase foothills community capacity by providing a variety of mentoring and recreational opportunities. The Program’s target population is Yuba County upper foothills youth aged 8 to 18 years of age. These efforts will increase the foothill community capacity to provide prevention and early intervention opportunities for youth.

Monthly reports are sent to Prevention and Early Intervention staff with a through description of all monthly activities, including the number of individuals reached and how the activity provides protective factors and relates to prevention. Submitted documents include sign in sheets and satisfaction surveys.

Indicators and selection process: The indicators used were selected using community or practice-based evidence standard was used. These indicators also are measures used evaluate reduction in prolonged suffering. The indicators for this activity are as follows;

- Decrease in risk factors,
  - Low socioeconomic status
  - Loss of significant relationship
  - Stigma
  - Low self-esteem
- Increase in protective factors
  - Self-regulation
  - Secure attachment
  - Mastery of communication and language skills
  - Ability to make friends and get along with others

Data collection and frequency: Monthly reports are sent to Prevention and Early Intervention staff with a through description of all monthly activities, including the number of individuals reached and how the activity provides protective factors and relates to prevention. Submitted documents include sign in sheets and satisfaction surveys.

Demographics:

Age		**#**	**Gender**	**#**
0-15		22	Male	10
16-25		1	Female	12
26-49		0	Decline	1
Decline		0		
Race		**#**	**Ethnicity**	**#**
American Indian		3	Caribbean	0
Asian		0	Central America	0
Black		1	Mexican	0
Pacific Islander		0	Puerto Rican	0
White		16	South American	0
Other		3	Other	17
More than one		1	Decline	0
Decline		4		
Language		**#**	**Sexual Orientation**	**#**
English		21	Gay	0

Spanish		0	Hetero	0
More than one		0	Bisexual	0
Decline		2	Questioning	0
			Queer	0
Disability		**#**	Other	0
Hearing		0	Decline	23
Seeing		0		
Mental		1	**Veteran Status**	**#**
Physical		0	Yes	0
Chronic		0	No	0
Other		0	Decline	0
No		22		
Decline		0		

Mentorship/ Skill Building	Number of youth served (unduplicated #'s)	Total attendance	Ages
Camptonville After School Program	14	272	5-14
Rally Point	14	88	10-16
Mentorship opportunities	28	28	
Total youth served	5	388	5-16

Numbers Served:

- In FY 2019 – 2020, 88 unduplicated clients were served.

Annual target of individuals served:

- 40 Youth

Goals: The Camptonville Community Partnership Program helps strengthening relationships between family members, classmates and teachers through activities that provide teamwork and building their communication skills.

Desired Program Outcomes:

- Developed after school/evening recreation program(s) using youth and adult mentors,
- Subsidized organized sport scholarships to cover the cost of participation (registration, travel, uniforms, equipment etc.),
- Provided stipends to aid the community in program participation.

Cultural Competency and Non-Stigmatizing and Non-Discriminatory Strategies: Camptonville Community Partnership takes a multi-pronged approach that encompasses many identified opportunities while also building the Camptonville, Brownsville, Challenge community's capacity to sustain youth engage mentorship to reduce negative outcomes. The Yuba County

foothills region is an isolated community that requires outreach to the community through schools and local agencies to reach the various small towns in the region.

Evaluations were designed to be culturally competent, at an individual level, to increase respectful engagement by yourself or other members; at a program level, to redesign programs or interventions so that they are more effective and a better fit with cultural beliefs and practices; and at a community level, to increase respectful engagement among those from diverse cultures and decrease intolerant practices by community members

COV-19:

What can you do for youth as a Prevention/Intervention tool when a Pandemic closes the World? All schools in Yuba County were closed in March 17 through the end of the school year. CCP temporarily laid off PEI Staff April 1, 2020, hopefully to rehire in August 2020.

In an instant everything was different. Students were experiencing distance learning. Families were thrust into a new stay at home routine. All the while fearful an invisible enemy may have already struck them.

During this time with admin staff and volunteers CCP began work to develop a CCP COV-19 Asset Map (attached in the email with this report, please view) utilizing the structure developed by the YCCC Prevention Network. This Asset map sorted and shared the vast amount of COV-19 resources received that flooded emails in late March and April. It is designed to be a living document updated monthly. Camptonville Community Partnership's Resource Center is currently closed to the public, but we have worked to compile COV19 resources (assets) for the community.

Here was our message to the community:

Please see the Asset Map (www.camptonville.com). As you can view it please note it is divided into sections describing the area of concern. It is also further divided into "response levels". Primary is resources anyone can utilize; Secondary, for those that have a positive diagnosis and Tertiary for those that have contracted COV19.

Early Intervention Programs

Activity: Strengthening Families *Program Code: EIP-01*

Description: Strengthening Families is an internationally recognized parenting and family strengthening program for high-risk and general population families. This is an evidence-based

family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and improve social competencies and school performance. The Strengthening Families Program is offered locally as a seven-week program for families and children. Families are provided dinner while parents and youth participate in separate classes for age-appropriate skills building, activities, and discussion. Families reunite to work together in a family class. Childcare is provided for younger children for the two-and-one-half hour program.

The Strengthening Families Program is an evidence-based prevention program for parents and children ages 3-5, 6-11 and 12-16 in higher risk families. Strengthening Families consists of parenting skills, children's life skills, and family skills training courses taught together in fourteen 2-hours group sessions preceded by a meal that includes informal family practice time and group leader coaching. SFP was designed in 14 sessions to assure sufficient dosage to promote behavior change in high risk families.

The Strengthening Families program for youth 10 to 14 years old focuses on increasing protective factors, improving family relations, reducing family conflicts, and reducing levels of substance use and involvement with law enforcement. This activity helps parents learn nurturing skills that support their children and how to effectively discipline and guide them. Youth learn to appreciate their parents and teaches them how to deal with stress and peer pressure, aggressive behavior or withdrawn behavior, negative peer influence, poor school performance, and lack of pro-social goals and poor relationship with parents.

The strengthening families program was not designed to be presented in a virtual platform and cannot be modified.

Indicators and selection process: Indicators were selected using the guidance from the Strengthening Families Evidence Based model. These indicators also help evaluate the reduction of prolonged suffering.

- Knowledge about depression and suicide.
- Attitudes about depression and suicide.
- Alcohol and drug abuse in children.
- Social competencies.
- School performance.
- Parental understanding of child behaviors.
- Child understanding of parental efforts.

Data collection and frequency: How collected data: Participants completed the pre and post surveys on orientation night and after the 7 weeks sessions. Participants were also asked to participate in a booster session 6 months after completing the first seven weeks sessions.

Demographics (FY 2018-2019):

Age (Years)	
0-15	0
16-25	24
26-59	36
60+	0
Decline	0
Sexual Orientation	
Gay	0
Heterosexual	60
Bisexual	0
Questioning	0
Queer	0
Other	0
Decline	0
Gender	
Male	20
Female	40
Decline	0
Current Gender	
Male	15
Female	16
Transgender	0
Genderqueer	0
Question	0
Another	0
Decline	0
Disability	
Hearing	0
Seeing	0
Mental	0
Physical	0
Chronic	0
Other	0
No	0
Decline	0
Veteran	
Yes	0
No	60
Decline	0

Ethnicity A. Hispanic or Latino	
Caribbean	0
Central American	0
Mexican	60
Puerto Rican	0
South American	0
Other	0
Decline	0
Ethnicity B. Non-Hispanic or non-Latino	
African	0
Asian	0
Cambodian	0
Chinese	0
Eastern European	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
More than 2	0
Decline	0
Race	
Amer Indian/Alaska Native	0
Asian	0
African-American	0
Pacific Islander	0
White	0
Other	60
More than 2 races	0
Decline	0
Language	
English	0
Spanish	60
More than one	0
Decline	0

Numbers Served:

- In FY 2018-2019, 36 unduplicated Adults and 24 unduplicated Youth clients were served.
- In FY 2019 – 2020: (Efforts were made to have SFP at two different schools in FY: 19/20 in both counties, but due to Covid-19 pandemic the scheduled training were canceled)

Annual target of individuals served:

- 30 Adults
- 27 Youth

Goals: increasing protective factors, improving family relations, reducing family conflicts, and reducing levels of substance use and involvement with law enforcement. This activity helps parents learn nurturing skills that support their children and how to effectively discipline and guide them. Youth learn to appreciate their parents and teaches them how to deal with stress and peer pressure. aggressive behavior or withdrawn behavior, negative peer influence, poor school performance, lack of pro-social goals and poor relationship with parents.

Desired Program Outcomes:

- Increased protective factors and family interactions.
- Learned nurturing skills that support their children.
- Effective discipline and guidance for children during their teen years.
- Appreciation for parental efforts.
- Increased parental understanding of children's behaviors.
- Health understanding of limits for both parents and children.

Cultural Competency and Non-Stigmatizing and Non-Discriminatory Strategies: The Strengthening Families program is offered in English and Spanish. Both pre and post surveys are available in both languages.

Activity: Aggression Replacement Training *Program Code: EIP-02*

Description: Aggression Replacement Therapy is a ten-week course offered for adolescents on a high school campus. It is a cognitive behavioral intervention that trains participants to cope with their aggressive and/or violent behaviors. It is taught in three-hour classes per week, focusing on Social Skills, Anger Control Training, and Moral Reasoning. Participants are selected by school administration, not to exceed 15 participants per course. The Public Health PEI Team provides trained instructors and all materials to a limited number of high schools.

The activity specifically targets chronically aggressive children and adolescents ages 12-17. Developed by Arnold P. Goldstein, Barry Glick, and John Gibbs, Aggression Replacement Training® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. Participants are selected by school administration, not to exceed 15 participants per course.

Data is collected prior to, during and after participants complete the ten-week course, with anecdotal data obtained from school/site staff and self-reported information from participants. Progress notes are also used to determine participation and behavioral changes during group sessions, with progress measured by looking at a student's participation in role

playing, group discussion, homework completion and adaptive behavior.

Traditionally this group is done in-person group, but in light of the COVID-19 pandemic all sessions of the "Aggression Replacement Training" will be held in virtual platform. Some challenges expected to be faced during the ART curriculum include issues of safety, rapport building technology issues, parental permission obtainment, scheduling, school-facilitator communication, and providing incentives to participants. An additional challenge with ART is facilitating group in-vivo exercises including role plays.

Indicators and selection process: The indicators were identified using the guidelines of the ART promising practices. These also inform the evaluation of reducing prolonged suffering. The indicators are as follows:

- Ability to identify anger and control
- Social skills
- Moral reasoning capacity
- Felony recidivism rates

Data collection and frequency: Program outcomes are measured by collecting progress notes at the end of each session. This data is reviewed by the instructor and student advisor. A process to formally and regularly evaluate the ART program is currently underway and will be implemented during FY 19/20. Past experience and review of outcome summaries and feedback show youth feel included and empowered while participating in Aggression Replacement Training.

Demographics (FY 2019-2020):

Age	**#**	**Gender**	**#**
0-15	0	Male	11
16-25	13	Female	1
26-59	0	Decline	10
Decline	9		
Race	**#**	**Ethnicity**	**#**
American Indian	1	Caribbean	0
Asian	0	Central America	1
Black	1	Mexican	7
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	5	Non-Hispanic Other	2
More than one	5	Decline	12
Decline	10		
Language	**#**	**Sexual Orientation**	**#**
English	8	Gay	0

Spanish	1	Hetero	8
More than one	4	Bisexual	1
Decline	9	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	13
Seeing	2		
Mental	1	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	4		
Decline	15		
Demographic Information Not Collected/Refused*			

Numbers Served:

- In FY 2018-2019, 41 unduplicated Youth clients were served.
- In FY 2019 – November 30, 2019 0 unduplicated clients were served.

Annual target of individuals served:

- 27 High School Students

Goals: The goals of the ART Program activities are to improve mental health and related functional outcomes. Learning behavioral modification during each session helps improve functional outcomes in the classroom setting.

Desired Program Outcomes:

- Increased ability to identify anger behavior cycle elements & control.
- Increase in social skills.
- Increase in moral reasoning capacity.
- Decrease in felony recidivism rates.

Cultural Competency and Non-Stigmatizing and Non-Discriminatory Strategies: Program developers and other users have determined that ART is "neutral - that is effective across gender, culture, and ethnicity" (*Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth)*. Aggression Replacement Training promotes positive and effective interactions with diverse cultures.

In addition, the program uses non-stigmatizing and non-discriminatory strategies, including cultural competency inclusive of minority and underserved populations, including LGBTQ youth, foster youth, and Juvenile Hall youth.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Activity: Mental Health First Aid *Program Code: OES-01*

Description: Mental Health First Aid is an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the United States. The Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) trainings are provided in two counties in facilities that are close to county transportation. These trainings are free of charge to all participants, including workbooks and materials. Trainings are provided in a classroom format in schools, cultural organizations, churches, faith-based organizations, and various governmental and community buildings, including the Yuba County Jail, Yuba City Highway Patrol Office and Head Start Offices. Training locations are neutral locations, not affiliated with behavioral health, to enhance access for community members and provide the trainings to a variety of potential responders. MHFA and the YMHFA are 8-hour training courses designed to give members of the public aged 18 and older key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Both trainings are 8 hours long with the same purpose of providing Mental Health First Aid Training.

In FY 20/21, a pilot project to implement a Teen Mental Health First Aid (TMHFA) will begin to expand the efforts of this activity. This will be an evidence-based model that provides training for teens in Yuba and Sutter Counties to effectively achieve the same desired goals as the MHFA and YMHFA trainings, just targeting the teen population.

MHFA and YMHFA Opinion Quiz are collected at the beginning and end of each training. Opinion Quiz are distributed to training participants, to facilitate discussion. The instructors must post the Mental Health First Aid Training final Evaluations into Mental Health First Aid Instructors website pages to report the following information: each individual trained, individual evaluation results, the quality of training based on the learning objectives in each of the sections of the MHFA training, instructor core competencies, average participants score and content score.

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support someone developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan. PEI staff collected evaluations but will need to analyze

Pre- and Post-Survey data collected in FY 19/20 to best measure changes in attitudes, knowledge and/or behavior regarding suicide.

Traditionally this curriculum is an in-person training; but because of COVID-19 both curriculums was modified to be presented virtually. The barriers of the virtual presentation are the following: Requires two hours of self-paced work on a computer, requires that each participant work at an individual computer with internet camera and microphone, which some agencies, community members may not have available, lack of privacy with working from home, safety concerns if the topic or discussion triggers strong reactions/emotions in participant(s).

Number of Potential Responders:

- FY 2018-2019: 324 English and 108 Spanish speaking responders.
- FY 2019-2020 Below:

MHFA	YMHFA
FY 19 - 20	FY 19 - 20
58 English speaking participants	16 English speaking participants
9 Spanish speaking participants	0 Spanish speaking participants
FY 19/20 Total Participants: 104	

Settings where responders were engaged: Trainings are provided in a classroom format in schools, cultural organizations, churches, faith-based organizations, and various governmental and community buildings, including the Yuba County Jail, Yuba City Highway Patrol Office and Head Start Offices. Training locations are neutral locations, not affiliated with behavioral health, to enhance access for community members and provide the trainings to a variety of potential responders.

Types of potential responders engaged: California Highway Patrol, Yuba County Jail Staff and Sutter and Yuba County Probation. More recently, we have added a Spanish MHFA to our MHFA training offerings. Staff provided MHFA Training to 161 agency staff, community members, non-profit agencies and government agencies in English, along with Spanish MHFA Training to 18 community workers and Head Start workers.

Demographics for FY 19 - 20

Age	**#**	**Gender**	**#**
0-15	0	Male	34
16-25	13	Female	64
26-59	76	Decline	6
60+	6		
Decline	9		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	0
Asian	8	Central America	0
Black	3	Mexican	28
Pacific Islander	1	Puerto Rican	3
White	47	South American	2
Other	19	Hispanic Other	7
More than one	11	Non-Hispanic other	17
Decline	13	Decline	19
Language	**#**	**Sexual Orientation**	**#**
English	74	Gay	0
Spanish	9	Hetero	77
More than one	14	Bisexual	4
Decline	7	Questioning	0
		Queer	0
Disability	**#**	Other	1
Hearing	0	Decline	22
Seeing	0		
Mental Self-Reported	0	**Veteran Status**	**#**
Physical	2	Yes	13
Chronic	0	No	81
Other	0	Decline	10
No	85		
Decline	17		
Demographic Information Not Collected/Refused*			

Numbers Served:

- In FY 2018-2019, 233 unduplicated clients were served.
  - 161 English-speaking Adults
  - 18 Spanish-speaking Adults
  - 35 English-speaking Youth
  - 30 Spanish-speaking Youth

- In FY 2019 – November 30, 2019 81 unduplicated clients were served.

Annual target of individuals served:

- 100 Adults
- 100 Youth
- 100 Teens
- 25 Spanish-Speaking Adults
- 30 Spanish-Speaking Youth

Goals for participants:

- Recognize that community members and persons at risk are affected by personal and societal attitudes about suicide;
- Provide life-assisting guidance to persons at risk in a flexible manner;
- Identify what needs to be in a person at risk's plan for safety;
- Demonstrate the skills required to provide suicide first aid to a person at risk of suicide;
- Appreciate the value of improving community resources including the way that they work together; and

  Recognize that suicide prevention is broader than suicide intervention and includes the life promotion and self-care for persons at risk and for caregivers.

Stigma and Discrimination Reduction Programs

Activity: Tri-County Diversity Contract *Program Code: RP-01*

Description: Tri County Diversity is working with all ages in our schools, Marysville Joint Unified School District, River Valley High School, Yuba City and Yuba City High School. Tri-County Diversity is very connected to our community though the outreach and events provided throughout Sutter and Yuba Counties. This helps us to further influence and create strong collaboration with school public and private sectors of our community regarding issues surrounding LGBTQIA persons though collaborative efforts. Tri-County Diversity increases opportunities for social interaction through outreach and support events to encourage support, education and community involvement in a safe, supportive environment for the LGBTQIA community members. This desired outcome is determined by reviewing the need for services specific to LGBTQIA individuals in our community, as evidenced by the PEI Plan.

Tri County Diversity has increased opportunities for social interaction to encourage support, education and community involvement in a safe, supportive environment for the LGBTQIA community members through outreach and support events. Tri-County Diversity provides quarterly reports on all events and activities and submits them to PEI staff for review. PEI staff review the quarterly Reports & Demographic information received from Tri-County Diversity to

determine participation, outreach and event activities.

Tri-County Diversity provides quarterly reports on all events and activities and submits them to PEI staff for review. PEI staff review the quarterly Reports & Demographic information received from Tri-County Diversity to determine participation, outreach and event activities.

Demographics for FY 19/20:

2019 Age Data	**#**	**2020 Age Data**	**#**
0-12	8	0-11	
13-18	33	12-18	45
19-25	11	19-29	11
26-35	21	30-49	22
36-45	22	50-64	19
46-55	14	65+	1
56-59	3		
60+	3		
Decline to answer	2		
Gender Assigned at Birth	**#**	**Gender Identity**	**#**
Male	73	Male	76
Female	138	Female	111
Intersex	0	Intersex	0
Other	0	Transgender	11
Decline	4	Genderqueer	4
		Gender Non-Conforming	5
		Other	5
		Decline	3
Race	**#**	**Ethnicity**	**#**
American Indian	27	Non-Hispanic/Latinx	132
Asian	9	Hispanic/Latinx	69
Black	11	Decline to Answer	15
Pacific Islander	1		
White	92		
Middle Eastern	3		
Other	25		
More than one	51		
Decline	4		
Language	**#**	**Sexual Orientation**	**#**
English	202	Gay	45
Spanish	11	Lesbian	21
More than one	0	Hetero	69

Punjabi	1	Bisexual	27
Decline	2	Queer	8
		Questioning	14
Disability 2019	**#**	Pansexual/Polysexual	24
Yes	16	Asexual	2
No	99	Decline to Answer	5
Decline	2		
Disability 2020		**Veteran Status**	**#**
No	63	Yes	16
Yes-Mental Health	17	No	195
Yes-Vision	4	Decline	4
Yes-Other, not specified	7		
Yes-Hearing	1		
Decline to Answer	5		
Yes-Communication	4		
Yes-Chronic Illness/Health Condition	9		
Yes-Developmental	2		
Demographic Information Not Collected/Refused*			

Numbers Served:

- In FY 2018-2019, 233 unduplicated clients were served.
- In FY 2019 – November 30, 2019 51 unduplicated clients were served.

Annual target of individuals served:

- 225 Individuals

Goals: To provide social space, peer support and education to the gay, lesbian, bisexual, transgender and intersex members of Yuba, Sutter and Colusa Counties, along with their straight supporters.

Evaluation: Changes in attitude, knowledge and/or behavior related to mental illness: Tri County Diversity directly refer individuals to behavioral health. The referral form coming directly from Tri-County Diversity helps to reduce the stigma of behavioral health services through education and outreach information.

Activity: Hmong Impact Youth *Program Code: RP-02*

Description: The Hmong Impact Youth Program is an activity where Hmong youth were chosen as a target population due to low penetration rates and contrasting reports from the community regarding challenges and barriers that Hmong youth and families often face. Because there is a

cultural and generation gap amongst Hmong youth, parents and older adults, the Hmong Youth Needs Assessment Survey was tailored to gather information from the different perspectives of youth, parents and the Hmong community. Collaborating with the high schools in both counties, the Hmong American Association, and other Hmong community members and leaders, the process of implementing the survey engaged a range of community stakeholders with the intent of building commitment for ongoing involvement.

The mission, goals, and activities are all youth driven and youth run. In addition to technical assistance from Hmong Outreach Center staff Mai Vang, Hmong IMPACT Youth currently also has 2 youth mentor volunteers who are very passionate and experienced in working with Hmong youth. Members who “graduate” from IMPACT Youth (such as moving away to college) are encouraged to stay connected as youth mentors and are considered members still, so they have a community to return to and can give back when they are finished with college. The local Hmong community experience is that many Hmong continue to live in poverty, along with a lack of resources, is seen how Hmong youth often leaving the area to attend larger colleges and seldom returning to give back to their home town due to the lack of jobs and loss of connections and ties to the community.

The activity is Hmong youth driven under the Hmong American Association agency/umbrella, thus reducing mental health stigma compared to if ran through the HOC. Meeting locations are generally at the Hmong American Association office, located in downtown Marysville; however, meeting locations and activity locations also varied based on community needs. For example, Impact Youth has met at local churches, at the HOC, at Starbucks, at Cookie Tree, and various community location that would allow the participants to feel more comfortable and have easier access. It was also agreed that running this program/service through Hmong American Association would allow for a broader scope, and thus broader range of activities to make it more culturally responsive, due to the limitations and scope of activities if provided through the county. Hmong Outreach Center staff Mai Vang provides Technical Assistance and assists in putting together and keeping this program/service running since Hmong American Association does not have staffing capacity. The Hmong American Association Board/staff are available anytime by phone, appointment, and/or at regular Hmong American Association Board meetings.

IMPACT Youth is a youth run (and not staff/adult run) program under the Hmong American Association and supported by the Hmong Outreach Center. The mission, goals, and activities are all youth driven and youth run. In addition to technical assistance from Hmong Outreach Center staff Mai Vang, Hmong IMPACT Youth currently also has 2 youth mentor volunteers who are very passionate and experienced in working with Hmong youth. Long-term goals for this program include becoming self-sustaining, with age, generational, and culturally appropriate activities that naturally engage and retain youth members. Members who “graduate” from IMPACT Youth (such as moving away to college) are encouraged to stay connected as youth mentors and are considered members still, so they have a community to return to and can give back when they are finished with college. The local Hmong community experience is that many Hmong continue to live in poverty, along with a lack of resources, is seen how Hmong youth often leaving the area to attend larger colleges and seldom returning to give back to their home town due to the lack of jobs and loss of connections and ties to the community. Although the target population is Hmong Youth, everyone

is told at outreach events that anyone can become members if they identify with this underserved group.

A Hmong Youth Needs Assessment Survey was administered to determine unmet needs of local Hmong youth. The results were shared with the Hmong American Association, a local Hmong non-profit organization. Discussion by working with Hmong American Association Board members and Hmong Outreach Center staff determined the local Hmong community need is a Hmong focused youth program that would target the unmet need identified in the need's assessment survey. The Hmong American Association agreed to participate in helping increase access and engagement due to possible mental health stigma by providing services through the Hmong Outreach Center Hmong Outreach Center staff provided technical assistance and assisted in developing the program or service. The long-term goals include programs or services that are youth ran and to build capacity and community ownership.

Numbers Served:

- In FY 2018-2019, 38 unduplicated participants.
- In FY 2019 – 2020, 19 unduplicated participants.

Demographics for FY 2019-2020:

Age	**#**	**Gender**	**#**
0-12	7	Male	3
13-25	12	Female	16
26-49	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	19	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Other (Hmong)	19
More than one	0	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay	0
Spanish	0	Hetero	0
More than one	19	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	19
Seeing	0		

Mental	**0**	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	0		
Decline	0		
Demographic Information Not Collected/Refused*			0

Evaluation Results: There are no evaluation results for activities for FY 2019-2020 at this time due to there being no/limited activities due core members moving out of town for college and Covid-19 restricting activities and data collection for this FY.

Annual target of individuals served:

- 40 Hmong Youth

Goals:

- Inspire new leaders to make a difference
- Preserve their Hmong culture
- Appreciate the sacrifices of the older generation
- Connect back to their roots
- To embrace their Hmong identity

Suicide Prevention Programs

Activity: Yellow Ribbon Suicide Prevention *Program Code: SP-01*

Description: This activity is intended for high school students, their families, and the staff at their schools. The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school. Student leaders can be trained by PEI staff to present information to their peers with the support of PEI staff, or PEI staff can present the information to the student body. Presentations are scheduled throughout the year at high schools.

The Yellow Ribbon Suicide Prevention program was not designed to be presented in a virtual platform and cannot be modified

Demographics:

Age	#	Gender	#
0-15	9	Male	15
16-25	19	Female	12
26-49		Decline	6
Decline	5		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	0
Asian		Central America	0
Black	1	Mexican	15
Pacific Islander		Puerto Rican	0
White	12	South American	0
Other	5	Hispanic-Other	1
More than one	7	Non-Hispanic Other	5
Decline	6	Decline	12
Language	**#**	**Sexual Orientation**	**#**
English	18	Gay	2
Spanish		Hetero	18
More than one	10	Bisexual	2
Decline	5	Questioning	0
		Queer	1
Disability	**#**	Other	1
Hearing	3	Decline	9
Seeing	0		
Mental Self-Reported	0	**Veteran Status**	**#**
Physical	0	Yes	NA
Chronic	0	No	NA
Other	0	Decline	NA
No	25		
Decline	5		
Demographic Information Not Collected/Refused*			904

Numbers Served:

- In FY 2018-2019, 1681 unduplicated clients were served.
- In FY 2019 – 2020, 937 unduplicated clients were served.

Annual target of individuals served:

- 1426 High School Students

Goals:

- Teach students how to identify the signs of depression and suicide in themselves and their peers.
- Reduces stigma around mental health and suicide.
- Encourage help-seeking behaviors through the Ask 4 Help message.
- Engage parents and school staff as partners in prevention through "gatekeeper" education.
- Increase knowledge about community resources for getting help.
- Encourage schools to develop community-based partnerships to support student mental health.

Evaluation: At the beginning of the presentation, there is discussion about students' knowledge about suicide and depression, as well as group brainstorming about who trusted adults could be within and outside of school. There is an optional student screening that assesses for depression and suicide risk and identifies students to refer or follow-up with for staff. Many schools also follow the presentations with in-class and/or smaller group discussions. Informal data collection occurs at the beginning of the presentation, optional screening at the end of the presentation.

Activity: Applied Suicide Intervention Skills Training (ASIST) Program Code: SP-02

Description: Sutter Yuba Behavioral Health collaborates with organizations and agencies in the community to offer the training in various settings, including schools, government buildings, privately owned buildings, and Sutter Yuba Behavioral Health locations. By offering the training in different locations, it is easier for community members from both Sutter and Yuba Counties to participate.

The Applied Suicide Intervention Skills Training (ASIST) workshop is for community members who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over 950,000 people have received this training. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours), two-trainer, intensive, interactive and practice-dominated course designed to help people recognize risk and learn how to intervene to prevent the immediate risk of suicide. ASIST is for all community members in Sutter and Yuba Counties. Family, friends, and other community members may be the first to talk with a person at risk but have little or no training. ASIST can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide.

The training uses key processes: presentations, mini-presentations, open-ended questioning, Socratic questioning, simulation and practice experiences, running simulations, and commenting through restatements and summaries. The Key Learnings listed below shows how the workshop is structured, with the reasoning behind each step, and scaffolding for the safe, challenging learning of participants. Trainers talk about what will be happening before it happens, and participants have the opportunity for increasing challenge as they become more comfortable with the concepts and start to practice skills.

Data is collected through questionnaire evaluations at the beginning/early in the workshop and at the completion of the workshop for all participants. Evaluation methods were conducted using a Likert Scale, to measure changes in attitudes, knowledge and/or behavior regarding suicide. Evaluation questions, and a summary of responses collected at the start and conclusion of the training.

The ASIST program was not designed to be presented in a virtual platform and cannot be modified

Demographics for FY 18/19:

Age	**#**	**Gender**	**#**
0-15	0	Male	27
16-25	19	Female	48
26-59	55	Decline	14
60+	1		
Decline	14		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	1
Asian	4	Central America	2
Black	5	Mexican	17
Pacific Islander		Puerto Rican	
White	32	South American	1
Other	12	Hispanic-Other	2
More than one	16	Non-Hispanic Other	36
Decline	18	Decline	30
Language	**#**	**Sexual Orientation**	**#**
English	67	Gay	
Spanish		Hetero	63
More than one	8	Bisexual	6
Decline	14	Questioning	
		Queer	
Disability	**#**	Other	1
Hearing		Decline	19
Seeing	1		
Mental	1	**Veteran Status**	**#**
Physical	2	Yes	26
Chronic	1	No	48
More than one	3	Decline	15
Other			
No	63		

Decline	18		
Demographic Information Not Collected/Refused*			0

Numbers Served:

- In FY 2018-2019, 93 unduplicated clients were served.
- In FY 2019 – 2020, 89 unduplicated clients were served.

Annual target of individuals served:

- 90 Adults

Goals:

- Improve trainee skills and readiness
- Utilize interventions shown to increase hope and reduce suicidality
- Increase general counseling and listening skills

Evaluation: Self-reported, anonymous data regarding personal experiences with suicide, suicide behaviors, helping experience(s), feelings of preparation to help, feelings about suicide, and who would help, as well as attitudes about suicide are discussed and collected early in the workshop. An evaluation with questions related to how willing, ready, and able participants feel about helping a person at risk after the workshop, compared to before, is completed at the end of the workshop, again without participant names attached.

Data is collected through questionnaire evaluations at the beginning/early in the workshop and at the completion of the workshop for all participants. Evaluation methods were conducted using a Likert Scale, to measure changes in attitudes, knowledge and/or behavior regarding suicide. Evaluation questions, and a summary of responses collected at the start and conclusion of the training are included below:

If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.
Strongly Disagree: 2 Disagree: 0 Uncertain: 9 Agree: 24 Strongly. Agree: 121

Before taking the ASIST training, my answer would have been:
Strongly Disagree: 5 Disagree: 31 Uncertain: 42 Agree: 44 Strongly Agree: 25

If someone told me he or she was thinking about suicide, I would do a suicide intervention.
Strongly Disagree: 6 Disagree: 3 Uncertain: 0 Agree: 26 Strongly Agree: 123

Before taking the ASIST training, my answer would have been.
Strongly Disagree: 14 Disagree: 22 Uncertain: 39 Agree: 53 Strongly Agree: 33

I feel prepared to help a person at risk of suicide.
Strongly Disagree: 4 Disagree: 4 Uncertain: 9 Agree: 51 Strongly Agree: 96

Before taking the ASIST training, my answer would have been.
Strongly Disagree: 18 Disagree: 23 Uncertain: 35 Agree: 44 Strongly Agree: 16

I feel confident I could help a person at risk of suicide.
Strongly Disagree: 1 Disagree: 0 Uncertain: 5 Agree: 48 Strongly Agree: 87

Before taking the ASIST training, my answer would have been.
Strongly Disagree: 10 Disagree: 26 Uncertain: 33 Agree: 36 Strongly Agree: 17

Activity: SafeTALK *Program Code: SP-03*

Description: SafeTALK trainings are held in venues throughout Sutter and Yuba counties, including government buildings and community spaces. PEI staff collaborate with organizations and agencies in the community to offer the training in various settings including schools, government buildings, privately owned buildings, and behavioral health buildings. Offering the training in different locations facilitates the ability of community members from both counties we serve to participate. Program staff also employ several methods to reach out and engage potential training participants, including flyer distribution, social media postings, Eventbrite invites, emails and other community outreach activities.

SafeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all trainings. The 'safe' of SafeTALK stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and Keep Safe.

The SafeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these barriers. Six sixty- to ninety- second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential references for the participants.

SafeTALK was developed by Living Works Education to complement longer suicide intervention training. Developers in Australia and Canada designed and field-tested the program in 2004-05 based on stakeholder reports of a training gap between short suicide awareness sessions and longer suicide intervention skills training.

Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" The responses received from participants are listed below. The evaluations are completed anonymously. They are written, as are the rest of the

materials, in a culturally competent way, using non- stigmatizing language.

The Safe-TALK program was not designed to be presented in a virtual platform and cannot be modified

Demographics for FY 19/20:
Note that not all participants completed the demographic form due to hesitancy of some participating. Demographic information was collected starting in FY 19/20.

Age	**#**	**Gender**	**#**
0-15	0	Male	33
16-25	13	Female	40
26-59	53	Decline	6
60 +	3		
Decline	10		
Race	**#**	**Ethnicity**	**#**
American Indian	1	Caribbean	1
Asian	2	Central America	2
Black	6	Mexican	19
Pacific Islander	2	Puerto Rican	1
White	37	South American	
Other	17	Other	
More than one	12	Decline	20
Decline	2	Non-Hispanic other	36
Language	**#**	**Sexual Orientation**	**#**
English	50	Gay/Lesbian	5
Spanish	12	Hetero	56
More than one	11	Bisexual	4
Decline	6	Questioning	2
		Queer	1
Disability	**#**	Other	1
Hearing	2	Decline	10
Seeing	1		
Mental Self-Reported		**Veteran Status**	**#**
Physical		Yes	45
Chronic	1	No	15
Other	2	Decline	19
No	61		
Decline	12		
Demographic Information Not Collected/Refused*			

Numbers Served:

- In FY 2018-2019, 233 unduplicated clients were served.
- In FY 2019 – 2020, 79 unduplicated clients were served.

Annual target of individuals served:

- 100 Adults

Goals for participants:

- Learn how to become suicide alert.
- Learn how to identify people who might be having thoughts of suicide.
- Learn how to connect people who might be having thoughts of suicide to persons trained in suicide intervention.

Evaluation: Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" The responses received from participants are listed below. The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

Access and Linkage to Treatment Programs

Activity: Promotores Project *Program Code: AL-01*

Description: The Promotores Project was planned for and initiated during FY 18/19. Due to an unanticipated change in staffing, this activity was unable to move into full implementation in FY 18/19 until the staffing shortage was addressed. This activity is planned to be re-ignited during FY 21-24.

The Promotores Project uses peer mentors to help improve access to behavioral health and related community services in the local Latino Community. The project will provide the opportunity for peer mentors to receive trainings helpful for identifying individuals experiencing behavioral health concerns alongside training on communication strategies for specific scenarios when working in the community to help properly engage community members and connect or refer them appropriately.

For this activity a referral tracking process will be implemented in FY 19/20 to track and monitor referrals.

Challenges to be addressed: Since this program had not reached full implementation in FY 18/19, the referral tracking and monitoring system had not been built between the time of the new PEI

regulations (July 1, 2018) and when the project had to be halted. Therefore, no referral data is available for analysis at this point. A referral tracking process will be instituted as this project start up again.

Demographics:

Age (Years)	
0-15	0
16-25	0
26-59	6
60+	0
Decline	0
Sexual Orientation	
Gay	0
Heterosexual	5
Bisexual	0
Questioning	0
Queer	0
Other	0
Decline	0
Gender	
Male	0
Female	5
Decline	0
Current Gender	
Male	0
Female	5
Transgender	0
Genderqueer	0
Question	0
Another	0
Decline	0
Disability	
Hearing	0
Seeing	0
Mental	0
Physical	0
Chronic	0
Other	0
No	6
Decline	0
Veteran	
Yes	0
No	6
Decline	0

Ethnicity A. Hispanic or Latino	
Caribbean	0
Central American	0
Mexican	4
Puerto Rican	0
South American	0
Other	1
Decline	0
Ethnicity B. Non-Hispanic or non-Latino	
African	0
Asian	0
Cambodian	0
Chinese	0
Eastern European	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
More than 2	0
Decline	0
Race	
Amer Indian/Alaska Native	0
Asian	0
African-American	0
Pacific Islander	0
White	0
Other	6
More than 2 races	0
Decline	0
Language	
English	0
Spanish	6
More than one	0
Decline	0

Numbers Served:

- In FY 2018-2019, 233 unduplicated clients were served.
- In FY 2019 – November 30, 2019 0 unduplicated clients were served.

Annual target of individuals served:

- 25 Individuals

Goals:

- Have 10 agencies participate in the program in FY 21/22.
- Increase by 5 agencies in FY 22/23 and FY 23/24.
- Hire and train Promotores.
- In trainings in engagement (LEAP), Behavioral Health (MHFA), Stigma Reduction and Suicide Prevention (ASSIST).

Timely Access to Services Program

Activity: Adult Early Intervention Program *Program Code: TA-01*

This newly PEI-funded Adult and Older Adult Early Intervention Program is focused on serving adults and older adults who are newly diagnosed with a moderate to severe mental health condition, adults who have been in previous treatment but who have been mis-diagnosed, or adults who are identified as having severe mental health conditions that have gone untreated or significantly under-treated.

The goal of the Early Intervention Program is to provide education, support, and therapeutic tools for mental health recovery. These interventions will be provided in six one-hour weekly or bi-weekly therapy sessions after initial referral to the program. Adult therapists will combine education with tools from the following evidence-based treatments for early intervention: Cognitive Behavioral Therapy for anxiety and depression, Dialectical Behavior Therapy for personality disorder, emotion regulation disorders and co-occurring disorders, Seeking Safety for co-occurring trauma and substance use, NAVIGATE for psychotic disorders, and Motivational Interviewing for engagement across diagnostic categories. Participants will also be eligible to participate in weekly group therapy if desired. After the six initial hour-long sessions, participants in the program will continue to be eligible to participate in weekly group sessions as well as 30-minute individual therapy sessions every two, three, or four weeks as determined by the client and clinician. Clients may participate in the Early Intervention Program for up to 18 months after being received into the program.

INNOVATIONS (INN)

The Mental Health Services Oversight and Accountability Commission controls funding approval for the Innovation (INN) component of the MHSA. The goal of the innovation project is to increase access to underserved populations, increase the quality of services, promote interagency collaboration and increase access to services. On September 26, 2019 Sutter-Yuba Behavioral Health (SYBH) was approved by the State Mental Health Services Oversight and Accountability Commission (MHSOAC) to spend $5,228,688 of county Mental Health Services Act (MHSA) – Innovation funding over the next (5) five years to create an Innovative and Consistent Application of Resources and Engagement (iCARE) mobile response team and community education effort.

This innovation project will focus on increasing engagement in outpatient behavioral health care for individuals who recurrently access emergency room and crisis services as their usual and only source of care. Additionally, with the use of MHSA Prevention and Early Intervention funds, SYBH will provide community-wide trainings focusing on perceptions, attitudes and assumptions about behavioral health conditions to dispel myths, negative beliefs and stigma related to seeking behavioral health care.

To generate the project specifics, SYBH held fourteen community engagement sessions from April 23, 2019 to June 14, 2019 during which time, 95 community members provided feedback, support and had further questions in regard to the overall intent of the innovation project, helping to shape its outcome, and ultimately, it's approval. This innovation project will be implemented with involvement from community stakeholders.

Sutter-Yuba Behavioral Health's primary purpose for implementation of the iCARE Innovation project is: *to increase access to behavioral health care for underserved groups experiencing difficulty engaging in outpatient behavioral health and substance use disorder treatment services.* Secondary results will also be demonstrated through the project as evidenced by: increased quality of mental health services, including measurement of outcomes, promotion of interagency and community collaboration related to Mental Health Services, supports or improved individual and community level outcomes.

WORKFORCE EDUCATION AND TRAINING (WET)

The goal of the Workforce Education & Training (WET) component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes, they are able to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

In 2019, Office of Statewide Health Planning and Development (OSHPD), with input from its partner agencies, persons with lived experience, including consumers, family members, and caregivers, and other stakeholders, developed the following mission statement to guide all WET activities in a California Regional 2020-2025 WET Five-Year Plan. SYBH will be committing sixty-five thousand ($65,000) to a regional WET plan. One-time funding for WET expired in 2018; thus we will utilize some WET Reversion funds to be a part of the regional WET Plan. Additional WET Reversion funds will be used to provide training for the behavioral health workforce that is in line with MSHA principals.

Below is a detailed explanation from OSHPD on how a Regional Five-Year Plan will benefit local Public Mental Health System (PMHS).

California's PMHS will develop and maintain a robust and diverse public mental health workforce capable of addressing mental health disparities by providing treatment, prevention, and early intervention services to persons with SED or SMI. Services need to be consumer- and family-driven, equitable, compassionate, culturally and linguistically appropriate, and gender responsive, across the lifespan. Effective methods are those that promote wellness, recovery, and resilience and lead to positive mental health, substance use, and primary care outcomes across healthcare systems in community-based settings.

Develop a diverse licensed and non-licensed professional workforce skilled in working with older adults with SMI.

PMHS professionals must have the skills to:

- Provide treatment and early intervention services that are culturally and linguistically responsive to California's diverse and dynamic needs.
- Promote wellness, recovery, and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes. PMHS agencies need to extend these same values to their workforce.
- Work collaboratively to deliver individualized, strengths-based, consumer-and family-driven services.
- Use effective, innovative, community-identified, and evidence-based practices.
- Conduct outreach to and engage with unserved, underserved, and inappropriatelyserved populations.

- Promote inter-professional care by working across disciplines.
- Include the viewpoints and expertise of persons with lived experience, including consumers and their families and caregivers, in multiple healthcare settings.

The development of the following goals and objectives were informed by elements outlined in statute (WIC Section 5822) and a robust stakeholder engagement process that involved diverse stakeholder groups. The goals and objectives provide a framework for strategies that state and local government, community partners, educational institutions, and other stakeholders can enact to remedy the shortage of qualified individuals to provide services to those who are at risk of or have a severe mental illness.

The Need:

1. Expand awareness and outreach efforts to effectively recruit racially, ethnically, and culturally diverse individuals into the PMHSA workforce.

2. Identify and enhance curricula to train students at all levels in competencies that align with the full spectrum of California's diverse and dynamic PMHS needs.

3. Develop career pathways for individuals entering and advancing across new and existing PMHS professions.

4. Expand the capacity of postsecondary education to meet the identified PMHS workforce needs.

5. Expand financial incentive programs for the PMHS workforce to equitably meet identified PMHS needs in underrepresented, underserved, unserved, and inappropriately served communities.

6. Expand education and training programs for the current PMHS workforce in competencies that align with the full spectrum of PMHS needs.

7. Increase the retention of PMHS workforce identified as high priority.
8. Evaluate methods to expand and enhance the quality of existing PMHS delivery systems to meet California's PMHS needs.

9. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the PMHS workforce.

10. Explore stakeholder-identified policies that aim to further California's efforts to meet its PMHS needs.

11. Provide flexibility to allow local jurisdictions to meet their unique needs.

12. Standardize PMHS workforce education and training programs across the state.

13. Promote care that reduces demand for high-intensity PMHS services and workforce.

The Goal:

1. Increase the number of diverse, competent licensed and non-licensed professionals in the PMHS to address the needs of persons with SMI.

2. Expand the capacity of California's current public mental health workforce to meet California's diverse and dynamic needs.

3. Facilitate a robust statewide, regional, and local infrastructure to develop the public mental health workforce.

4. Offer greater access to care at a lower level of intensity that enables consumers to maintain and maximize their overall well-being.

5. Support delivery of PMHS services for consumers within an integrated health system that encompasses physical health and substance use services.

Actions that Support Goals and Objectives:

The following actions support the implementation of the WET Plan's goals and objectives:

- Continue to partner with stakeholders to develop and implement WET strategies.
- Include target populations across all WET programs, including persons with lived experience, culturally diverse communities, disabled communities, deaf and hard of hearing communities, LGBTQIA communities, rural and frontier communities, and underrepresented, underserved, unserved, and inappropriately served populations across the life span of age groups that include infants, children, adolescents, transition age youth, adults, and older adults.
- Continue focus on MHSA values, principles, and priorities.
- Promote innovative, evidence-based, and community-identified strategies.
- Continue MHSA WET evaluation activity that is data driven and outcomes-based.
- Continue evaluation and assessment of mental health workforce needs to guide priority WET strategies.

Plan Framework Matrix

Supporting Individuals

County Driven PMHS Workforce Needs Assessment

OSHPD Allocations

Regional Partnership Grants

PIPELINE/CAREER AWARENESS

EDUCATION AND TRAINING

RETENTION

PIPELINE/CAREER AWARENESS
Grades K-12
Community Colleges
Universities
[ID candidates for future education with mentoring]

SCHOLARSHIPS
Certificate Programs
AA
BA/BS/BSW
Career Development

STIPENDS
MSWs
MFTs
Master/PhD-PsyD Psychology
Master Occupational Therapy
PMHNPs

LOAN REPAYMENT PROGRAM
Hard-to-Fill and Hard-to-Retain Personnel from Certificate to MD/DO
Retention Best Practices with County & CBO leadership

Potential Educational Pathways for Licensed and Non-Licensed Professions

From High School through College

College through Clinical Graduate School

From High School through College and Clinical Graduate School

From High School through College and Clinical Graduate School to work in the PMHS

From College directly to work in the PMHS

From Clinical Graduate School to work in the PMHS

Supporting Systems

OSHPD Administered

Peer Personnel Preparation
(funded in part with MHSOAC admin funds)

Psychiatric Education Capacity Expansion
Psychiatrists and PMHNPs

Train New Trainers Psychiatry Fellowship
Primary Care
MDs, NPs, and PAs

Supporting Individuals and Supporting Systems Evaluation and Research

FY 2020-21 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Sutter-Yuba Behavioral Health

Date: 3/25/20

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020-21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	5,644,806	3,388,216	1,953,138	65,000	0	
2. Estimated New FY2020-21 Funding	8,084,671	2,021,168	100,000			
3. Transfer in FY2020-21						0
4. Access Local Prudent Reserve in FY2020-21						0
5. Estimated Available Funding for FY2020-21	13,729,477	5,409,384	2,053,138	65,000	0	
B. Estimated FY2020-21 MHSA Expenditures	6,858,925	1,739,400	1,475,800	65,000	0	
C. Estimated FY2021-22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,870,551	3,669,984	577,338	0	0	
2. Estimated New FY2021-22 Funding	8,165,518	2,041,379	854,162			
3. Transfer in FY2021-22						0
4. Access Local Prudent Reserve in FY2021-22						0
5. Estimated Available Funding for FY2021-22	15,036,069	5,711,363	1,431,500	0	0	
D. Estimated FY2021-22 Expenditures	6,927,514	1,756,794	1,431,500	0	0	
E. Estimated FY2022-23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,108,555	3,954,569	0	0	0	
2. Estimated New FY2022-23 Funding	8,083,862	2,020,966	1,209,300			
3. Transfer in FY2022-23						0
4. Access Local Prudent Reserve in FY2022-23						0
5. Estimated Available Funding for FY2022-23	16,192,417	5,975,535	1,209,300	0	0	
F. Estimated FY2022-23 Expenditures	6,996,790	1,774,362	1,209,300	0	0	
G. Estimated FY2022-23 Unspent Fund Balance	9,195,627	4,201,173	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	521,836
2. Contributions to the Local Prudent Reserve in FY 2020-21	0
3. Distributions from the Local Prudent Reserve in FY 2020-21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	521,836
5. Contributions to the Local Prudent Reserve in FY 2021-22	0
6. Distributions from the Local Prudent Reserve in FY 2021-22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	521,836
8. Contributions to the Local Prudent Reserve in FY 2022-23	0
9. Distributions from the Local Prudent Reserve in FY 2022-23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	521,836

FY 2020-2023 PLAN TO SPEND PREVENTION AND EARLY INTERVENTION REVERSION FUNDING

SYBH's PEI program has one and one-half million dollars, ($1,500,000) in identified reversion funding, to be spent by June 30, 2021, or these funds will revert to the State of California. The following outlines the specific plans to spend down these reversion funds by the June 30, 2021 deadline.

Support Existing Approved Plans

Expand existing PEI Contracts:

(Tri County Diversity, Camptonville, Sutter County Mentorship, Sutter County Superintendent of Schools, Yuba County Superintendent of Schools) to increase outreach efforts via our contracted partners and to support our contractors in their efforts to comply with PEI Regulations for outcome reporting. Support costs include but are not limited to technology needs, office supplies, outreach materials, training curriculum, transportation, and staff training.

Existing Activities:

PEI will use five hundred thousand dollars ($500,000) annually, two hundred and fifty thousand ($250,000) paid to Sutter County Superintendent of Schools, and two hundred and fifty thousand ($250,000) paid to Yuba County Superintendent of Schools for the continuation of the PREP contract. A Memorandum of Agreement (MOA) was entered into with both Sutter County Superintendent of Schools and Yuba County Superintendent of Schools in 2019. The MOA identifies Sutter County Superintendent and Yuba County Superintendent as the "Contractor", to provide a Peer Resource Engagement Program (PREP) consisting of Peer-lead mentoring programs conducted on district school sites for the purposes of increasing resiliency for children and youth in providing them with opportunities to grow and thrive.

Through partnership with local schools, PREP is intended to incorporate mental health promotional activities in schools and the local community that engage youth within their communities, schools, organizations, peer groups and families in a manner that recognizes, utilizes, and enhances youth strengths. The PREP program offers opportunities for youth to foster positive relationships with peers and promote protective factors that create openness among youth to access behavioral health services before they experience a psychiatric crisis. The cultivation of support in a safe environment for youth to meet and be with other youth fosters a positive and safe space for young boys and girls to be in; free from drugs and alcohol. Pop-up style, youth-lead and run events, create excitement and anticipation of building interest in participating in "exclusivity" of events that are offered in different locations in the two counties, bi-weekly. PREP activities and programs are planned with, by, and, for students, with a significant focus on student voices and opinions.

New PEI Activities

***New Proposed Early Intervention Program**:*

PEI plans to spend approximately seven hundred and fifty thousand dollars ($750,000) annually for the creation of an Adult Early Intervention program. This program will initially be funded with the use of reversion funding before being paid with annual MHSA revenue.

The Need: The Adult Urgent Services program has previously had a broad focus on providing all consumers who have moderate to severe behavioral health conditions with timely access to specialty mental health services. The central component of this program, the Open Access Clinic, broadly viewed all conditions as urgent conditions, providing same-day access into services four days per week. This broad focus, while providing benefits to all individuals qualified for specialty mental health services, has not sufficiently addressed barriers faced by specific underserved sub-populations.

Sutter Yuba Behavioral Health will continue to operate its Open Access Clinic model and Adult Urgent Services. First priority will be given to individuals recently seen in acute services, (Psychiatric Emergency Services, Psychiatric Hospitals stays). Previously there has been no process for assuring that acute services utilizers are given top priority for therapy services. Individuals can be referred to this program by a clinician completing an intake or reassessment, by an existing provider who has identified the need for this service, or by PES/PHF staff members who have been working with a high utilizer. In addition, individuals in immediate distress resulting in significant impairment in their daily functioning will be prioritized for this service. Referrals are reviewed and approved by the Adult Urgent Services Supervisor. Other Individuals requiring early an intervention but not deemed to require an Urgent Service, will be triaged to be served by the *Adult/Older Adult Early Intervention Program funded through PEI*. The Adult/Older Adult Early Intervention Program will also be able to do field or community-based evaluations and intakes.

The Goal: The PEI-funded Adult and Older Adult Early Intervention Program is focused on serving adults and older adults who are newly diagnosed with a moderate to severe mental health condition, adults who have been in previous treatment but who have been mis-diagnosed, or adults who are identified as having severe mental health conditions that have gone untreated or significantly under-treated.

The goal of the Early Intervention Program is to provide education, support, and therapeutic tools for mental health recovery. These interventions will be provided in six one-hour weekly or bi-weekly therapy sessions after initial referral to the program. Adult therapists will combine education with tools from the following evidence-based treatments for early intervention: Cognitive Behavioral Therapy for anxiety and depression, Dialectical Behavior Therapy for personality disorder, emotion regulation disorders and co-occurring disorders, Seeking Safety for co-occurring trauma and substance use, NAVIGATE for psychotic disorders, and Motivational Interviewing for engagement across diagnostic categories. Participants will also be eligible to participate in weekly group therapy if desired. After the six initial hour-long sessions, participants in the program will continue to be eligible to participate in weekly group sessions as well as 30-minute individual therapy sessions every two,

three, or four weeks as determined by the client and clinician. Clients may participate in the Early Intervention Program for up to 18 months after being received into the program.

New Proposed Prevention and Early Intervention Program:

PEI plans to spend approximately two hundred and fifty thousand dollars ($250,000) annually for the creation of a Family Urgent Response System for Foster Youth and Caregivers (FURS). This program will initially be funded with the use of reversion funding before being paid with annual MHSA revenue.

The Need: New development in the Prevention and Early Intervention component includes FURS, the Family Urgent Response System for Foster Youth and Caregivers. With the advent of AB 2043, SYBH will be partnering with Sutter County Child Welfare Services and Yuba County CPS to develop a 24-hour mobile response team to address the needs of foster youth and caregivers in time of crisis. It has been recognized that there is a gap in the services to stabilize these foster families and many foster parents are not equipped with the tools necessary to care for children and youth who have experienced trauma and are at higher risk of mental health and behavioral issues. This threatens the family unit and causes a disruption in placement for foster children and youth resulting in being placed in multiple foster homes, group homes, change schools, loss of friends, and disruption in child welfare, health, and behavioral health services.

The FURS program would provide this underserved and inappropriately served population of foster children, youth, and caregivers with the support they need to be successful, increase stability, and decrease traumatization 24 hours per day, 7 days per week. The county will establish a mobile response team to provide face-to-face, in-home stabilization. It serves as a method of early intervention to prevent further traumatization that would lead to severe mental and behavioral health issues.

The Goal: The objectives are outlined below:

- Maintain current placement for foster children and youth
- Provide support for foster children, youths, parents and caregivers
- Avoid higher levels of care
- Prevent inappropriate criminalization of foster children and youth

SYBH, Sutter County CWS and Yuba County CWS are exploring partnership opportunities to address this need. Due to the proximity of the two county seats and the influx of foster children and youth that traffic between the two counties, a joint effort would appear to be the most beneficial for this underserved and inappropriately served population.

The State of California has created four workgroups to implement this initiative: Statewide Hotline, Mobile Response, Data & Outcomes, and Communication & Outreach. SYBH has designated staff members to serve on each workgroup and will strategize the implementation of this initiative. SYBH has met with Sutter County Child Welfare and Yuba County Child Welfare and are in the initial stages

of organizing an internal workgroup to develop the program. The initiative was among the topics that were discussed with stakeholders during stakeholder forums to obtain feedback on things to consider when planning this program.

In order to identify the outcomes of this initiative, SYBH will be monitoring:

- Frequency of utilization of the FURS service(s) in Sutter and Yuba Counties
- Foster children and youth placement stability
- Foster children and youth referrals to mental health services
- Foster children and youth engagement with law enforcement/juvenile justice system

MINUTE ORDER

YUBA COUNTY BOARD OF SUPERVISORS

JUNE 22, 2021

MOTION: Move to approve Consent Agenda
MOTION: Randy Fletcher SECOND: Andy Vasquez
AYES: Andy Vasquez, Don Blaser, Seth Fuhrer, Gary Bradford, Randy Fletcher
NOES/ABSENT/ABSTAIN: None

Approved via unanimous Roll Call Vote

270-2021 Sutter-Yuba Behavioral Health: Approve Mental Health Service Act Three Year Program and Expenditure Plan for Fiscal Years 2021-2024. Approved

The foregoing is an accurate statement of the action taken on the above date and entered in the Official Minutes of the Board of Supervisors of the County of Yuba, State of California.

ATTEST: RACHEL FERRIS
CLERK OF THE BOARD OF SUPERVISORS

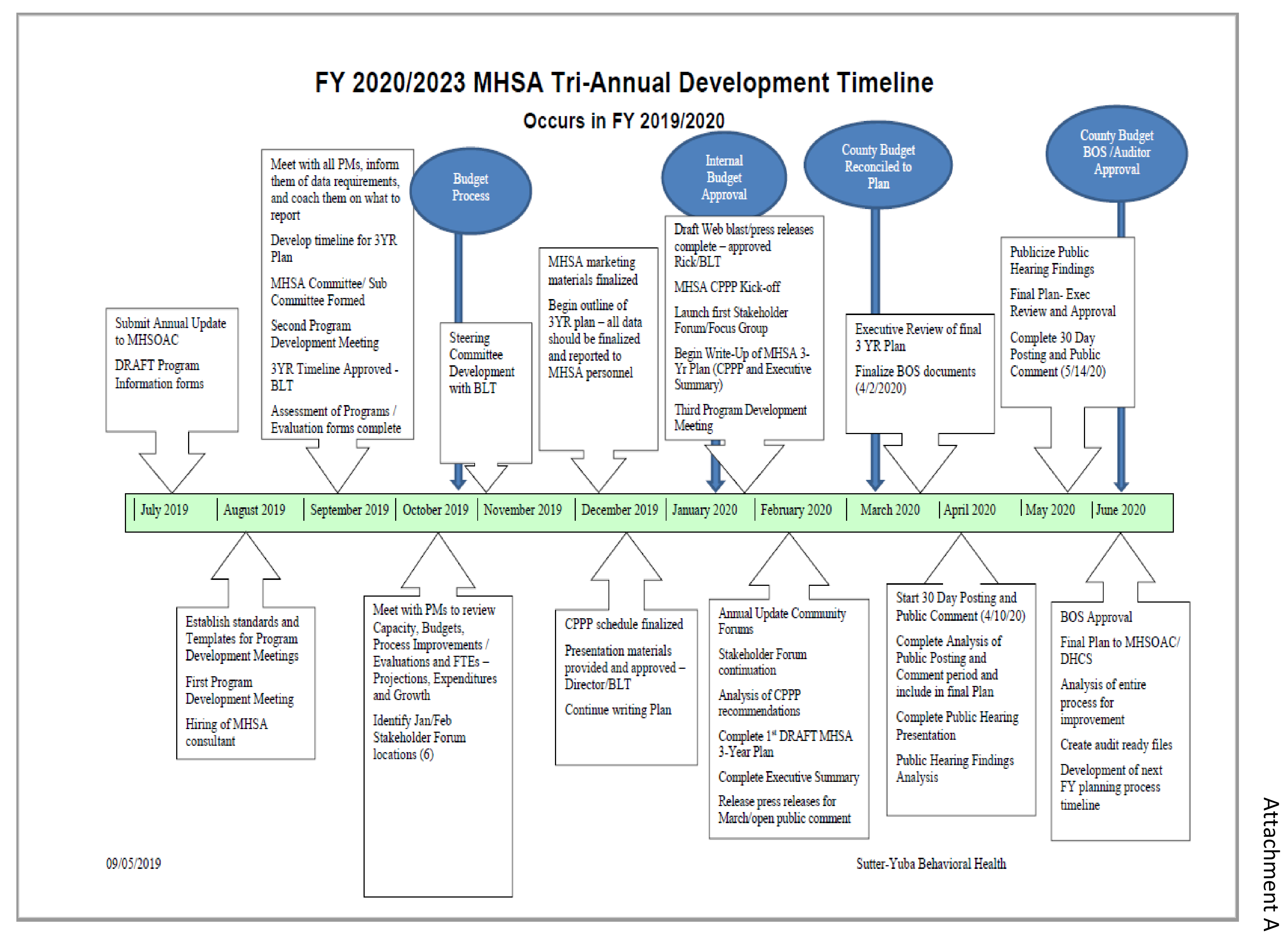
By: Mary Pasillas, Board Clerk

Distribution: SYBH- Deirdre Schultz
Dated: June 23, 2021

APPENDIX

A. FY2020/2023 MHSA Tri-Annual Development Timeline
B. SYBH MHSA Program Evaluation Tool
C. Program Development Meeting Agenda Session 1
D. Program Development Meeting Agenda Session 2
E. Program Development Meeting Agenda Session 3
F. MHSA Stakeholder Forum Flyers
G. Stakeholder Forum Sign-In Sheet
H. MHSA 3-Year Plan Stakeholder PowerPoint Presentation FY 2019-2020
I. MHSA 3-Year Plan Stakeholder Comment Form
J. MHSA Innovations Project Stakeholder Comment Form
K. MHSA Stakeholder Forum Flyers FY 2020-2021
L. Stakeholder Forum Participation Guide
M. MHSA 3-Year Plan Stakeholder PowerPoint Presentation FY 2020-2021

Attachment A



SYBH MHSA
Program Evaluation Tool
General and FSP Programs

This program evaluation tool is intended to provide general guidelines to assist program staff in completing the 3-Year Program & Expenditure Plan and/or Annual Update. The information provided will be used to complete the 3-Year Plan and Annual Update. The MHSA team will meet with you to go over these questions to help you better understand the required program data.

Objectives
Understand and evaluate the agency's MHSA programs:

- Compliance with State Regulations
- Program methods and related indicators used to measure success (both quantitative and qualitative)
- Reporting systems and processes
- How client needs are met using evidence-based practices/driving theories/promising practices

MHSA PROGRAM EVALUATED____

Project Step A: General Information as it applies to CSS Systems Development and Outreach, PEI, Innovation and FSP		
Target Population	Initial	Comments
A.1. Target Population		
A.1.1. Who are your target populations?		
A.1.2. What are your numbers served?		
A.1.3. What are your target numbers to be served?		
A.1.4. Are you at capacity?		
A.1.5. What does the data say you need to be at versus what you are currently providing?		
A.2. Goals		
A.2.1. What are your current program goals?		
A.2.2 (a). Are you reaching your current program goals?		
A.2.2(b). If not, what barriers contribute to not reaching your program's goals? (ex. Capacity issues)		
A.2.3. What are your plans to address barriers?		
A.2.4. What are your program goals for the next three years?		
A.3. Outcomes/Indicators		
A.3.1(a). What outcome data/indicators are being reported?		

A.3.1(b). How? I.E. are you using CANS, LOCUS, other data reporting tools?

Project Step A: (Continued)	Initial	Comments
A.3.2. What are your program outcomes for FY 18/19?		
A.3.3. Are there any program changes from FY 18/19 to 19/20?		
A.3.4. What data/indicators are being monitored (not reported)?		
A.4. Challenges		
A.4.1. What are your current challenges?		
A.4.2. What are you doing to alleviate such challenges?		
A.4.3. What would you like to see happen to assist with alleviating such challenges?		
A.4.4. What challenges do you foresee in the near future?		
A.5. Training		
A.5.1. Are there current capacity issues caused by training needs/gaps?		
A.5.2. Are learnings shared?		
A.5.3. How much training has your staff completed in the last 2 years?		
A.6. Budget, FTE, Costs		
A.6.1. What are your total expenditures in your budget?		
A.6.2. What is your total revenue in your budget?		
A.6.3. How many FTEs do you have?		
A.6.4. What is the current cost in dollars per client?		
A.7. Compliance / Q.I.		
A.7.1. What are the driving theories/evidence-based practices/promising practices?		
A.7.2. What are the accompanying/standard activities to assure process improvement is taking place?		
A.7.3. Can you walk us through a process improvement assure process improvement is taking place?		
A.7.4. Do you have an evaluation cycle?		
A.7.5. Are you familiar with your specific MHSA Program regulations; and how they tie into your program? *these are available upon request		
A.7.6. Are you familiar with the Westlaw website to check the California Code of Regulations?		

A.7.7. Have you contacted the MHSA coordinator for guidance?

Project Step B: FSP (only) - FSP Complete Steps A&B	Initial	Comments
B.1. FSP-Specific Questions (skip if non-FSP program) Team Composition		
B.1.1(a). Does your program utilize an FSP team?		
B.1.1(b). If yes, does this team include a Personal Service Coordinator (PSC) or similar role?		
B.1.2. Who is on treatment team?		
B.1.3. Describe the functions of each role.		
B.2. FSP-Specific Questions (skip if non-FSP program) Services Provided		
B.2.1. How are 24/7 access services being provided to FSP Client, I.E. after-hours coverage?		
B.2.2. Are resources for special circumstances such as housing, food clothing, etc. being provided?		
B.2.3. How is this achieved? (ex. contract, etc)		
B.2.4 (a). How is the "Whatever It Takes" concept embedded into the program?		
B.2.4(b). What are some examples? – Adult FSP		
B.2.5(a). How is the "wraparound philosophy embedded into the program?		
B.2.5(b). What are some examples? – Children FSP		
B.2.6. How do you prioritize Client for FSP enrollment?		
B.2.7. What menu of services are provided?		
B.3. FSP-Specific Questions (skip if non-FSP program) Tools and Data		
B.3.1. What tools/assessments are being used to identify client needs for which they qualify for FSP service, I.E. CANS, LOCUS, etc.?		
B.3.2. Describe your current systems and processes for timely DCR reporting and how you regularly access the system.		
B.3.3. What is your average length of stay and what services do they step down into?		
B.3.4. What eligible FSP population are you not reaching/only limited engagement?		

Completed by: ______________________________ Date: ____________

Reviewed by: ______________________________ Date: ____________

Health and Human Services Department

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442 Second St
Yuba City, CA 95991
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SYBH Program Development Meeting Session #1
August 21, 2019
2-4pm

1) Welcome and Introductions……………………………………………………………Jennifer

2) 19/20 MHSA Budgets……………………………………………………………………Jennifer

   a. Current Expenditures
   b. Fiscal Projections
   c. Reversion by Year

3) Current MHSA Program Presentations…………………………Branch Dir/Program Manager
   **(10-15 mins including Questions)
   a. Program Name
   b. Brief Description of Target Population Served
   c. Numbers Served Per Year
   d. Top Goal of Program
   e. Top Achievement of Program
   f. Data Collection or Evaluation Needs

Reminder
MHSA Program Planning/Annual Update/Evaluation Schedule
June/August/September: Program evaluation, data review, program planning.
Oct/Nov/Dec: Administrative preparation, including information gathering from programs and completion of the draft plan. Public stakeholder meetings to present program performance information
January/Feb: Public posting, public stakeholder meeting presentations of annual update including program performance information, proposed program changes or expansions. Finalization of plan and BOS approval.
March/April: New programs changes or implementation planning. Some new program elements may be implemented at this point or may need to wait for the new budget year based on their specific funding in the plan.

Program Development Meeting Session # 2
August 28, 2019
3-5pm

Adult Services	*Children's Services*	*Acute Psychiatric & Forensic Services*	*Employment & Eligibility Services*	*Public Health*
(530) 822-7200	*(530) 822-7200*	*(530) 822-7200*	*1-877-652-0735*	*(530) 822-7215*
Fax (530) 822-7108	*Fax (530) 822-7108*	*Fax (530) 822-7108*	*Fax (530) 822-7212*	*Fax 822-7223*

Attachment D

Health and Human Services Department

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SYBH Program Development Meeting Session #2
September 11, 2019
1:30 – 4 pm

1) **Welcome and Introductions**..Peter

2) **Fiscal Projection Refresh**..Jennifer

3) **Potential Transfer of CSS programs to PEI** ....Lynn
   a. Discuss the potential transfer of Ethnic Outreach to PEI
   b. Discuss the potential transfer of any other CSS program that meets the service definition of PEI.

4) **Program Presentation Points **(15-20 mins including Questions)**
   a. Concisely state the need -What are the drivers of the need?
   b. Is what you are proposing supported by evidenced based/community defined best practices? If so, which one? Multiple practices are not required.
   c. What are the top three goals this program will achieve?
   d. Does this program have consumer support – If yes, as evidenced by what?
   e. What data supports the need? Share the most compelling data points including a specific tie to our community.
   f. Does your program receive other funding, i.e., Medi-Cal, match or other blended funding?
   **Note: For data required from Anasazi please contact Raj in QA.

5) **Current Program Expansion Presentations..............Branch Dir/Program Managers**
   a. FURS Family Urgent Response System ....Paula
   b. FSP Expansion Children's/CSS..Paula/Tony
   c. FSP Expansion Adults/CSS..Mark/David
   d. VTP Culinary Program Expansion/WET Reversion/CSS..........................Mark
   e. 60K Tuition Reimbursement/WET Reversion/CSS..........................Peter

6) **New Program Suggestions....................................Branch Dir/Program Managers**
   a. Blueshift - Maternal Mental Health/PEI..Tony
   b. Consumer - SMI Transport Program/CSS..David
   c. Forensic Specialty FSP/CSS..Sarah/Mark
   d. Hospital Family Support – Peer Navigators/CSS..........................Rick
   e. Increased Care Home Supports/CSS..Mark/David

f. PEI Data Support Analyst/PEI……………………………………………..Leah/John
g. PEI Reversion Spending Ongoing Costs……………………………………Jennifer

7) **Development of the Stakeholder Steering Committee** ……..……Peter, Lynn, Melissa
   a. Discuss who should be members of this committee

8) **MHSA Program Review**……………………………………………………. Peter, Lynn, Melissa
   a. Discuss program review schedule

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Children's Services (530) 822-7200 Fax (530) 822-7108
Acute Psychiatric & Forensic Services (530) 822-7200 Fax (530) 822-7108
Employment & Eligibility Services 1-877-652-0735 Fax (530) 822-7212
Public Health (530) 822-7215 Fax 822-7223

Health and Human Services Department

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SYBH Program Development Meeting Session #3
January 14, 2020
3 – 5 pm

1) **Welcome and Introductions**……………………………………………………Jennifer

2) **Review of Proposed Current Program Expansion….Branch Dir/Program Managers**
   a. FURS Family Urgent Response System………………………………………Paula
   b. FSP Expansion Children's/CSS……………………………………………Paula/Tony
   c. FSP Expansion Adults/CSS………………………………………………Mark/David
   d. VTP Culinary Program Expansion/WET Reversion/CSS…………………………Mark
   e. 60K Tuition Reimbursement/WET Reversion/CSS…………………………Jennifer

3) **Review of Proposed New Program Suggestions……Branch Dir/Program Managers**
   a. Blueshift - Maternal Mental Health/PEI…………………………………………Tony
   b. Consumer - SMI Transport Program/CSS……………………………………David
   c. Forensic Specialty FSP/CSS…………………………………………………Sarah/Mark
   d. Hospital Family Support – Peer Navigators/CSS……………………………Rick
   e. Increased Care Home Supports/CSS…………………………………Mark/David
   f. PEI Data Support Analyst/PEI……………………………………………Leah/John
   g. PEI Reversion Spending Ongoing Costs…………………………………Jennifer

4) **Budget Review of 3 Year Budgets** …………………………………………Jennifer
   a. 3 Year budgets

5) **Current Proposed Expansion & New Program Suggestions following Program Eval Meetings**……………………………………………………………………Lynn
   a. Discuss the potential transfer of CSS into PEI
      i. FURS and children urgent services
      ii. Portion of Adult Urgent Services
   b. Expansion of Adult FSP
   c. PEI contracting more school based services
   d. PEI data Support

6) **Next Steps**
   a. FURs planning

(Continued)

   b. Adult Redesign planning
   c. PEI data collection planning

7) **DRAFT MHSA 3-Year Plan Outline**
   a. Overview of 3-Year Plan Outline

Adult Services	*Children's Services*	*Acute Psychiatric & Forensic Services*	*Employment & Eligibility Services*	*Public Health*
(530) 822-7200	*(530) 822-7200*	*(530) 822-7200*	*1-877-652-0735*	*(530) 822-7215*
Fax (530) 822-7108	*Fax (530) 822-7108*	*Fax (530) 822-7108*	*Fax (530) 822-7212*	*Fax 822-7223*

LOCATION:

Hmong Outreach Center
4853 Olivehurst Ave
Olivehurst, CA
95961

TIME:

10:00 AM – 12:00 PM

Opportunity to share your thoughts and opinions

Snacks and Refreshments will be provided

WEDNESDAY FEBRUARY 5, 2020

MENTAL HEALTH SERVICES ACT FOCUS GROUP

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

Please join the Sutter-Yuba Behavioral Health Department (SYBH) for the Mental Health Services Act (MHSA) community planning focus group open to the Sutter and Yuba Counties community. This focus group will provide a platform for Sutter-Yuba Behavioral Health staff and consumers/clients, families, community members and stakeholders to discuss local mental health services, the SYBH Mental Health Services Act 3-Year Program Plan and allow the community to participate in program planning.

SUTTER-YUBA BEHAVIORAL HEALTH
1965 Live Oak Blvd
Yuba City, CA 95991

Sutter-Yuba Mental Health Services / Mental Health Services Act Focus Group 2020-2023

Attachment F

LOCATION:

Latino Outreach Center
545 Garden Hwy Suite B
Yuba City, CA
95991

TIME:

3:00 PM – 4:00 PM

Opportunity to share your thoughts and opinions

Snacks and Refreshments will be provided

THURSDAY JANUARY 30, 2020

MENTAL HEALTH SERVICES ACT FOCUS GROUP

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

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SUTTER-YUBA BEHAVIORAL HEALTH
1965 Live Oak Blvd
Yuba City, CA 95991

Sutter-Yuba Mental Health Services / Mental Health Services Act Focus Group 2020-2023

Attachment F

THURSDAY FEBRUARY 6, 2020

MENTAL HEALTH SERVICES ACT FOCUS GROUP

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

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LOCATION:

TAY Room
809 Plumas Street
Yuba City, CA
95991

TIME:

4:00 PM – 5:00 PM

Opportunity to share your thoughts and opinions

Snacks and Refreshments will be provided

SUTTER-YUBA BEHAVIORAL HEALTH
1965 Live Oak Blvd
Yuba City, CA 95991

Sutter-Yuba Mental Health Services / Mental Health Services Act Focus Group 2020-2023

WEDNESDAY FEBRUARY 19, 2020

MENTAL HEALTH SERVICES ACT
FOCUS GROUP

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

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LOCATION:

Four Rivers Room
1965 Live Oak Blvd
Yuba City, CA
95991

TIME:

6:00 PM – 7:30 PM

Opportunity to share your thoughts and opinions

Snacks and Refreshments will be provided

SUTTER-YUBA BEHAVIORAL HEALTH
1965 Live Oak Blvd
Yuba City, CA 95991

LOCATION:

Valley Oak Room
1965 Live Oak Blvd
Yuba City, CA
95991

TIME:

9:30 AM – 10:30 AM

Opportunity to share your thoughts and opinions

Snacks and Refreshments will be provided

MONDAY FEBRUARY 3, 2020

MENTAL HEALTH SERVICES ACT FOCUS GROUP

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

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SUTTER-YUBA BEHAVIORAL HEALTH
1965 Live Oak Blvd
Yuba City, CA 95991

Sutter-Yuba Mental Health Services / Mental Health Services Act Focus Group 2020-2023

LOCATION:

Hmong Outreach Center
4853 Olivehurst Ave
Olivehurst, CA
95961

TIME:

6:00 PM – 8:00 PM

Opportunity to share your thoughts and opinions

Snacks and Refreshments will be provided

WEDNESDAY FEBRUARY 5, 2020

MENTAL HEALTH SERVICES ACT FOCUS GROUP

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

Please join the Sutter-Yuba Behavioral Health Department (SYBH) for the Mental Health Services Act (MHSA) community planning focus group open to the Sutter and Yuba Counties community. This focus group will provide a platform for Sutter-Yuba Behavioral Health staff and consumers/clients, families, community members and stakeholders to discuss local mental health services, the SYBH Mental Health Services Act 3-Year Program Plan and allow the community to participate in program planning.

SUTTER-YUBA BEHAVIORAL HEALTH
1965 Live Oak Blvd
Yuba City, CA 95991

Sutter-Yuba Mental Health Services / Mental Health Services Act Focus Group 2020-2023

Facilitators: ____________________
____
____

Stakeholder Forum Sign-In Sheet

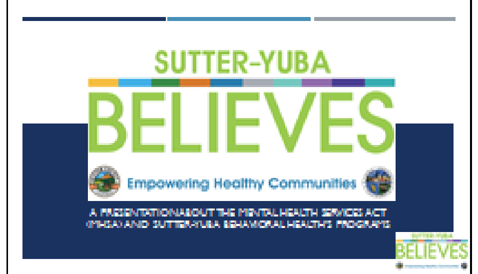
Location: ____________________________

Date: ____________________________

	Name	City	ZIP	Phone	E-mail
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Attachment H

3/13/2020



WELCOME AND INTRODUCTION FROM MHSA TEAM

- Who We Are
  - As the Mental Health Plan for Sutter and Yuba counties, Sutter-Yuba Behavioral Health (SYBH) is responsible for providing specialty mental health services (SMHS) to include community-based mental health and substance use disorder treatment programs for those who have Medicare, Medi-Cal, are uninsured, have low income and are underserved, unserved or inappropriately served.

MISSION STATEMENT

- To dramatically transform the Sutter-Yuba Behavioral Health system so that all individuals with serious emotional disturbances and psychiatric disabilities achieve a high quality of life through prevention, early intervention and on-going innovative services provided within the local community.

SERVICE LOCATIONS

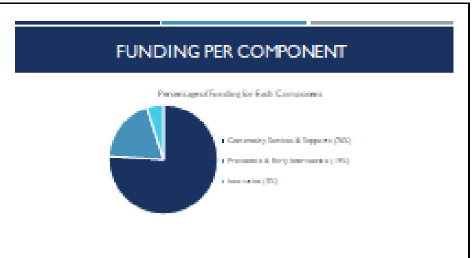
MENTAL HEALTH SERVICES ACT – BACKGROUND

- Mental Health Services Act – Passage of Proposition 63 in November 2004.
- 1% tax on income excess of $1 million.
- MHSA intended to:
  - Introduce effective new service models: well-being, recovery, and self-help.
  - New prevention and early intervention to prevent Serious Mental Illness (SMI).
  - Reduce stigma and change negative social perceptions.
  - Enhance human resource, technology, & infrastructure.
  - Provide effective delivery of services.

MENTAL HEALTH SERVICES ACT - BACKGROUND

- Components
  - Community Program and Planning (CPP)
  - Community Services and Supports (CSS)
  - Prevention and Early Intervention (PEI)
  - Workforce Education & Training (WET)
  - Innovation (INN)

FUNDING PER COMPONENT

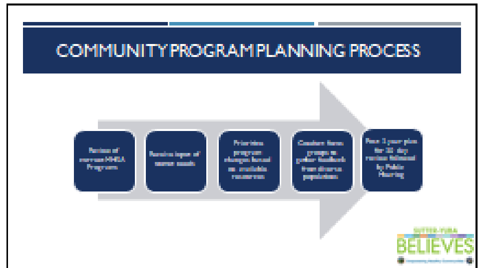


COMMUNITY PROGRAM PLANNING PROCESS

The Community Program Planning Process allows the Behavioral Health Department to receive input from the community to ensure representation of:

- Cultural and linguistic groups
- Consumer and family members
- All age groups
- Groups from diverse geographic locations
- Diverse stakeholders in the community

COMMUNITY PROGRAM PLANNING PROCESS



MHSA FOCUS GROUP

- Provide information on the Mental Health Service Act and services that are available in the community
- Encourage discussion of Mental Health Services
- Get community input on current planning efforts
- Incorporate community feedback into the County's 3-Year Plan

FOCUS GROUPS

Focus groups will target diverse populations such as:

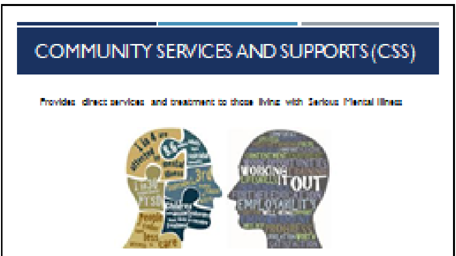
- Parents and family members
- Adult Consumers
- Transition Aged Youth
- Children and Families
- Ethnic groups
  - Hmong Outreach
  - Latino Outreach
- SYBH Employees
- School Based Prevention Groups

Attachment H

3/13/2020

COMMUNITY SERVICES AND SUPPORTS (CSS)

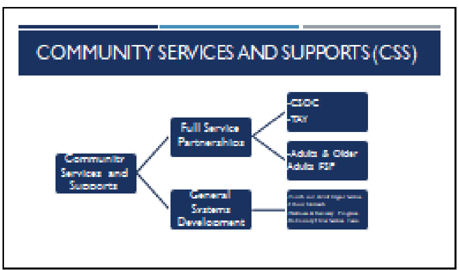
Provides direct services and treatment to those living with Serious Mental Illness



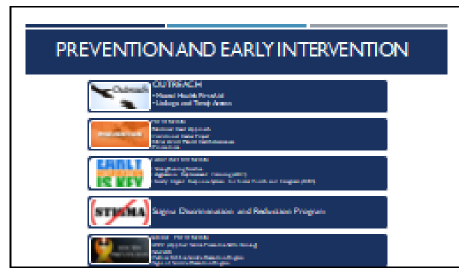
COMMUNITY SERVICES AND SUPPORTS (CSS)

- FULL SERVICE PARTNERSHIPS: Mental health programs that provides comprehensive mental health services such as counseling and psychotherapy, medication, assistance identifying and accessing resources in the community.
- GENERAL SERVICES DEVELOPMENT: Mental health programs that provide service for those with mild mental health illness. Level of care is not as comprehensive as FSP.

COMMUNITY SERVICES AND SUPPORTS (CSS)



PREVENTION AND EARLY INTERVENTION



FAMILY URGENT RESPONSE SYSTEM FOR FOSTER YOUTH & CAREGIVERS (FURS)

- Family Urgent Response System for Foster Youth and Caregivers (FURS)
  - AB 2043 – Foster children and Youth: Family Urgent Response System
  - Foster youth likely to have experienced trauma and at higher risk of mental health and behavioral issues leading to:
    - Multiple foster homes
    - Change in schools
    - Loss of friends
    - Disruption in health and behavioral health services
  - Provide foster children and families with the support they need to be successful and increase stability and decrease re-traumatization
  - Establishes a statewide, toll-free hotline available 24/7 to caregivers and children/youth in the foster care system who are experiencing emotional, behavioral or other difficulties and need immediate help.
  - Establishes mobile response teams to provide face to face, in-home stabilization plan

INNOVATION

- Provides opportunities for innovative pilot programs
- ICARE
  - Creates a mobile team to engage with individuals prior to and after hospitalization.
  - An outreach and engagement program for individuals who recurrently access emergency room and crisis services when experiencing severe and chronic behavioral health symptoms.
  - Increases the utilization of SYBH outpatient services, reduce the county's reliance on emergency room services and law enforcement, and decrease the negative attitude and stigma around mental health.

3/13/2020

PROPOSED CHANGES TO CURRENT MHSA PROGRAMS

- Address unmet needs for Adult FSP
  - Early Intervention for Adults with urgent Mental Health Needs
    - Individuals at risk or referred for conservatorship
  - Homeless Individuals with co-occurring Serious Mental Illness and Substance Use Disorder
    - Homeless services at Hands of Hope and McTavarden Life Building Center
- Expansion of Urgent Services for Foster Youth
  - FURS
- Expansion of other PEI services
  - School-based Peer Resource Empowerment Program (PREP)
    - Sutter and Yuba County School Districts

QUESTIONS / COMMENTS!

- Please contact: Peter Sullivan, Melissa Clavel or Tony Vang
- MHSATeam@co.sutter.ca.us
- 530-822-7200
- 1965 Live Oak Blvd., Yuba City, CA 95991

DISCUSSION

- What part of the proposed plan is most important to you as a community?
- What aspects of the plan do you see as most valuable and important to implement?
- Is there anything that we missed?

4

Sutter-Yuba Behavioral Health (SYBH)
Mental Health Services Act (MHSA)
Community Planning Process

Stakeholder Comment Form

Your opinion is important to us. We hope to learn about the beliefs and opinions regarding mental health issues among our community members and want to know what you think about Mental Health Services offered by Sutter-Yuba Behavioral Health. Please help us by answering the following questions. The information you provide is confidential and anonymous.

What County do you reside in?

- ☐ Sutter County
- ☐ Yuba County
- ☐ Other ____________

Age?

- ☐ Under 15 Years
- ☐ 16-25 Years
- ☐ 26-59 Years
- ☐ 60 + Years

Gender?

- ☐ Male
- ☐ Female
- ☐ Other ____________

Race/Ethnicity?

- ☐ American Indian/Native American
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Pacific Islander
- ☐ White/Caucasian
- ☐ Asian (Please Specify) ___________

Primary Language?

- ☐ English
- ☐ Spanish
- ☐ Hmong
- ☐ Punjabi
- ☐ Other (Please Specify) ___________

Which of the following groups apply to you?

- ☐ Client/Consumer
- ☐ Family Member
- ☐ Caregiver
- ☐ CPS/Social Services
- ☐ Education or Teacher
- ☐ Business/Community Member
- ☐ Law Enforcement
- ☐ Medical Provider
- ☐ Sutter-Yuba Mental Health Staff
- ☐ Community Based/Network Provider
- ☐ Faith Based Organization
- ☐ Other (Please Specify) ___________

I am familiar with mental health services provided in Sutter and Yuba Counties.

Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
☐	☐	☐	☐	☐

How satisfied are you with mental health services in Sutter and Yuba Counties?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☐	☐

What is your general feeling about this MHSA 3-Year Program and Expenditure Plan?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☐	☐

1. **What did you learn from the MHSA plan?**

2. **What aspects of the MHSA plan do you see as most valuable and important to implement?**

3. **What are your top three concerns with mental health services?**

4. **What are the biggest obstacles that clients/consumers face in seeking mental health services?**

5. **How can we improve mental health services and/or the MHSA 3-Year Plan?**

6. **Additional comments, questions, or concerns?**

Sutter-Yuba Behavioral Health (SYBH)
Mental Health Services Act (MHSA)
Community Planning Process

Stakeholder Comment Form

What is your age?

- ☐ 0 -15 yrs
- ☐ 16 - 25 yrs
- ☐ 26 - 59 yrs
- ☐ 60 + yrs

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other: _______________

What county do you live in?

☐ Sutter County ☐ Yuba County

Zip code: ________________

What group(s) do you represent?

- ☐ Family member or caregiver of consumer
- ☐ Consumer of Behavioral Health Services
- ☐ Law Enforcement
- ☐ Education
- ☐ Community Agency
- ☐ Faith Community
- ☐ County Staff
- ☐ Social Services Agency
- ☐ Health Care Provider
- ☐ Community Member
- ☐ Active Military or ☐ Veteran
- ☐ Representative from Veterans Organization
- ☐ Provider of Alcohol and Drug Services

What is your Ethnicity?

- ☐ Latino/Hispanic
- ☐ African American
- ☐ Caucasian/White
- ☐ Asian/Pacific Islander
- ☐ American Indian/Native American
- ☐ Other: ______________

What is your primary language?

- ☐ English
- ☐ Spanish/Español
- ☐ Vietnamese/*tiếng Việt*
- ☐ Other: _____________

What is your general feeling about this MHSA Community Stakeholder Meeting?

☐ Very Satisfied ☐ Satisfied ☐ Somewhat Satisfied ☐ Unsatisfied ☐ Very Unsatisfied

Which breakout discussion did you take part in?

- ☐ Innovation
- ☐ Prevention & Early Intervention
- ☐ Community Services & Supports
- ☐ Workforce Education and Training
- ☐ Capital Facilities/Information Technology

Of what you learned about the project discussed today, what is most important to your community?

____

____

What aspects of the project do you see as most valuable and important to implement?

____

____

How can we best let the community know about this project?

____

____

What suggestions do you have for future innovation projects?

____

____

Thank you again for taking the time to review and provide input on MHSA programs/projects!

Attachment K

SUTTER-YUBA BEHAVIORAL HEALTH

Mental Health Services Act Stakeholder Forum

FEBRUARY 25, 2021 | 3:30 – 5:30 PM

VIRTUAL: MICROSOFT TEAMS MEETING
PLEASE CONTACT THE SYBH MHSA TEAM @ MHSATEAM@CO.SUTTER.CA.US FOR TEAMS INVITE.

OR CALL IN (AUDIO ONLY)
Phone Number: 1-530-674-2760
Phone Conference ID: 966 017 463#

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

Please join Sutter-Yuba Behavioral Health (SYBH) for the Mental Health Services Act (MHSA) community program planning stakeholder forum open to the Sutter and Yuba Counties community. This forum will provide a platform for Sutter-Yuba Behavioral Health consumers/clients, families, community members and other stakeholders to discuss local mental health services, the SYBH Mental Health Services Act program plan, and allow the community to participate in the program planning process.

*****All attendees will be entered into a drawing to win gift cards*****

Attachment K

SUTTER-YUBA BEHAVIORAL HEALTH

Mental Health Services Act Stakeholder Forum

MARCH 2, 2021 | 10:00 – 11:00 AM

VIRTUAL: MICROSOFT TEAMS MEETING
PLEASE CONTACT THE SYBH MHSA TEAM @ MHSATEAM@CO.SUTTER.CA.US FOR TEAMS INVITE.

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

Please join Sutter-Yuba Behavioral Health (SYBH) for the Mental Health Services Act (MHSA) community program planning stakeholder forum open to the Sutter and Yuba Counties community. This forum will provide a platform for Sutter-Yuba Behavioral Health consumers/clients, families, community members and other stakeholders to discuss local mental health services, the SYBH Mental Health Services Act program plan, and allow the community to participate in the program planning process.

***** All attendees will be entered into a drawing to win gift cards*****

Attachment K

SUTTER-YUBA BEHAVIORAL HEALTH

Mental Health Services Act Stakeholder Forum

MARCH 30, 2021 | 2:00 – 3:30 PM

VIRTUAL: MICROSOFT TEAMS MEETING

PLEASE CONTACT BETSY GOWAN AT BGOWAN@CO.SUTTER.CA.US AND THE MHSA TEAM AT MHSATEAM@CO.SUTTER.CA.US FOR THE MICROSOFT TEAMS INVITE.

OR CALL IN (AUDIO ONLY)
Phone Number: 1-530-674-2760
Phone Conference ID: 798 848 788#

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

Please join Sutter-Yuba Behavioral Health (SYBH) for the Mental Health Services Act (MHSA) community program planning stakeholder forum open to the Sutter and Yuba Counties community. This forum will provide a platform for Sutter-Yuba Behavioral Health consumers/clients, families, community members and other stakeholders to discuss local mental health services, the SYBH Mental Health Services Act program plan, and allow the community to participate in the program planning process.

***** All attendees will be entered into a drawing to win gift cards*****

Attachment K

SUTTER-YUBA BEHAVIORAL HEALTH

Mental Health Services Act Stakeholder Forum

MARCH 10, 2021 | 2:00 – 3:30 PM

VIRTUAL: MICROSOFT TEAMS MEETING
PLEASE CONTACT BETSY GOWAN AT BGOWAN@CO.SUTTER.CA.US AND THE SYBH MHSA TEAM AT MHSATEAM@CO.SUTTER.CA.US FOR THE TEAMS INVITE.

OR CALL IN (AUDIO ONLY)
Phone Number: 1-530-674-2760
Phone Conference ID: 583 340 373#

Sutter-Yuba Behavioral Health: Empowering Healthy Communities

Please join Sutter-Yuba Behavioral Health (SYBH) for the Mental Health Services Act (MHSA) community program planning stakeholder forum open to the Sutter and Yuba Counties community. This forum will provide a platform for Sutter-Yuba Behavioral Health consumers/clients, families, community members and other stakeholders to discuss local mental health services, the SYBH Mental Health Services Act program plan, and allow the community to participate in the program planning process.

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Attachment L

SUTTER-YUBA BEHAVIORAL HEALTH (SYBH)
Mental Health Services Act (MHSA)

How to get the most from today's meeting and make sure your voice is heard.

This Community Planning Process for MHSA is meant to give community members a chance to learn about Sutter-Yuba Behavioral Health's MHSA programs. In this meeting, we would also like your feedback on several important questions:

1. Which MHSA programs are most important to you as a community member?
2. What aspects of the MHSA Plan do you see as most valuable and important to implement?
3. How can we best let the community know about MHSA programs and services?
4. What suggestions do you have to improve MHSA programs?

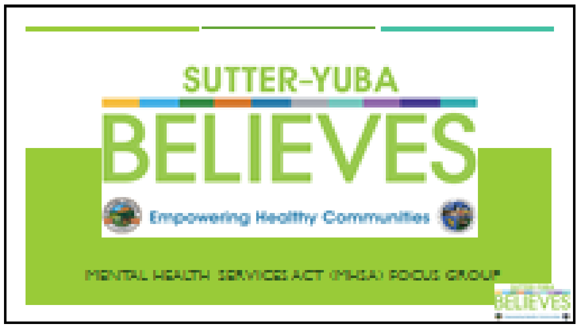
Meetings like this get the best results when we listen to other perspectives and encourage different voices to be heard. Here are some suggestions for how you can best participate in the process:

- Start from a place of learning — we are all here to learn together and from one another.
- Keep an open mind and engage fully in the process.
- Listen with curiosity to understand the MHSA programs and how they can better serve people in your community.
- Share your opinions in a respectful and constructive way.
- Help us keep an atmosphere of professionalism and considerate discussion. Some ways you can do this:
    - Give thoughtful, kind, and constructive feedback.
    - Share information when appropriate.
    - Stay focused on the topic at hand.
    - Respect the moderator and timekeeper.
    - Treat any personal information that others share with respect and confidentiality.

Here are some tips on how your input can best influence the results of this Community Program Planning Process:

- If you have thoughts that you did not get to share during the discussion, be sure to fill out the comment form and turn it in to us. All comments will be read and included in the plan.

Attachment M



1

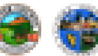
PARTICIPATION GUIDE

2

WHO WE ARE

SUTTER-YUBA BEHAVIORAL HEALTH

MISSION STATEMENT



3

SERVICE LOCATIONS

4

MENTAL HEALTH SERVICES ACT – BACKGROUND & GUIDING PRINCIPLES

BACKGROUND

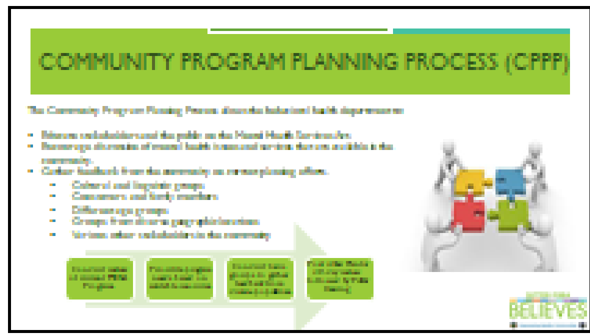
GUIDING PRINCIPLES

5

COMPONENTS OF MHSA & FUNDING

6

Attachment M



7

COMMUNITY SERVICES AND SUPPORTS (CSS)

8

MHSA PROGRAMS: CSS FSP

9

MHSA PROGRAMS: CSS FSP

- HOPE (Healthy Options for Promoting Empowerment)

10

MHSA PROGRAMS: CSS NON-FSP

11

MHSA PROGRAMS: CSS NON-FSP

12

Attachment M

PREVENTION AND EARLY INTERVENTION

13

MHSA PROGRAMS: INNOVATION

- iCARE

14

MHSA PROGRAMS: WET

- The goal of the Workforce Education & Training (WET) component is to develop a diverse workforce to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.
- WET Regional Partnerships
  - California counties are divided into regions based on geographic location.
  - STBH is part of the Central Region.
  - STBH collaborates with other counties in the Central Region to develop WET programs that promote professional development in mental and behavioral health professions.

15

PROPOSED CHANGES & NEW DEVELOPMENT OF MHSA PROGRAMS

- Expansion of the Adult FSP program
- Expansion of Urgent Services for Foster Youth

16

PROPOSED CHANGES & NEW DEVELOPMENT OF MHSA PROGRAMS

- Expansion of PEI services and raising awareness
  - Implement Prevention and Early Intervention trainings to educate the community and local agency partners on mental health related issues and working with individuals with mental health concerns.
  - Trainings include: Trauma-Informed Care, Implicit Bias Awareness, Mental Health First Aid, Mental Health Advertisement & Media.

17

PEI REVERSION PLAN

2020-2021 PEI Reversion Plan

- Trauma-Informed Care Trainings
- Implicit Bias Awareness & Mitigation Training
- Behavioral Health Community Education Professional Studio Production
- Mindfulness-Based Professional Training Institute Trainings
- Nurtured Heart Approach Trainings

18

Attachment M

DISCUSSION

1. Which MHSA programs are most important to you as a community member?
2. What aspects of the MHSA Plan do you see as most valuable and important to implement?
3. What are your top three concerns with mental health services?
4. What are the biggest obstacles that clients/consumers face in seeking mental health services?
5. How can we best let the community know about MHSA programs and services?
6. What suggestions do you have to improve MHSA programs?
7. Any additional comments, questions, concerns?

19

QUESTIONS / COMMENTS?

Survey:
https://www.surveymonkey.com/r/95YXKQM

- Please contact Betsy Gowan
- 530-822-7200
- 1965 Live Oak Blvd., Yuba City, CA 95991

20