

SUTTER-YUBA BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)

FISCAL YEARS 2020-2021

Annual Update

30-day Public Review and Comment:

March 15, 2022 to April 13, 2022

Public Hearing April 14, 2022

BOS Approval May 10, 2022

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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: Elizabeth Gowan, LMFT Telephone Number: 530-491-1701 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 May 10, 2022.

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 Annual Update are true and correct.

Rick Bingham, LMFT
Mental Health Director (PRINT)

Signature

Date

5.19.22

MHSA FY 20/21 – ANNUAL UPDATE 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

Mental Health Director (PRINT)

Signature

Date

5-19-22

I hereby certify that for the fiscal year ended June 30, 2021, 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, 2021. I further certify that for the fiscal year ended June 30, 2021, 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

County Auditor-Controller (PRINT)

Signature

Date

5/27/2022

BACKGROUND

This summary provides the background and strategies Sutter-Yuba Behavioral Health (SYBH) employed to develop the FY 20/21 Annual Update. In addition, it identifies how the values, learnings and stakeholder input informed the update for this plan.

The MHSA Team consisted of the Adult Services Deputy Branch director, who is also the county MHSA Coordinator, two Staff Analysts assigned to the Children's and Adult's Services branches, and the Prevention Early Intervention Services Coordinator.

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 re-engaged the MHSA Steering Committee that was founded with the FY 17/20 Three-Year Program and Expenditure Plan. The MHSA team met with the MHSA Steering Committee for multiple sessions to review the previous Three-Year Program and Expenditure Plan and obtain feedback for future updates and provide comments on current programs.

Following review of all the relevant MHSA regulations and prior plans, the MHSA Team developed an Annual Update Program Template, to assess each MHSA program. The Branch Directors and Program Managers over each MHSA program were sent the template and asked to complete the information with their supervisors and staff; identifying goals, targets, sources of data collection, and opportunities for improvement. The template was also used to identify requests for expansion and new initiatives. (See attached Annual Update Program Template in Appendices).

The MHSA team has implemented monthly program development meetings with the full Management team comprised of the Behavioral Health Director, Branch Directors and Managers to look at the MHSA services, including background and data on each of the MHSA components, to receive budget updates and aid in prioritizing services for expansion as well as update on any new initiatives introduced in previous plans. (See attached Program Development Meeting Agendas in Appendices).

With the addition of a new Adult Services Deputy Branch Director in February 2021, the role of MHSA Coordinator has been transferred. The new Deputy Branch Director has knowledge of rules and regulations that guide MHSA programs. She can direct the MHSA team, Program Managers and Supervisors in the complex needs of each department and the planning of the Annual Update.

During the Annual Update, the Staff Analysts and PEI Services Coordinator 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 stakeholders, Behavioral Health staff, and the Local Behavioral Health Advisory Board (BHAB) through quarterly reporting of relevant MHSA data and stories
- Engagement of the MHSA Steering Committee and the BHAB, to review MHSA activities and updates

Three Community Program Planning Process meetings were held via ZOOM, to engage the community and seek input regarding the Annual Update FY 20/21. The first was held on Tuesday February 8th, 2022 from 3:30-5:00 PM in English only. The second and third were held on February 9th. Our Hmong Outreach hosted the early session from 10-11 AM in Hmong and English, and our Latino Outreach hosted the final session from 3:30-5:00 PM in Spanish and English. We worked with Latino Outreach and Hmong Outreach groups to identify times for the meetings that would work best for their participants.

The Annual Update was posted from March 15, 2022 - April 13, 2022 for a 30-day Public Review and Comment period and was presented to the Sutter-Yuba BHAB on April 14, 2022 at 5:00 PM at 1965 Live Oak Blvd., Yuba City, CA. The Sutter-Yuba BHAB is a Brown Act meeting and adhered to all requirements of the Brown Act. The Annual Update was also posted on the Sutter County website at <https://www.suttercounty.org/mhsa>

Printed copies of the Annual Update were also made 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).

COVID-19 Response

With the COVID-19 pandemic effecting millions of people around the World, on March 19, 2020 at 11:59 P.M. Sutter County implemented a Shelter in Place Directive to be in effect until April 9, 2020, or until extended, rescinded, superseded, or amended in writing by the Health Officer of Sutter County. Sutter County has a Joint Powers Agreement with Yuba County to administer the Mental Health Plan and Substance Use services on their behalf, acting as a Bi-County entity; thus, this directive affected behavioral health services provided in Sutter County as well as Yuba County. There have been many changes to the order since that time. New remote work requirements were implemented resulting in up to 50% of staff relocated to work from home, to adhere to social distancing requirements. In-person staff meetings and in-person trainings were replaced with video conferencing and telemeetings, or a postponement altogether of meetings that must be held in-person to have the most beneficial impact. Due to the Omicron Variant surge in the winter of 2021 and into the beginning of 2022, delays in meetings and in-person gatherings are still impacting the number of CPPP meetings that can be scheduled.

COUNTY DESCRIPTION AND DEMOGRAPHICS

Sutter-Yuba Behavioral Health 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 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. Though the Hmong and Punjabi Languages do not meet the level of threshold languages, we have many clients who speak these languages and work to have bi-cultural staff who speak these languages. Sutter and Yuba counties' diversity is also reflected in the Asian Indian population. Sutter County has one of the largest Asian Indian communities in the United States for a county of its size.

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.

The new 2020 data on the composition of the current population has been provided by the most recent census. The current county populations of 99,633 for Sutter County and 81,575 for 81, 875 for Yuba County reflects a growth rate of approximately 3% from 2010 through 2020. 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.

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 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 structure 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. As a result of the reorganization, a new Deputy Branch Director who also serves as the MHSA Coordinator was added, and the MHSA team has been able to maintain and strengthen the communication between management and stakeholders in planning and review of MHSA programs.

The Steering Committee has continued to provide a vehicle in which SYBH and stakeholders can come together to facilitate the course of the Three-Year Program and Expenditure Plan and Annual Updates. The Steering Committee is comprised 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 serve a semi-permanent role for an extended period to maintain consistency in program planning. It is the intent that the Steering Committee meet quarterly for half the year, then monthly during the draft process of the Annual Update. This ensures adequate time to hear all comments and suggestions regarding the direction of SYBH MHSA programs.

Specific comments and recommendations from Steering Committee meetings are identified below:

- Members of the steering committee expressed frustration regarding the required PEI demographics. In their experience students in school get 'turned off' by the gender/sexuality questions and many times stop their surveys and do not partake in activities
- The Steering Committee spent a lot of time discussing outcome measures and how to improve those. They were encouraged to see the work of SYBH on dashboards for outcome measures and are looking forward to seeing ongoing and regular results from these.
- For PEI measurements with youth, particularly in schools, members of the Sutter County Superintendents of Schools and Yuba County Office of Education are collaborating with SYBH MHSA staff to develop outcome measures for MHSA PEI and some school funded prevention programs and services. The development time for this outcome tool is Spring and Summer of 2022. The implementation goal is school year 22/23

- The Steering Committee has expressed concern over the homeless population and lack of supportive/low income housing. Though they would like to see increases in any of these services they specifically requested that the HEART program be expanded
- The steering committee wants SYBH to review services to the 0-5 age group, collaborating with Sutter and Yuba First Five Commissions to see if there is a need for more services and a productive way to collaborate

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 Public Health | Yuba County Welfare |

The Program Development Team provided ongoing input for MHSA programs and planning. This group is made up of SYBH administration, program managers and supervisors. Their role of this committee is to understand MHSA, what services they provide for MHSA and to identify gaps in services and needs of the Sutter-Yuba community regarding behavioral health needs.

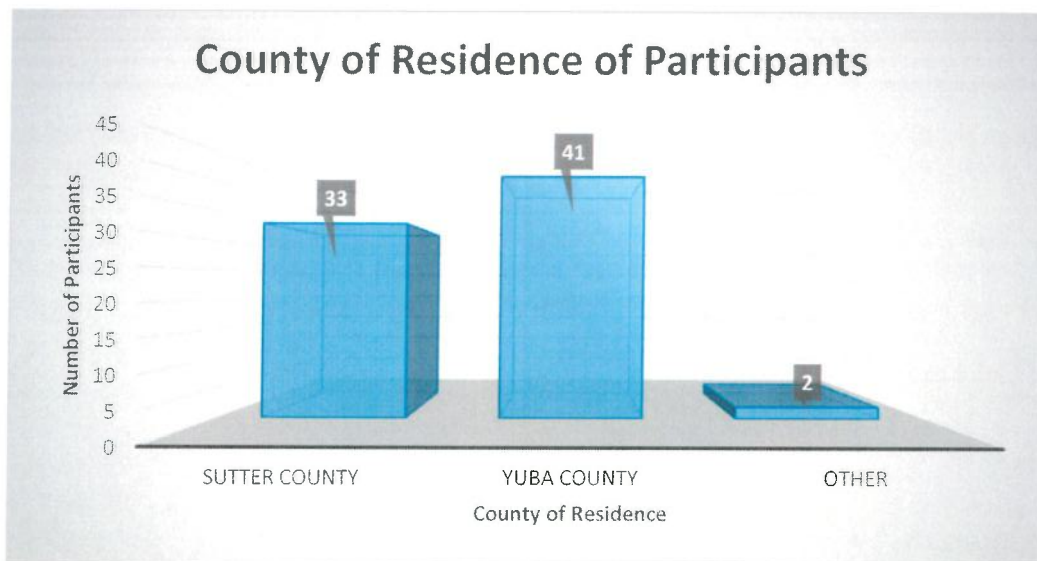
Public planning sessions and stakeholder forum participants were educated on mental health programs and services at Sutter-Yuba Behavioral Health and encouraged to provide opinions and feedback via group discussions and stakeholder comment forms. Stakeholder and consumer engagement were documented on meeting sign-in sheets and feedback memorialized on stakeholder comment forms. Stakeholder participant information and feedback was collected through online surveys. Survey questions included 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 three stakeholder forums or focus groups, one of which was conducted in Hmong and English and one conducted in Spanish and English. MHSa Stakeholder Forum participants were advised on current SYBH MHSa programs, planning and development, the Mental Health Services Act and Community Program Planning Process. 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. Stakeholder forums were held virtually via ZOOM and Microsoft Teams. The MHSa stakeholder forums are listed as follows:

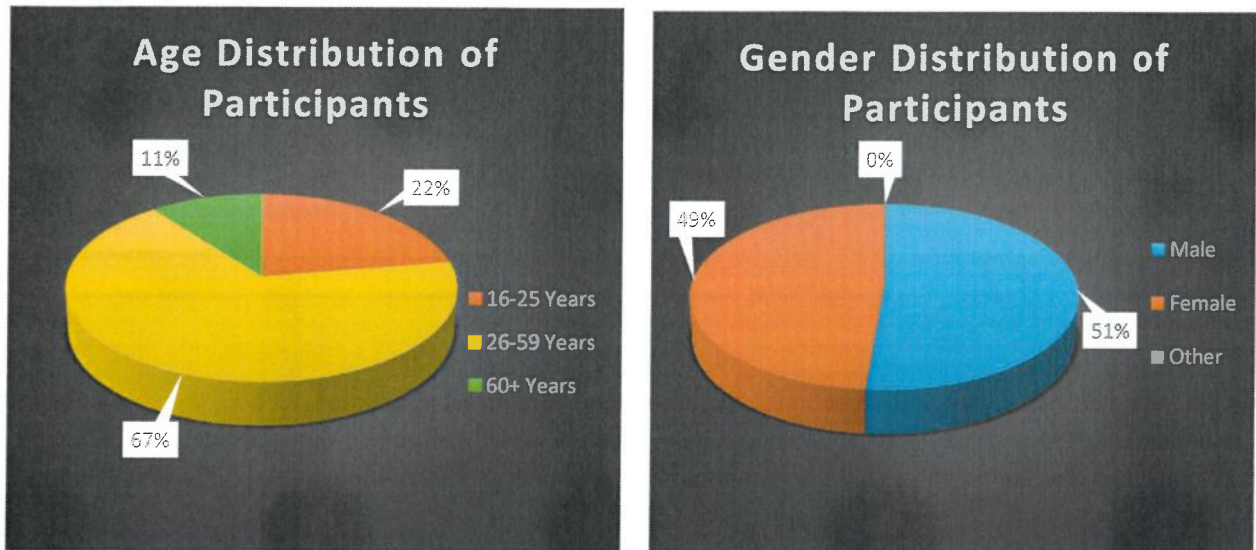
- Tuesday, February 8, 2022, 3:30-5:00 PM
- Wednesday, February 9, 2022, 10:00-11:00 AM during the Hmong Outreach Center regularly scheduled weekly group meeting.
- Wednesday, February 9, 2022, 3:30-5:00 PM hosted by the Latino Outreach Center

The demographics for stakeholders attending MHSa stakeholder forums are as follows. SYBH had 133 stakeholders in attendance of which 76 completed stakeholder forum surveys. According to surveys completed, there was fairly equal representation from both counties. 53.9% of attendees who completed the stakeholder forum survey resided in Yuba County and 43.4% resided in Sutter County. 2.6% of respondents resided in neighboring counties, however, work with Sutter-Yuba Behavioral Health in some capacity.

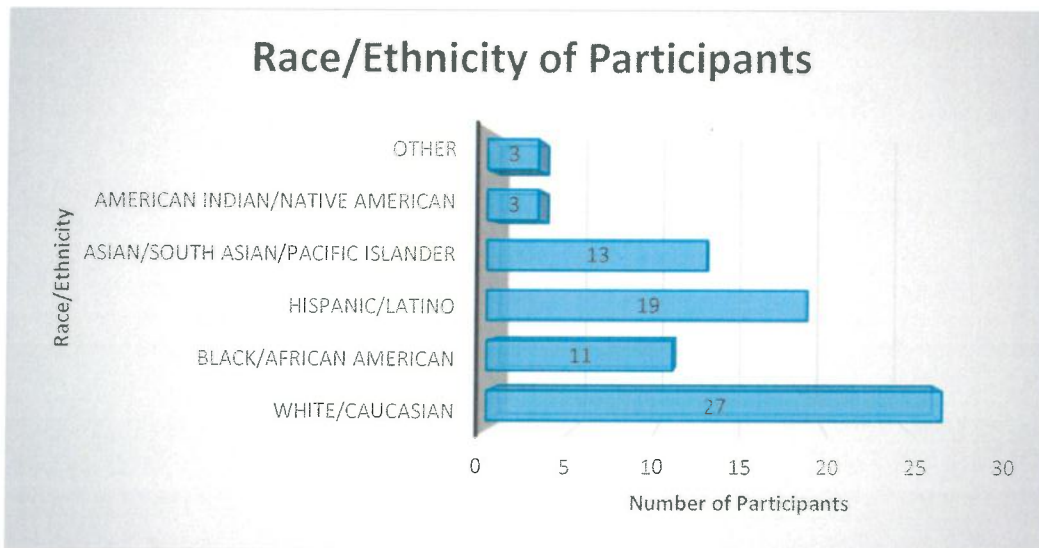


The largest demographic of participants in terms of age group were those between the ages of 26 and 59 years of age with no participants under the age of 16 years. The age distribution of participants reflects Sutter and Yuba Counties' census population with 34% of the population in the

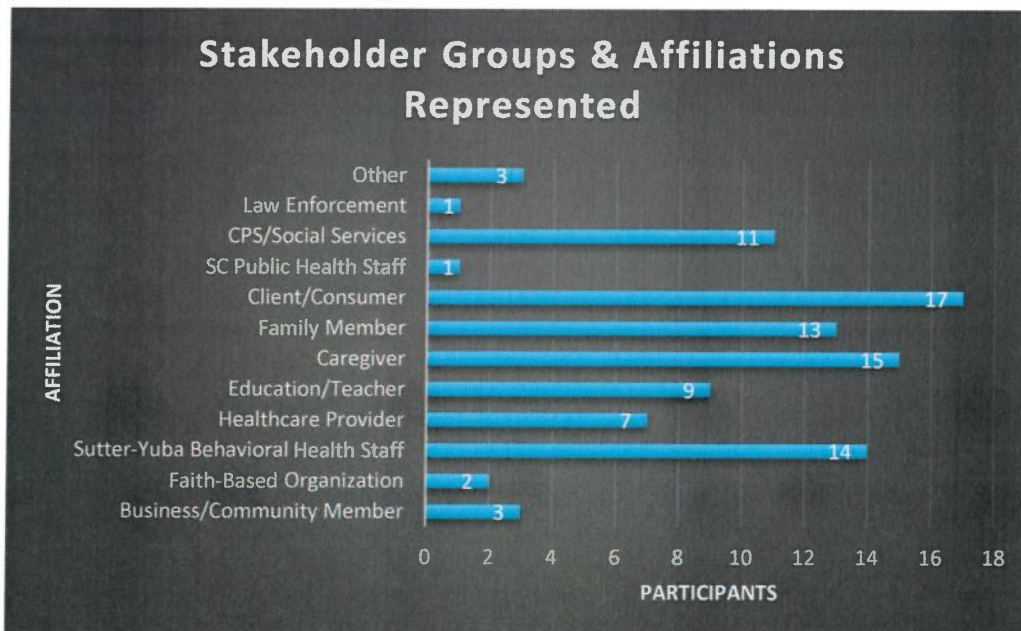
0-18 years age group, 51.8% in the 19-64 years age group, and 14.35% in the 65+ age group. While there were no participants under the age of 16, many family members or caretakers in attendance were those of children and youth receiving mental health services. There was also a fairly equal representation of genders with 49% identifying as female and 51% as male. The representation of participants from a gender distribution perspective is in line with Sutter and Yuba Counties' demographics on gender.



Focus group attendance also reflected a broad range of ethnic and cultural backgrounds with 35.5% of participants identifying as White or Caucasian, 14.5% identifying as black or African American, 25% identifying as Hispanic or Latin, 17.1% identifying as Asian, South Asian, or Pacific Islander, 3.9% identifying as Native American or American Indian, and another 3.9% identified as other with no specification. According to 2020 US Census Bureau data, 75.5% of Sutter and Yuba Counties' population identified as White or Caucasian. However, according to stakeholder surveys completed, 35.5% of attendees identified as White or Caucasian. Although there was lower representation from the White or Caucasian population at the focus groups for the FY 20/21 Annual Update, SYBH met its goal of representation from the unserved, underserved, and inappropriately served populations. For example, there was significant representation of Black or African American and Asian populations. Compared to the 2020 US Census Bureau data for Sutter and Yuba Counties, 3.6% of the population is Black or African American and 12.7% is Asian, South Asian, or Pacific Islander. However, among the Asian participants, 8 out of 13, or 61.5% identified as Hmong, leaving 38.5% as other Asian. The Sutter and Yuba Counties communities reports a large South Asian population indicating a disparity in the representation of South Asian participants. Participation from the Hispanic or Latin population correlates with data from the 2020 US Census Bureau at 25% participation.

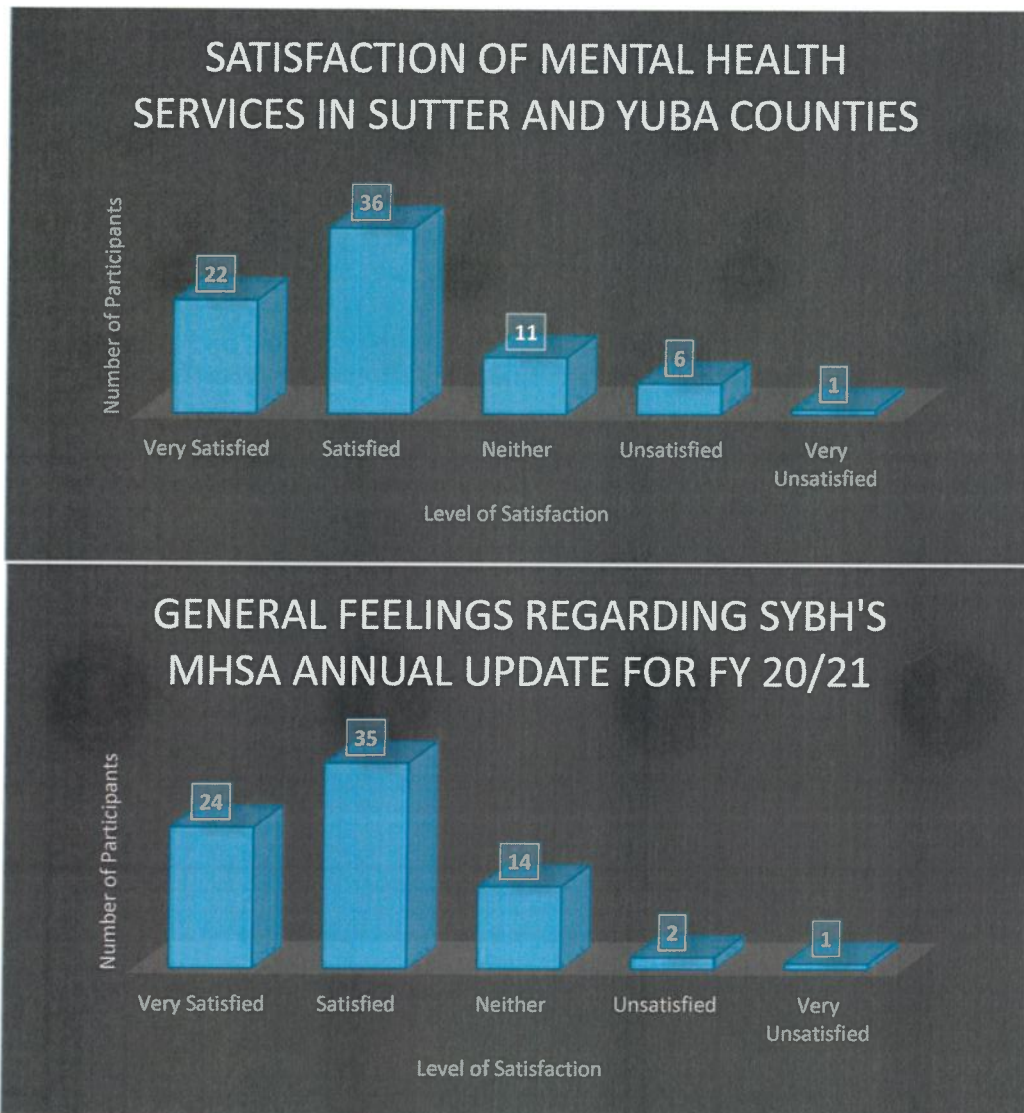


Additionally, there was a wide variety of stakeholders from various personal and professional backgrounds. Participating stakeholders consisted of consumers, healthcare providers and behavioral health staff to personnel from education agencies and social services. The largest group of participants consisted of consumers, their family members and caretakers. This stakeholder group made up 46.9% of participants. There was also considerable participation from behavioral health staff and health care providers at 21.9%, social services staff from both Counties at 11.5%, and personnel from local education agencies at 9.4%. It should also be noted that some respondents identified with more than one group.



When asked whether stakeholders were satisfied with mental health services in Sutter and Yuba Counties, a total of 76.3% of stakeholders who completed feedback forms indicated they were

satisfied or very satisfied. On the other hand, 9.2% of stakeholders were unsatisfied or very unsatisfied with mental health services in Sutter and Yuba Counties and 14.5% were neutral.



When asked for their opinions of aspects of the MHSa Annual Update they saw as most valuable and important, common themes that the community valued and thought were of the most importance was having accessibility, navigation, outreach, and education.

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, some key summary points as discussed during the stakeholder meetings are detailed below:

- Importance of promoting Mental Health resources and preventative care through community events and education in the public
- Obstacles to accessing services include personal challenges of clients (anxiety, fear, denial, educational level)
- Lack of providers is systemic issue, not local. The need and lack of specialists and providers in community as a whole
- Family/caregiver support to client is helpful and crucial, but due to COVID-19 many clients feel isolated from their prior support system
- Is there a plan for future outreach with Punjabi and Native American communities?
- The services offered at SYBH are too restricted – unable to assist those who don't have Medi-Cal- the community needs more licensed providers to help the growing need
- The cycle just keeps going on- I'm on a fixed income and everything is getting more expensive – this causes much of my depression and stress. Is there more long term help for my rent or utility bills? This would help me long term with the stress
- Thankful to Mental Health of all the programs. We are so mentally ill we don't know what to ask for. My personal note to Paul – he's been helping us for many years – Men in Paul's program want it to continue

When asked what they would like to see improved with SYBH MHSA programs or mental health services at SYBH, stakeholders responded:

- 1) Additional services for youth with drug addiction issues
- 2) Easily accessible for all
- 3) Help in an emergency as in my daughter autism could not get help when she was hurting herself and was having an episode. Mental health told us that they could not help with autism
- 4) More providers and programs geared towards minority communities with deep understanding about how mental health presents in those communities
- 5) I think prevention, intervention, and access to services. Many parents' express frustration waiting to see someone when their children are on the brink of crisis
- 6) Access to care in non-traditional settings, easier access to care, more education on how/where to access care, implementing a "whatever it takes" mentality among staff
- 7) Hosting more [sic] stakeholder meetings like this
- 8) More staffing for counseling to be able to not just medicate but encourage and assist with consumer growth and community involvement. To help the consumer live their life more fully
- 9) Inform more people

- 10) Everything
- 11) More support and enlightenment
- 12) To have COVID restrictions safely lifted so that group transportation and increased group activities resume within TAY FSP
- 13) The working speed
- 14) Improve human relations services
- 15) Nothing. It's all fine
- 16) Infrastructure
- 17) Thank you for the presentation today. It helped me get a better understanding of current resources and potential gaps mentioned from the community. I do agree more outreach in the community and partners and to somehow normalize behavioral health services in the community. Like every other community, there is a stigma still. As a partner in emergency management, it is nice to know current resources available during daily operations and how that may change for emergency operations, so we can continue to provide the care needed for the community. If there are gaps, we should try to address them sooner than later to better prepare for future emergencies
- 18) More attention and time should be given to patients since some of them may have some deep fear due to previous encounter or something so that patients may be able to be relieved of their fears and all. Thank you
- 19) Employment of well-trained service providers
- 20) Conducting community health assessment
- 21) More outreach. Showing or explaining to all families, provider, caregiver, etc. all the different programs that are offered and what are the other options for help
- 22) More inclusivity
- 23) Accessibility to medical services
- 24) General Improvement
- 25) Swiftness in attending to cases and more technical know-how to attend to people.
- 26) Recorded video in Spanish we can share with clients
- 27) Make it more accessible to families that lack knowledge with technology so that they're able to make use of all services offered to them. Such as telehealth and zoom meetings
- 28) Unfortunately, there is a need for more clinicians to be able to provide the needed and additional services to our clients in a more effective and timely manner
- 29) Support with the navigating through the process. More services for the 0-5 children and their families
- 30) I would like if we can have an outdoor seating area at the Hmong Outreach Center. Maybe sometimes I want to go sit outside in the yard or we can have groups outside
- 31) Continue with transportation services and group outings. I know that due to COVID-19, we haven't been able to go on outings, but I would like to see that come back when doable
- 32) Maybe have a community garden just for clients so we can go out and do exercise. I want us to have a plot for myself to say that's my hard work
- 33) I'm glad that the Hmong Outreach Center was able to expand and have extra office now, but I think it would be beneficial to have a larger group room so we can have a larger

group. The groups that I am in, sometimes gets cancelled due to low attendance. That does not benefit me. I want at least one day for one big support group at the Hmong Outreach Center

- 34) I will also like if there is a budget for snacks for clients. Life myself, I am diabetic, and I have to snack, so I don't feel sick. Sometimes I come to group and forget to bring a snack, so I would like it if there are snacks provided

In summary, although the community expressed needs in certain areas, there was overwhelming support for the MHSA FY 20/21 Annual Update.

Public Review and Public Hearing Process

The FY 20/21 Annual Update was posted from March 15, 2022 -April 13, 2022 for a 30-day Public Review and Comment period. The FY 20/21 Annual Update was also posted on the Sutter County website at:

<https://www.suttercounty.org/mhsa>

Printed copies of the plan were also available to be viewed at the Sutter County Administrative Office (1160 Civic Center Blvd #A, Yuba City, CA), 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).

Two press releases noticing the posting of the FY 20/21 Annual Update were sent to the local newspaper with a full article detailing public comment period, public hearing date and the process for the posting of the plan. It was published in the local newspaper, the Appeal Democrat, on March 15th, 2022 and April 7th, 2022. Flyers posting the dates of the public hearing 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 main libraries, and other various county buildings in the two counties.

A Public Hearing was then held at the Sutter-Yuba BHAB on April 14, 2022 at 5:00 PM both in-person and virtually via ZOOM.

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.

In FY 20/21, SYBH served 4,391 unique individuals: approximately 2.42% of the population of both Sutter and Yuba counties for this fiscal year. Per the National Institute of Mental Health (NIMH), the 2019 prevalence rates for individuals estimated to live with severe and persistent behavioral health conditions is 5.2 %. For the population of Sutter and Yuba counties, this percentage is equivalent to 9,423 individuals. 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.

Of the individuals seen by SYBH in FY 20/21, 53.6% identified as female, 46.3% as male, and less than 1% as other or not reported. Additionally, 59% identified as White, 13 % Latino, 4.5 % African-American, 6% Asian/Pacific Islander, less than 1% Native American, 6% identifying as two or more ethnicities, less than 1% as other, and 10 % reporting as unknown.

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 caregivers 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 Early Childhood and Children's FSP programs 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 program is provided in-house.

Early Childhood and Children's Full-Service Partnership

The Early Childhood and Children's FSP programs serves children and adolescents who have behavioral problems that significantly impact their social, emotional, and educational experiences. The Early Childhood FSP program serves children 0 through 5 years of age and the Children's FSP program serves children and adolescents 6 through 15 years of age. Children enrolled in this program receive behavioral health services that are tailored and individualized to match everyone's needs and goals. 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. The program is currently contracted out to Youth 4 Change, a community-based organization with a long history of providing effective FSP services. The program uses a "wrap-like" model and utilizes an FSP treatment team. To provide 24/7 access to services, the program has multiple FSP teams that manage a shared caseload and communicate client needs whenever needed.

Number Served:

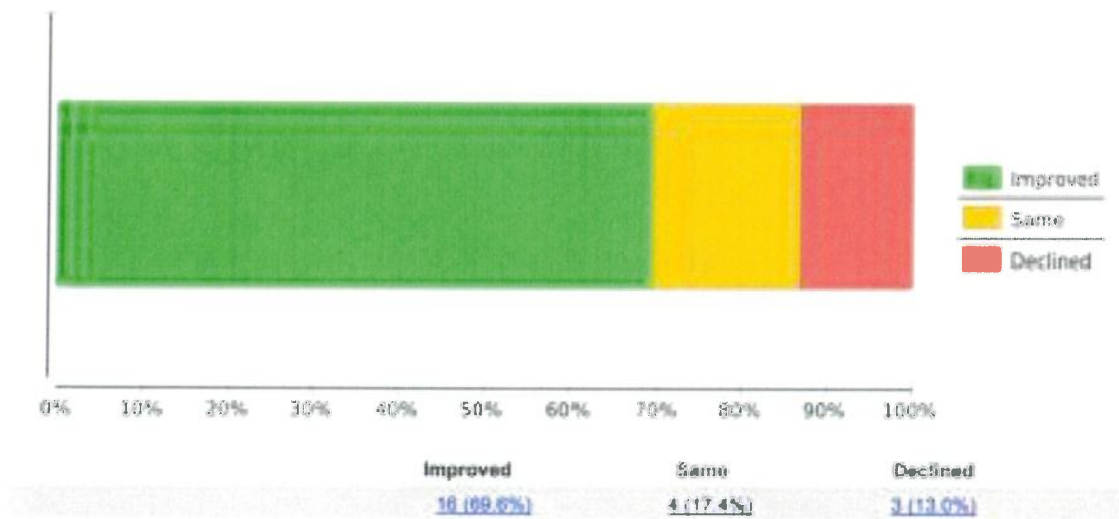
- FY 20/21, SYBH served 119 unduplicated children in the 0-15 age group.

Program Outcomes:

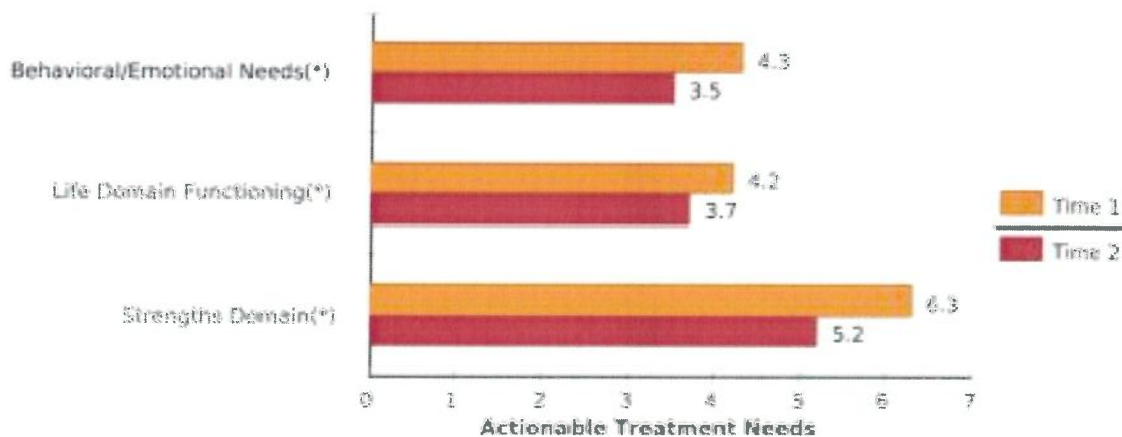
The Early Childhood and Children's FSP program collects and evaluates outcome measures from the CANS 50 assessment and Data Collection Reporting (DCR) assessments such as the Key Event Tracking (KET) and 3M. DCR outcome measures include indicators such as status of education, justice involvement, homelessness, etc.

CANS 50 outcome measures are collected at initial intake and every 6 months. Assessment results from the CANS 50 are collected and analyzed in Objective Arts, a data analysis software program. Outcome measures are also collected via assessments in the DCR. Although information is regularly entered into the DCR, SYBH has had challenges retrieving this data. In FY 20/21, SYBH was able to work with DHCS to retrieve this data and is working towards ensuring this data is accurate to use it as a tool to monitor program outcomes effectively.

The CANS 50 data below, provided by Youth 4 Change, shows the outcomes of children and youth who have been discharged from the Early Childhood and Children's FSP programs in FY 20/21. In FY 20/21, of children and youth who completed or were discharged from the program, 69.6% improved in treatment, 17.4% stabilized with no further functional impairment, and 13% indicated higher number of actionable items at update or discharge.



Additionally, in FY 20/21, the number of actionable items decreased showing a reduction of functional impairment and an increase in strengths in all three domains. The chart below shows the change in average number of Actionable items from the initial CANS to a planned discharge in the following domains on the CANS Core 50 assessment: Behavioral/Emotional Domain, and Life Domain. The Behavioral/Emotional Needs Domain has 9 items, the Life Domain Functioning Domain has 11 items, and the Strengths Domain has 9 items. Time 1 is the average number of actionable items at initial CANS and Time 2 is the average number of actionable items of CANS assessments at planned discharge.



Challenges Faced:

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 over the past few years. There is no indication that this trend is reversing.

Due to the COVID-19 pandemic, the Early Childhood and Children’s FSP programs faced some challenges in managing the safety need of staff and clients while providing specialty mental health services. In FY 20/21, staffing needs also presented some challenges. There have been multiple vacancies for clinicians that Youth 4 Change have not been able to fill due to a shortage of clinicians in the local area.

Client access has also been a challenge for the Early Childhood and Children’s FSP programs. With schools moving to online learning during the pandemic, it has been more challenging to meet with clients. Typically, school location was a consistent place to meet with clients.

Successes:

Despite the safety restrictions associated with the COVID-19 pandemic, the Early Childhood and Children’s FSP programs were able to implement and utilize telehealth services to meet the treatment needs of clients, including medication support services. The pandemic caused additional economic stress on many families. For some of these families, natural supports, such as basic housing were in jeopardy. FSP services were able to support these families ensuring stability for the vulnerable clients. In addition, the program was able to implement an on-call line for Spanish speaking clients.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be assessing the need for increased services to address the capacity and staffing issues identified in this program. If there are resources for program expansion, SYBH will report any changes that may occur in the next Annual Update.

Transitional-Aged Youth Full-Service Partnership

The TAY FSP program serves youth and young adults between ages 16 and 25 years who have mental health/substance abuse problems which result in significant social, emotional, psychological, and educational and/or vocational difficulties. The TAY FSP program utilizes a “whatever it takes” team approach that is individually tailored to the youth’s needs and goals.

The TAY FSP program serves youth who are homeless (or at serious risk), youth aging out of the foster care/juvenile probation systems, gang-involved (or at serious risk), youth with high-risk self-harming behaviors and youth whose cultural identity places them in underserved populations within our community. Program goals are to improve the overall quality of life of the TAY FSP youth served, as well as reducing negative psychiatric symptoms, reducing incarcerations, hospitalizations, and homelessness. The program also strives to assist youth with a successful transition into adulthood; living in a setting of their choosing, and engaged in a meaningful activity such as work, school, or volunteering. The TAY FSP program has a particular focus on the instillation of hope, wellness,

recovery, and resiliency. TAY FSP program staff have been trained in the evidence-based Transition to Independence Process (TIP).

The TAY FSP program provides intensive community-based services. The ratio between TAY FSP youth and case manager does not exceed 15:1. The program accepts a limited number of TAY FSP students so that the program can effectively maintain this ratio thereby providing intensive services. Youth who are transitioning out of hospitalization and especially those who have experienced first episode psychosis are prioritized. All TAY FSP referrals should meet CALOCUS / LOCUS level 4 or 5.

TAY FSP services are generally limited to a 3-year period of treatment whereafter the youth is stepped down to a lower level of care.

Services provided in the TAY FSP program are administered by a treatment team and may include: assessment, diagnosis, plan development, individual and group therapy, individual and group rehabilitation services, medication support services, targeted case management, intensive care coordination (ICC), intensive home-based services (IHBS), and peer mentor support. TAY FSP clients also have access if needed to a housing specialist, employment specialist, adult education specialist, and substance use disorder counseling which are available through coordination with the Adult Outpatient Program. In addition, there are a few dedicated TAY FSP supportive housing units that may be accessed dependent upon availability and need.

Number Served:

- In FY 20/21, the TAY FSP Program served 43 unduplicated youth.

Program Outcomes:

Outcomes data are collected via assessments and conducted at various points in time during the client's enrollment in the TAY FSP program. These assessments may be conducted at initial intake, termination, and every 6 months. CANS 50 assessments are conducted every 6 months and monitored via dashboards that pull the information from the EHR.

The TAY FSP program collects outcome measures from the LOCUS, CALOCUS, MORS, TAY Transcripts, CANS 50 and Data Collection Reporting (DCR) assessments such as the Key Event Tracking (KET) and 3M. Assessment results from the LOCUS, CALOCUS, MORS and TAY Transcripts are collected and compared to evaluate clients' progress throughout treatment. DCR outcome measures include indicators such as status of education, justice involvement, homelessness, etc.

Challenges Faced:

Due to the COVID-19 pandemic, the TAY FSP program experienced challenges around transportation and in-person services. This includes essential group sessions and activities which were placed on hold for a period.

Successes:

In FY 20/21, the TAY FSP program had 10 clients graduate from the program. Additionally, the program was able to bring aboard 2 Peer Mentors to assist with program needs. The program was also able to implement telehealth services and established a virtual support group through Microsoft Teams. The TAY FSP program has also been able to improve processes increasing efficiency in accessing flex funding which has helped in the provision of services and supports for TAY FSP clients.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be assessing challenges to identify if policy changes need to be made to improve services and review transportation issues to see if there are any ways to decrease the challenges of transportation. If there is need, and resources for program change, SYBH will report any changes that may occur in the next Annual Update.

Children and Youth General Services Development

Youth Urgent Services

The Youth Urgent Services program provides expedited access to outpatient behavioral health services for youth who have utilized Psychiatric Emergency Services (PES) and those being released from a psychiatric hospital. Youth Urgent Services are designed to stabilize clients and triage to the necessary level of care for ongoing treatment services. It provides behavioral health assessments, psychotherapy, medication support and referral services for children and youth between zero and twenty years of age. 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 PES or is hospitalized has been offered expedited and adequate care. Youth Urgent Services are available by referral only from PES or psychiatric hospitals.

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.

Numbers Served:

- In FY 20/21 42 unduplicated children and youth were served

- In FY 20/21: 162 duplicated children and youth were served

Program Outcomes:

Outcome data is collected at triage after the child or youth has been referred from PES. If children or youth present at PES or are hospitalized while receiving services with Youth Urgent Services, those events are recorded to monitor how often or frequent the child or youth is reporting to PES or being hospitalized.

Youth Urgent services currently tracks several outcome measures for children referred to the program. For children and youth referred from Psychiatric Emergency Services (PES), we track the number of days from PES assessment to the date of Youth Urgent appointment. In addition, we track the number and frequency of clients presenting to PES while actively receiving services from Youth Urgent Services. We also track the number and frequency of clients going to or returning to mental health hospitals while receiving services from Youth Urgent Services.

Challenges Faced:

In FY 20/21, Youth Urgent Services has seen an increase in symptom acuity resulting in more hospitalizations. It is unknown, though likely that this is a result of the COVID 19 pandemic. This has resulted in more referrals from hospitalization compared to referrals from PES where staff attempt to stabilize youth first to prevent hospitalization.

Successes:

Due to the COVID-19 pandemic, the Youth Urgent Services team successfully implemented and utilized telehealth to provide necessary services. As offices began to reopen, the Youth Urgent Services team have now successfully transitioned back to face-to-face services. Telehealth is now offered as a mode of service when clinically appropriate

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be reviewing the Youth Urgent Services Program to identify ways to increase access and to see how to decrease referrals from hospitalization and increase the number of youths they are able to stabilize to remain in their homes before hospitalization. SYBH will report any changes that may occur to address these needs in the next Annual Update.

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 care. This high-risk population was identified as underserved and inappropriately served. This is a particularly vulnerable population with long term disabling conditions have both significant psychiatric impairments and complex living situations such

as homelessness, SUD, chronic untreated medical conditions, and or criminal justice involvement either as a victim and or perpetrator. The Innovation Project iCARE was designed to provide Peer to Peer outreach and engagement to this population but access to Adult and Older Adult FSP services were limited. This plan reflects re-prioritization CSS funds to create more FSP slots for the identified population and creating more efficiencies in CSS General Systems Development for the Acute Services program to free up CSS funds to create more FSP capacity. 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 were 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*

Healthy Options for Promoting Empowerment (HOPE) is an Adult and Older Adult MHA Full Service Partnership (FSP) program. This includes intensive case management and rehabilitation services to adults with serious mental health conditions or co-occurring mental health and substance use disorders. Participants in the HOPE program receive intensive support towards recovery goals and are encouraged to fully participate in Wellness and Recovery Center at SYBH. The goal of this program is to help participants reach and maintain stability, participate fully in community life, decrease isolation, increase independence and support a sense of belonging. Services are provided based upon participants' individual wellness and recovery goals. Intervention counselors are available to clients on a 24/7 basis.

Services are accessed by clinician referral through Psychiatric Health Facility Social Workers, Psychiatric Emergency Services and Adult Outpatient Services.

The 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 assists in the development of an individualized Personal Service Plan and access 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 hour per day, 7 day per week basis.

In alignment with the goals of Sutter-Yuba Behavioral Health, the 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 20/21, HOPE served 26 clients. As of December 21, HOPE has served 41 clients.

Outcome information will be tracked and reported through the DCR, Levels of Care Utilization Score (LOCUS) and Milestones of Recovery Scale (MORS assessments). SYBH Adult Services has been actively working on compiling and analyzing LOCUS/MORS data in 2021. Future reports will include evaluation on these data points.

SUPPORT, HOPE, INDEPENDENCE, NEW EMPOWERMENT (SHINE)

During FY 20/21 SYBH developed a contract with Telecare to implement an Adult/Older FSP which will serve 30 clients. The FSP program will be named, Support, Hope, Independence, New Empowerment (SHINE) and will implemented during FY 21/22.

Telecare is a family and employee owned company that has been treating individuals with serious mental illness since 1965. They specialize in outcomes driven services for individuals who are at risk of crisis and hospitalization. Their programs are recovery-focused and clinically effective and are designed in partnership with local, county, state, and other behavioral health organizations. They provide services in many states and have more than 4000 employees.

The SHINE FSP program will be based on the Assertive Community Treatment (ACT) model. SHINE staff will create a supportive positive environment, including services that are based on client needs, hopes, and dreams. They will partner with SYBH to provide services from a multidisciplinary team which will include peer specialists, psychiatric services, personal service coordinators with experience in both mental health and co-occurring substance use, to promote a program culture where resilience and hope can flourish.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be reviewing both Adult FSP programs to identify gaps in services and changes that may be made to the 2021-2024 Three-Year Program and Expenditure Plan. At this point it appears that significant changes will not be made, but that there may be changes to capacity driven by data collected on number of participants. However, the first goal will be to fully use all FSP slots by filling the new SHINE program slots. SYBH will report any changes to the 2021-2024 Three-Year Program and Expenditure Plan that may occur to address these needs in the next Annual Update.

Adult General Services Development

The Urgent Services Adult Team provides timely access to behavioral health services to those who have moderate to severe behavioral health conditions who are in psychiatric distress. A goal of the Urgent Services Adult team is to provide treatment to clients with severe behavioral health conditions that have gone untreated or have been significantly under treated, or misdiagnosed. The Urgent Services Adult team is a client centered program that seeks to provide immediate relief to families and clients in distress. If we do not have a service that meets the immediate needs of clients, we work with them to find a service in the community that does. As a walk-in clinic we welcome anyone who needs a psychiatric assessment over the age of 18, regardless of their ability to pay.

Therapists in the urgent services department provide triage services, intakes assessments, treatment planning, individual therapy, group therapy, and linkage to community services. The Urgent Services Adult team is comprised of therapists, resources specialists, and an access coordinator who links clients to services that are clinically appropriate for the clients presenting behavioral health needs.

The Urgent Services Adult team provides referrals to other community agencies, and programs within the agency as needed. The Open Access Clinic: is available Monday-Wednesday 8:00 AM-2:00 PM at 1965 Live Oak Blvd, Yuba City Ca, 95991. During these hours, walk-in, telephone, and tele-health video triages take place.

Number Served:

- In FY 20/21, 806 unduplicated clients were served

Program Outcomes:

Data is collected by completing the LOCUS/MORS every six months. Reassessments are completed annually and during this time a LOCUS/MORS is also completed. SYBH Adult Services has been actively working on compiling and analyzing LOCUS/MORS data in 2021. Future reports will include evaluation on these data points.

Challenges Faced:

The COVID-19 pandemic brought on several challenges, including a limited ability to see clients in-person and social distancing requirements. While providing phone services, there have been challenges in contacting clients. Staff make three attempts over the course of three days to make contact. Due to a National and Statewide health care staffing shortage and impact of COVID-19, we have been minimally staffed and this has led to staff feeling overwhelmed. As a result of limited staff, in early 2020 the Open Access Clinic (OAC) was reduced to three days a week. Some staff have expressed interest in operating OAC as an appointment-based clinic as opposed to a walk-in clinic. We have had some mixed recommendations from consumers regarding phone/telehealth services,

though it appears most consumers like the option to have telehealth services as this eases some barriers for them.

Successes:

The COVID-19 pandemic allowed for phone/telehealth services to be provided which subsequently led to clients being seen in a timely fashion and assessments being completed efficiently. Despite the COVID-19 pandemic and staffing issues, we were able to see 806 clients during this reporting period.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be reviewing the Adult Urgent Services Program to identify ways to increase access to services and provide services to those that may not need long term services in the SYBH system. Additionally, given the success of telehealth services with our clientele, SYBH will explore expanding these services in this program. Furthermore, SYBH will be reviewing this program to see if it should remain under CSS or if it fits better under the PEI category. SYBH will report any changes that may occur to address these needs in the next Annual Update.

Bi-County Elder Services Team (BEST)

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 resources 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 the 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.

Numbers Served:

- In FY 20/21, 43 unduplicated clients were served

Program Outcomes:

Data is collected by completing the LOCUS/MORS every six months. Reassessments are completed annually and during this time a LOCUS/MORS is also completed. SYBH Adult Services has been actively working on compiling and analyzing LOCUS/MORS data in 2021. Future reports will include evaluation on these data points.

Challenges Faces:

The current challenges faced for the BEST program, are a result of the COVID-19 pandemic. Clients have an increase in needs and face new challenges of isolation. Staffing shortages have also become an issue, and at times it becomes difficult to support the clients' needs due to a high caseload.

Successes: In this FY 20/21 25 clients were successfully discharged, as they met their goals and do not require any additional services.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH does not anticipate changes to this program which would veer away from the 2021-2024 Three-Year Program and Expenditure Plan. If changes are needed SYBH will address these needs in the next Annual Update.

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.

Numbers Served:

- In FY 20/21 the Ethnic Services Program served 212 unduplicated clients
 - Hmong Outreach: 53
 - Latino Outreach: 159

Target number of individuals served each year:

- Hmong Outreach: 50
- Latino Outreach: 270

Program Goals:

- 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
- Follow up on stakeholder feedback, from the CPPP and explore the plausibility of implementing an Eastern Indian Outreach Center

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 6:00 PM 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.

Numbers Served:

- In FY 20/21 there were 53 unduplicated clients

Program Goals:

The Hmong Outreach center plans to revitalize the IMPACT Youth program (which dwindled down due to COVID-19 response and active members moving away to attend college). Future plans also involve adding additional office space to expand the Hmong Center garden/yard for outreach/engagement activities.

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, and transportation services as needed.

The Latino Outreach Center now operates as a walk-in clinic or by appointment for triage and intake services (Open Access Clinic) on Thursdays from 9:00 AM – 12:00 PM. There is an Open Access Clinic sign-in sheet to collect the number of clients served. In the past, LOC would administer consumer satisfaction surveys that were anonymous. Due to COVID-19, outcome measures were not gathered for this time.

During FY 20/21, the Latino Outreach Center lost a mental health therapist and due to the shortage of bilingual therapists in the community, the Latino Outreach Center has been unable to fill the open therapist position which has caused a decrease in services provided. Due to COVID-19 and limited staff, there were no community outreach events performed by the Latino Outreach Center to help reduce stigma within the Latino community.

Numbers Served:

- In FY 20/21, there were 159 unduplicated clients

Program Goals:

Latino Outreach Staff would like to be able to do more targeted outreach events in the community to help reduce stigma and ensure that underserved populations know where and how to access services.

The Latino Outreach Center would benefit from filling the open Bilingual Therapist position and having an Intervention Counselor to help with the high demand for services for both youth and adults.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be reviewing stakeholder feedback to identify how to implement the ideas that were put forth during the CPPP. These include specific ideas for both the Hmong and Latino outreach services. Additionally, SYBH will follow through on suggestions from stakeholders to explore the plausibility of providing outreach service to the Eastern Indian population.

Wellness and Recovery Program

The Wellness and Recovery Program offers recovery-oriented groups 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. This contract remains in effect through FY 20/21. YFC has been able to provide more training, support, and increased employee benefits. In addition, the Supervisor for the Peer Recovery staff is now a person with lived experience.

There is a total of 5 Peer Mentor staff and 1 Peer Mentor Supervisor. Due to COVID-19, minimal in-person groups were held during 20/21 fiscal year. Packets including group material and content, or 5-

7 groups were created and individually delivered to clients. This group work was completed at home. Microsoft Teams was used to conduct virtual groups. The clients were not comfortable using this platform and we had a very small number of clients who attended.

FY 20/21 unduplicated count of individuals served was 87.

The Peer Recovery Staff have completed and been provided:

- LEAP (Listen-Empathize-Agree-Partner) is an evidence-based program that teaches you how to create alliances with people struggling with serious mental illness that lead to treatment and recovery
- MHFA (Mental Health First Aid) is an interactive 8-hour course designed to present an overview of mental illness and substance use disorders

The trainings below were delayed in 20/21 due to the need for in-person trainings. We hope to have the Peer Recovery staff complete these during the 21/22 FY.

- WRAP (Wellness Recovery Action Plan) The WRAP process supports participants to identify the tools that keep them well and create action plans to put them into practice everyday life.

SUPPORTIVE HOUSING SERVICES

SYBH has collaborated 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 used non-competitive No Place Like Home (NPLH) funding and MHSA housing funds in funding the apartment complex development. Yuba County contributed \$596,705 (total award amount) of its NPLH funds and Sutter County contributed \$500,000 (total award amount) of its NPLH funds. Additionally, SYBH contributed \$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 is known as New Haven Court Apartment Complex (NHC). NHC is a mixed-use housing complex for individuals experiencing chronic homelessness. 19 of the residential units are specifically for individuals experiencing mental health challenges that meet the requirements for service by SYBH. 20 units are for other community members experiencing homelessness, and 1 unit is in use for the resident manager. NHC began moving residents during May of 2021.

All housing that is funded by NPLH and MHSA is required to have on-site permanent supportive housing services (SHS) for those who are placed in a SYBH unit. SYBH provided these services until a contract could be completed with Telecare. Telecare began providing the SHS in July of 2021.

Telecare is a family and employee owned company that has been treating individuals with serious mental illness since 1965. They specialize in outcomes driven services for individuals who are at risk of crisis and hospitalization. Their programs are recovery -focused and clinically effective and are

designed in partnership with local, county, state, and other behavioral health organizations. They provide services in many states and have more than 4000 employees.

Telecare has experience in providing SHS. Telecare's SHS will focus on stabilizing residents in their housing. This includes preparation for housing inspections, document collection activities, problem solving lease violations/tenancy issues and independent living skill development. Another area of focus in 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 includes development of an active and vibrant resident council, and onsite socialization services that will enhance connectedness amongst residents to further enhance a sense of community.

Telecare SHS will provide onsite services that are available 7 days a week. They are voluntary to all SYBH residents and will include, but not be limited to:

- Case management services
- Community resource linkage and referrals
- Behavioral health referral and coordination
- Crisis intervention services
- Group psycho-education, social and rehabilitative services
- Individual housing stabilization planning
- Independent living skill building
- Collaboration with property management, regional housing authority, and other onsite providers

Teesdale & Heather Glen

Teesdale and Heather Glen are two properties that were bought using the original MHSA housing funds. Both are multi-family units that serve as permanent and supportive housing for SYBH clients. Both TAY and Adult clients are housed in these units. Supportive Housing Services are provided by SYBH staff members.

PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention (PEI) programs are designed to promote wellness, foster health and 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 underserved, 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 and are 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 activities 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.

COVID-19

The COVID-19 Pandemic has greatly affected the number of participants PEI has been able to reach in every division of the PEI program. Many programs had significantly decreased attendance rates or were not able to be offered at all during FY 20/21. As most programs are designed to be held in-person and to provide outreach or trainings face to face, the introduction of remote learning created a barrier to access with our school age children. All schools in 2020 began remote classrooms with the introduction of school-based learning over a video monitor. With the number and limitations of in-person meeting participants also being restricted, adult programs have also seen a dramatic decrease in numbers. The PEI Staff with SYBH has had to redirect their efforts in response to the COVID-19 Pandemic.

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 to provide referrals for behavioral health services for all activities of the programs. This is in part, because PEI activities are not managed in our Electronic Health Record. New requirements of the Sexual Orientation and Gender Identity (SOGI) questions have also created a barrier to having the demographic information

collected. Once a participant reaches these required questions, they stop completing any of the remaining questions of the survey. This has led to an increase in the “declined to state option” for many of our demographics, not just the SOGI questions.

Prevention Programs and Activities

The Prevention Program is composed of eight activities. These activities include among others, The Council, Girls’ Circle, Non-Binary Unity Circle, Nurtured Heart Approach, and the 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.

Activity: The Council

Program Code: PP-01

Description: The Council occurs in school-based locations and juvenile hall. School-based and juvenile justice settings allows for participation by culturally diverse populations and includes underserved populations in Sutter and Yuba Counties.

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 and mental health programs. Adolescent males are almost three times as likely as same-age females to have higher levels of substance abuse, especially binge drinking.

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.

Goals: The goals of this activity are to decrease risk factors and increase protective factors.

Numbers Served:

Due to the COVID-19 in-person school restrictions, our annual attendance and number of students reached is low.

- In FY 20/21, 37 unduplicated clients were served
- In FY 21/22 to December 31, 2021 8 unduplicated clients were served

Annual Target of Individuals Served:

- 85 high school students

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Decreasing school attendance
- Low or declining grades
- Referrals for student participants

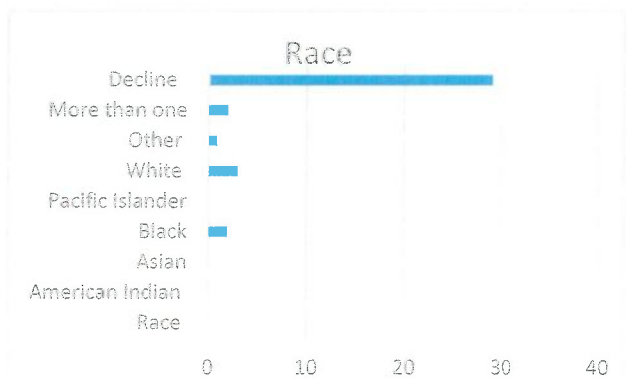
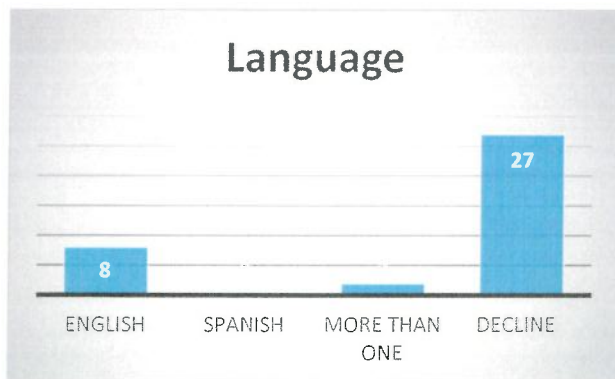
The outcomes predicted from this standardized curriculum are as follows:

- Increase in school engagement
- Decrease in substance use
- Practicing caring, respecting boundaries and respecting differences
- Improving attitudes about healthy identities

Data Collection and Evaluation: No formal evaluation tool was used locally. To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the 2022/2023 academic year.

Culturally Competent: The program is intended for middle to high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Demographics:



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 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.

Indicators and Desired Outcomes: 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. Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. The facilitator collects and analyzes the forms to determine the upcoming content for the next class.

The indicators noticed or perceived for referral into the program are as follows:

- Low school attendance / attachment to School
- Increase in substance abuse

The outcomes predicted from this standardized curriculum are as follows:

- Avoiding self-harm and decrease in substance abuse
- Positive body image
- Communicating needs to adults
- Making healthy choices regarding nutrition and self-care and activities

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.

Numbers Served:

Due to the COVID-19 in-person school restrictions, our annual attendance and number of students reached is low.

- In FY 20/21, 25 unduplicated clients were served
- In FY 21/22 to December 31, 2021, 8 unduplicated clients were served

Annual Target of Individuals Served:

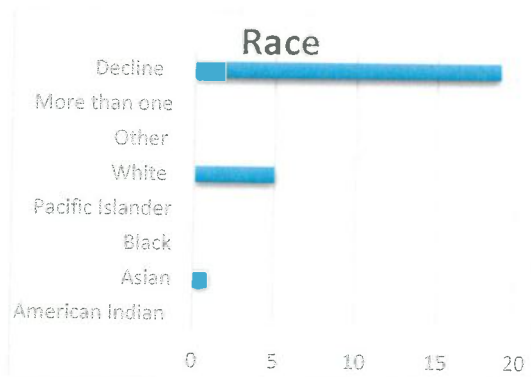
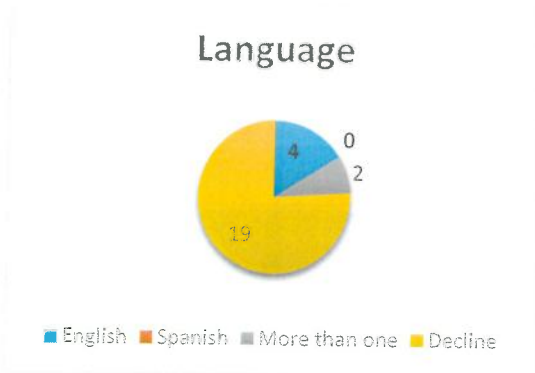
- 100 high school students
- 100 middle school students

Data Collection and Evaluation: No formal evaluation tool was used locally. To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the 2022/2023 academic year.

Culturally Competent: The program is intended for middle to high school students from all

backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Demographics:



Activity: Unity Circle

Program Code: PP-03

Description: Unity Circle is a 10-week session guide for LGBTQ+ youth of all gender identities and sexual orientation and their allies (transgender, cisgender, nonbinary, gender non-conforming, agender, gender fluid, gender questioning, two-spirit; gay, bisexual, lesbian, pansexual, and straight). This program may be appropriate for a Gay-Straight Alliance (GSA) and/or used in conjunction with the existing girl's circle or council groups. The Pride group provides a safe and supportive environment for all youth with expansive gender identities and sexual orientations and their allies. Due to marginalization, it actively counters isolation, internalized self-rejections, and other adverse health and mental health effects on LGBTQ+ youth.

Goals: Unity Circle actively counters isolation, internalized self-rejection, and other adverse health and mental health effects on LGBTQ+ youth due to marginalization. With respect for individual safety, control, and preference, and with no requirement for self-disclosure, the circle promotes belonging, inherent value, and community resilience.

Numbers Served:

- This is a new program that is being implemented in FY21/22
- In FY 21/22 to December 31, 2021, 11 unduplicated clients were served

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Students that isolate because they struggle to find an identity
- Students that are bullied because of their gender identity
- Rejection from family because of their gender identity

The outcomes predicted from this standardized curriculum are as follows:

- Express experiences, identify needs, recognize cultural and social influences on diverse identities and preferences, develop resources and skills, learn equity-building strategies, promote protective factors, and celebrate with authenticity
- To recognize individual strengths and capacities through adversity, to foster the protective factors of social support

Data Collection and Evaluation:

Pre- and Post-surveys that collect data at the beginning and at the end of the program. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Culturally Competent: The program is intended for high school students from all backgrounds, races, ethnicities, and ages (within the appropriate age range for the groups).

Activity: Nurtured Heart Approach

Program Code: PP-04

Description: The Nurtured Heart Approach® (NHA) is more than just a parenting or educator behavior management strategy. It is a philosophy for creating healthy relationships with the people in your life. NHA consists of a set of strategies that assists children in further developing their self-regulation and has been found effective with children of all ages. It focuses on transforming the way children perceive themselves, their caregivers, and the world around them. Children learn to understand that they will receive endless amounts of praise, energy, recognition, and reward through the positive behavior they display, and this supports children to build a positive portfolio of themselves. NHA is being successfully implemented through families, classrooms, foster care, health care professionals, social workers and criminal justice organizations that are seeking successful, early intervention techniques. The activity is open to everyone regardless of their parenting skills and is non-discriminatory.

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

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

The outcomes predicted from this standardized curriculum are as follows:

- Improve family relationships
- Promote positive behavioral changes in children
- Improve the child-parent relationship

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

Numbers Served:

- In FY 20/21, 46 unduplicated clients were served
- In FY 21/22 to December 31, 2021, 76 unduplicated clients were served

The PEI staff have adapted this program to a virtual learning environment. This has allowed the program to continue to be taught in schools via ZOOM.

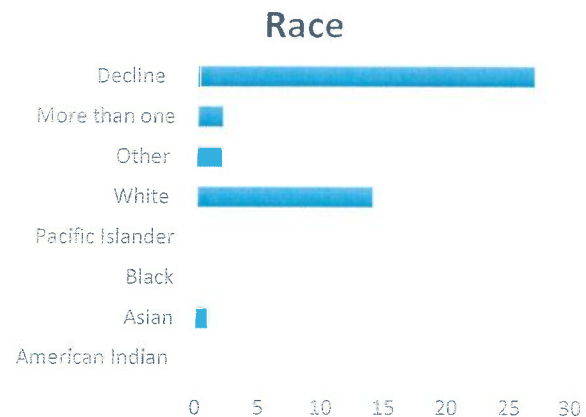
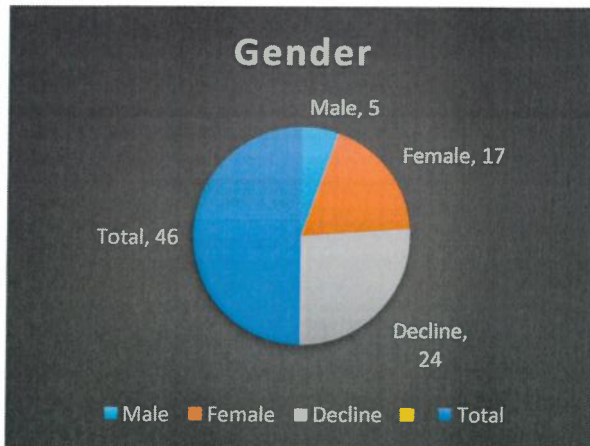
Annual Target of Individuals Served:

- 100 English-speaking Adults
- 50 Spanish-speaking Adults

Data Collection and Evaluation: Data is collected through completed Nurtured Heart Approach evaluations at the end of each week. To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the 2022/2023 academic year.

Culturally Competent: The program is intended for parents from all backgrounds, races, ethnicities, and ages. NHA is available in Spanish and English.

Demographics:



Activity: Camptonville Community Partnership

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. 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. 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 (CCP) PEI contract offers small stipends for mentorships and skill building projects giving adults opportunities to work with students, at their own schools.

Activities are outlined below.

| <u>Mentorship/ Skill Building</u> | <u>Number of youths served (unduplicated #'s)</u> | <u>Total attendance</u> | <u>Ages</u> |
|---|---|-------------------------|-------------|
| Camptonville After School Program | 51 | 199 | 5-14 |
| Chaperoned Internet assistance for schoolwork | 5 | 31 | |
| Mentorship opportunities | 6 | 22 | 10-13 |
| Total youth served | 56 | 252 | 5-16 |

These activities:

- Develop 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

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Low socioeconomic status
- Loss of significant relationship
- Stigma
- Low self-esteem

The outcomes predicted from this standardized curriculum are as follows:

- Self-regulation
- Secure attachment
- Mastery of communication and language skills
- Ability to make friends and get along with others

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

Numbers Served:

- In FY 20/21, 56 unduplicated clients were served
- In FY 21/22 to December 31, 2021, 46 unduplicated clients were served

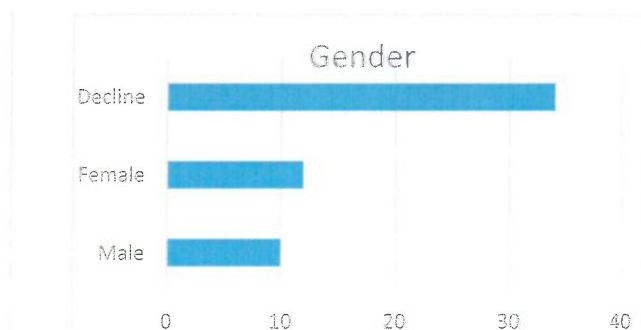
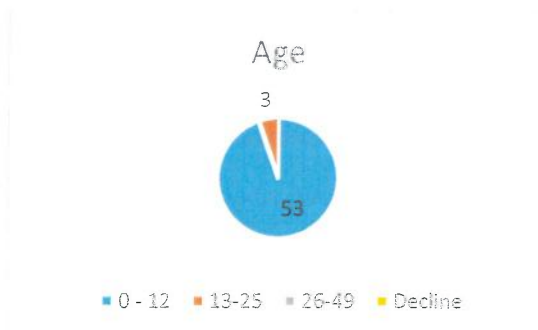
Annual Target of Individuals Served:

- 40 - 60 Youth and families

Data Collection and Evaluation: Monthly demographic reports are collected by the staff of CCP and are then sent to Prevention and Early Intervention staff with a thorough 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.

Culturally Competent: Camptonville Community Partnership takes a multi-pronged approach that builds the Camptonville, Brownsville, Challenge community’s capacity to sustain youth and 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.

Demographics:



Activity: CyberBullying

Program Code: PP-06

Description: Cyberbullying: A Prevention Curriculum for Grades 6 –12 is a program that deals with attitudes and behaviors associated with cyberbullying. It consists of eight, 50-minute sessions with additional reproducible resources.

Goals: This program strives to achieve these goals:

- Raise students' and parents' awareness of cyberbullying and why it is so harmful
- Equip students with the skills and resources to treat each other respectfully when using online tools
- Give students information about getting help if they, or others they know, are being cyberbullied

- Teach students how to use technology in positive ways

Numbers Served: This is a new program that is being implemented in FY 21/22

Target Population:

- Middle and High school students in Sutter County and Yuba County

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Students may feel invisible or anonymous while online
- Feelings of loneliness may lead to a greater willingness to engage in negative actions

The outcomes predicted from this standardized curriculum are as follows:

- Identify the effects of cyberbullying on the student who is bullied, on bystanders, and on the students, who bully
- Identify what technology is used and what steps to take, if they know someone else is being cyberbullied
- Identify cyberbullying situations
- Identify how they personally will commit themselves to stop or prevent cyberbullying

Data Collection and Evaluation: A pre-test/post-test that is conducted before and after implementation of the curriculum to measure student retention will be administered. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Culturally Competent: The program is intended for middle to high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Activity: Stopping the Pain

Program Code: PP-07

Description: Stopping the Pain, the Signs of Self-Injury prevention program, is designed to address the problems of self-injury through the school environment. The exercises in *Stopping the Pain* will help explore why anyone would self-injure and give ideas how you can stop. The workbook provides high school students with tools to prevent and respond to self-injury. These tools are targeted for use by students, school staff, and parents. This workbook was designed to provide and learn new skills for dealing with issues in life, reduce stress, and reach out to others when needed. The work through the workbook, is your own personal and private road map to regaining control of your life.

Goals: Stopping the Pain works towards these program goals

- Understand why you hurt yourself
- Find better ways to handle difficult feelings
- Control your desire to hurt yourself
- Make a commitment to stop hurting yourself and get the right kind of support you need from the people who care about you

Numbers Served:

- In FY 20/21, 0 clients were served. Schools requested us to host, but most classes were postponed due to the stigma associated with content and classes being held on campus. However, to reduce the stigma associated with Self-Injury, PEI was asked to do a Self-Injury presentation but not have a support group. We hope that the presentation will motivate school officials to introduce Self-Injury support groups.
- In FY 21/22 to December 31, 2021, 22 students participated in the self-injury presentation.
- COVID-19 contributed to the lack of participation as classes are held online.

Target Population:

- High School Students

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Students who self-harm
- Students that may exhibit any of the following
 - Neglect, abuse, aggression, or anger

The outcomes predicted from this standardized curriculum are as follows:

- Stop self-harm and become aware of my feelings
- Find new ways to cope with self-harm and build a positive plan
- Build better relationship with parents
- Find positive things in life that make people happy and have stronger self esteem

Culturally Competent: The program is intended for high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Data Collection and Evaluation: A Pre and post survey are collected. Surveys will be completed by each student at the beginning and at the end of the program. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Changes to 2021-2024 Three-Year Program and Expenditure Plan: SYBH already has plans for three new activities beginning FY 21/22. Based on the needs of the community and requests from schools, Unity Circle, CyberBullying, and a new grief support activity will be implemented.

Early Intervention Programs

Activity: Strengthening Families

Program Code: EIP-01

Description: Strengthening Families is an evidence-based prevention program that is intended for high-risk and general population families. This evidence-based family skills training program has significantly improved parenting skills and family relationships, reduced problem behaviors, delinquency, and alcohol and drug abuse in youth ages 10 to 14, and improved social competencies and school performance. The Strengthening Families Program is a three-hour parenting program for youth 10 to 14 years of age and their parents. The program is offered to both counties in a series of seven weeks. Families are provided with dinner; parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion during the second hour. Families reunite to work together in a family class.

Goals:

- Increasing protective factors
- Improving family relations
- Reducing family conflicts
- Reducing levels of substance use and involvement with law enforcement

Numbers Served:

- In FY 20/21, 0 clients were served. Due to COVID-19 in-person restrictions, our annual attendance and number reached is low

Annual Target of Individuals Served:

- 30 individuals. However, due to the nature of the program which is most effective in-person, the COVID-19 pandemic may prevent us from implementing the program in FY 21/22

Indicators and Desired Outcomes:

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

The indicators noticed or perceived for referral into the program are as follows:

- 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

The outcomes predicted from this standardized curriculum are as follows:

- 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

Culturally Competent: The program is intended for youth ages 10 to 14 from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups)

Data Collection and Evaluation: PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

At this point in time there no changes are anticipated o the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Activity: Aggression Replacement training

Program Code: EIP-02

Description: Aggression Replacement Training is a ten-week course for adolescents on a high school campus. It is a cognitive-behavioral intervention that trains participants to cope with their aggressive and violent behaviors. The program is taught in a one-hour class per week, focusing on Social Skills, Anger Control Training, and Moral Reasoning. Participants are selected by the school administration, not to exceed 10 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.

Goals:

- Improve mental health and related functional outcomes
- Learning behavioral modification
- Improve functional outcomes in the classroom setting

Numbers Served:

- In FY 20/21, 12 unduplicated clients were served
- In FY 21/22 to December 31, 2021, 0 unduplicated clients were served. Due to COVID-19 in-person restrictions, our annual attendance and number reached is low

Annual Target of Individuals Served:

- 20 High School Students

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

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

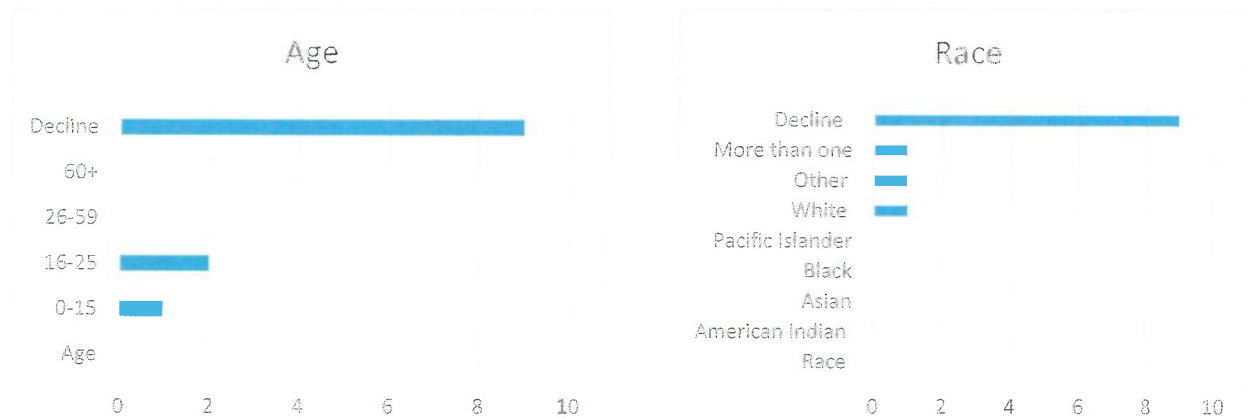
The outcomes predicted from this standardized curriculum are as follows:

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

Culturally Competent: The program is intended for youth ages 10 to 14 from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Data Collection and Evaluation: PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Demographics:



Activity: Second Step Bullying Prevention

Program Code: EIP-03

Description: The Second Step Bullying Prevention includes training and resources for school staff, classroom lessons, games, activities, and Home Link materials for families, which build on the foundation of Social Emotional Learning (SEL) to give schools the tools to prevent bullying. The Second Step Bullying Prevention Unit, combined with SEL, empowers schools to engage in

comprehensive research-based bullying prevention, starting in kindergarten.

Goals:

- Increase social-emotional development and increase sense of belonging in schools
- Foster self-awareness & self-confidence
- Increase belief in the ability to accomplish meaningful actions & goals in their lives
- Social problem solving and friendship building
- Learning positive assertive skills

Numbers Served:

- In FY 20/21, 0 unduplicated clients were served. Due to COVID-19 in-person and school restrictions, our annual attendance and number of students reached is low
- In FY 21/22 to December 31, 2021, 148 unduplicated clients were served. The PEI staff have been able to adapt this program to a virtual learning environment. This has allowed the program to continue to be taught in schools via ZOOM

Annual Target of Individuals Served:

- 800+ Elementary School children

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Anger
- Passivity
- Anxiety
- Fear
- Jealousy
- Truancy
- Defiant behavior

The outcomes predicted from this standardized curriculum are as follows:

- Socially responsible behavior
- Friendships
- Cooperation/Coping and conflict resolutions
- Emotion-management skills
- Academic improvement
- Reduction of truancy
- Increased empathy

Data Collection and Evaluation: No data will be collected from the bullying prevention program for elementary school students. No formal evaluation tool will be used.

Culturally Competent: Yes, the program is intended for elementary students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups). The curriculum is also available in Spanish.

Description: MHSA funding is being used to provide 1 full time position under Prevention and Early Intervention programs to maintain and monitor the PACES website. The position is responsible for creating content, networking and increasing provider members and posting blog posts to the website. ACES are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. ACES cause much of our burden of chronic disease, most mental illnesses and are at the root of most violence. The purpose of the website is to raise awareness and educate the community on adverse childhood experiences and to decrease risk factors as well as inform the community of mental and behavioral health resources to address these issues.

Goals:

- Decrease in risk factors or indicators
- Create safe, stable, and nurturing relationships
- Increase in Community Protective Factors
 - Communities where families have access to economic and financial help
 - Communities where families have access to medical care and mental health services
 - Communities with access to safe, stable housing
 - Communities where families have access to nurturing and safe childcare
 - Communities where families have access to high-quality preschool
 - Communities where families have access to safe, engaging after school programs and activities
 - Communities where adults have work opportunities with family-friendly policies
 - Communities where residents feel connected to each other and are involved in the community
 - Communities where violence is not tolerated or accepted

Successes:

- Full time PEI staff has increased member providers listed on the website from 4 members to 92

Target Population:

- All Yuba-Sutter communities' families with children at risk of adverse childhood experiences. Growing up in a family with mental health or substance use problems.

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows

- Physical, sexual, and verbal abuse
- Physical and emotional neglect
- A family member who is:
 - Depressed or diagnosed with other mental illness
 - Addicted to alcohol or another substance
 - In prison

The outcomes predicted from this standardized curriculum are as follows:

- Increase awareness by measurement of new visitors to the website each month
- Create strong partnerships between the community and business, health care, government, and other sectors

Culturally Competent: Yes, through our annual training provided to all our Prevention and Early Intervention of our staff.

Data Collection and Evaluation: Data is collected through the PACES website as well as community surveys and KidsData.org

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

At this point in time there are no changes anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Activity: Mental Health First Aid (MHFA)

Program Code: OES-01

Description: Mental Health First Aid and Youth Mental Health First Aid is an interactive 8-hour course designed to present an overview of mental illness and substance use disorders. This training will give members of the public aged 18 and older critical skills to help someone who is developing a mental health problem or experiencing a mental health crisis. These trainings are free of charge to all participants, including workbooks and materials.

The course teaches participants the risk factors and warning signs of various 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 or provide any therapy or counseling. Instead, participants learn to support someone developing signs and symptoms of a mental illness or emotional crisis by applying a core five-step action plan. PEI staff collected all evaluations and analyzed Pre- and Post-Survey data in FY 20/21 to best measure changes in attitudes, knowledge, and behavior regarding suicide.

Goals:

- 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

Numbers Served:

- In FY 20/21, 453 unduplicated clients were served
- In FY 21/22 to December 31, 2021, 241 unduplicated clients have been served

Target Population:

- California Highway Patrol, Yuba County Jail Staff, Sutter, and Yuba County Probation, community members, non-profit agencies, Latino Community and Head Start program in both counties.

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

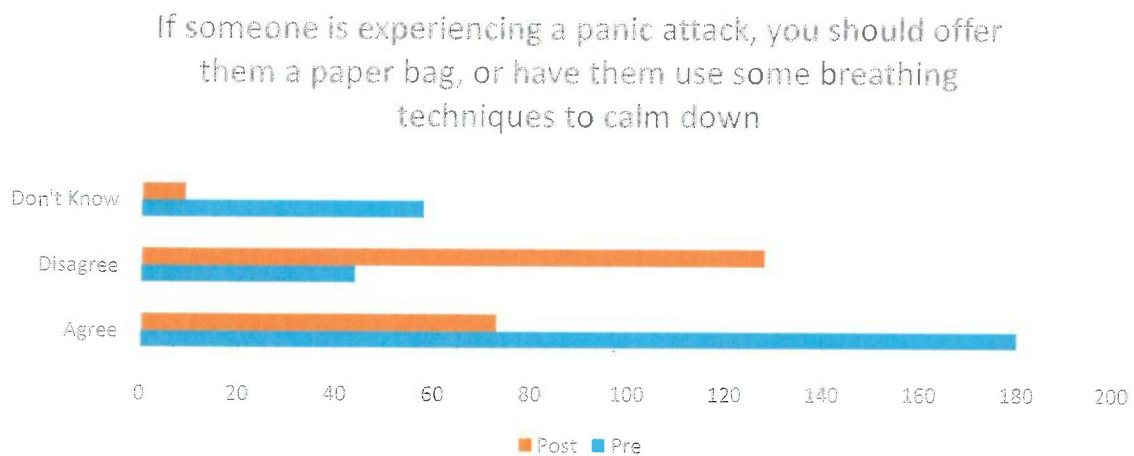
- Recognized risk factors and warning signs of various mental health challenges common among adolescents
- Anxiety or Depression
- Psychosis, Disruptive Behavior Disorders, and SUD's
- Eating Disorders
- AD/HD

The outcomes predicted from this standardized curriculum are as follows:

- Learn to support someone developing signs and symptoms of a mental illness
- Apply a core five-step action plan

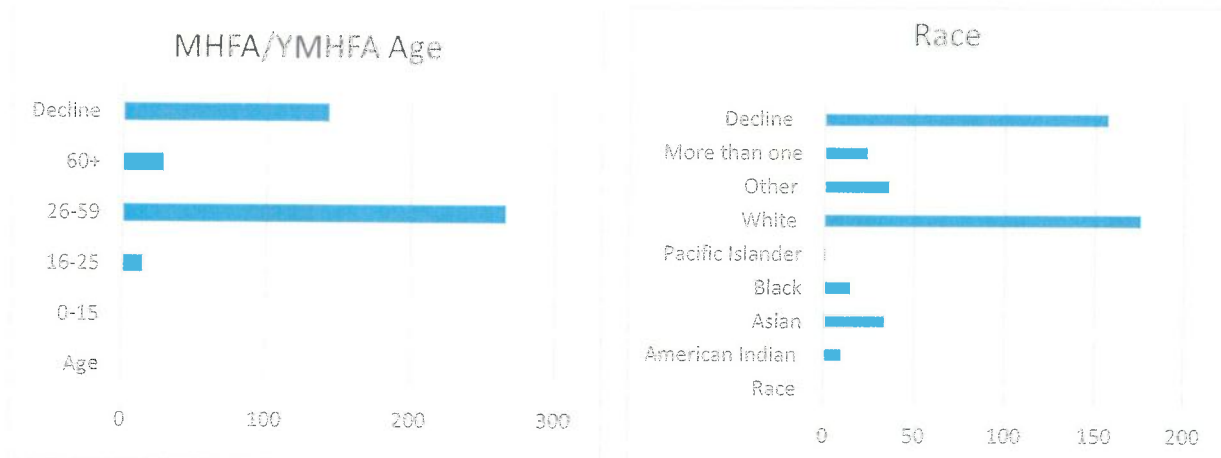
Culturally Competent: The MHFA/YMHFA program is intended for adults 18+ from all backgrounds, races, ethnicities and ages. The curriculum is also available in Spanish. The teen Mental Health First Aid is intended for high school students from all backgrounds, races, and ethnicities. The curriculum is available in Spanish.

Data Collection and Evaluation: Program outcomes are measured by collecting the pre- and post-surveys. The instructors review the data and report it to the PEI Program manager.



As evidenced above from just one of the MHFA Pre and Post questions, the training proves successful in educating and correcting common misconceptions the public may have heard somewhere.

Demographics:



Activity: Behavioral Health Educational Videos

Program Code: OES - 02

Description: SYBH is collaborating with a local video production company to create and produce a series of short 2–4-minute television-ready videos for the purpose of educating, outreach, advertising and promotion of Sutter-Yuba Behavioral Health services and the Mental Health First Aid (MHFA) program. The educational and outreach videos will consist of interviews and reenactment of events and situations where mental health services and Mental Health First Aid made a significant difference in people’s lives. The project includes story conceptualization and development, interviews, video production, and formatting for broadcast through a variety of traditional and digital platforms such as television, social media, web, and in-house display.

Goals:

- Raise awareness of mental health issues
- Educate the community on mental health resources and Mental Health First Aid
- Increase mental health outreach to the Sutter and Yuba Counties community

Numbers Served:

- This project recently launched in May of 2021 and SYBH is in the process of conducting research, content development, and identifying cast members

Target Population:

- Sutter and Yuba Counties residents

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

At this point in time there are no changes are anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Stigma and Discrimination Reduction Programs

Activity: Tri-County Diversity

Program Code: RP-01

Description: Tri-County Diversity is working with all ages in our local schools, including the Marysville Joint Unified School District and River Valley, Marysville, and Yuba City High Schools. Tri-County Diversity helps to further influence and create strong collaboration with schools and the public and private sectors of our community regarding issues surrounding LGBTQIA+ persons through collaborative efforts. Tri-County Diversity is connected to our community through outreach and events provided throughout Sutter and Yuba Counties. Tri-County Diversity has a website to help provide access to their services as well as a Social Media presence (Facebook, Instagram) and profiles on Meetup.com for the adult and young adult portions of the group. The youth portion of the group keeps in contact with school Gay Straight Alliance groups for collaboration and is available to school administration as needed. Tri-County Diversity continues to participate in outreach events to include the United Way Resource Fair, Summer Stroll and Peach Festival, connecting with all those interested in learning or just being able to get involved with activities for youth and adults. Tri-County Diversity increases 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 the PEI Program Manager for review. The PEI Program Manager reviews the quarterly reports & demographic information received from Tri-County Diversity to determine participation, outreach, and event activities.

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.

Numbers Served:

- In FY 20/21, 313 unduplicated students were served
- In FY 21/22 to December 31, 2021, 363 unduplicated students were served

Annual Target of Individuals Served:

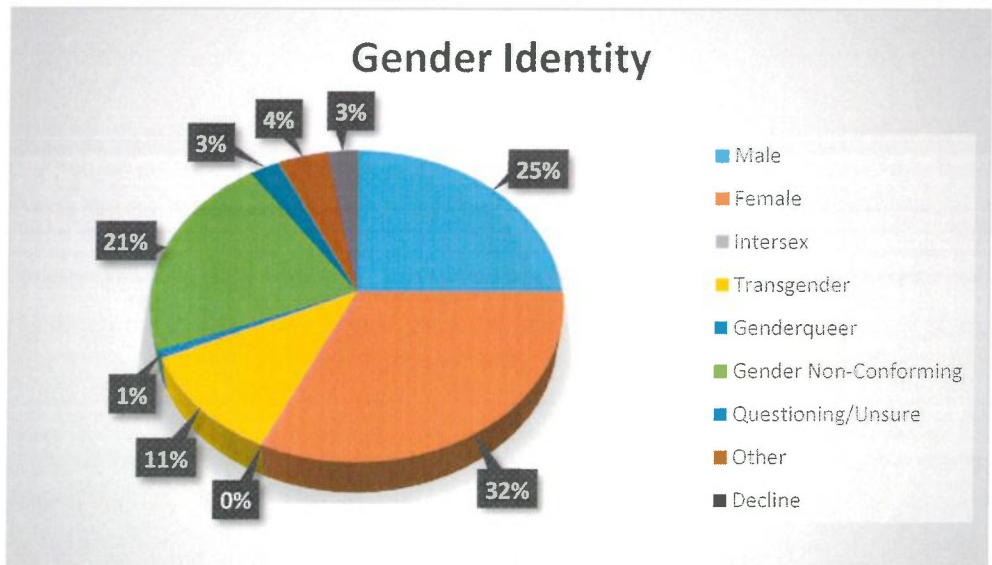
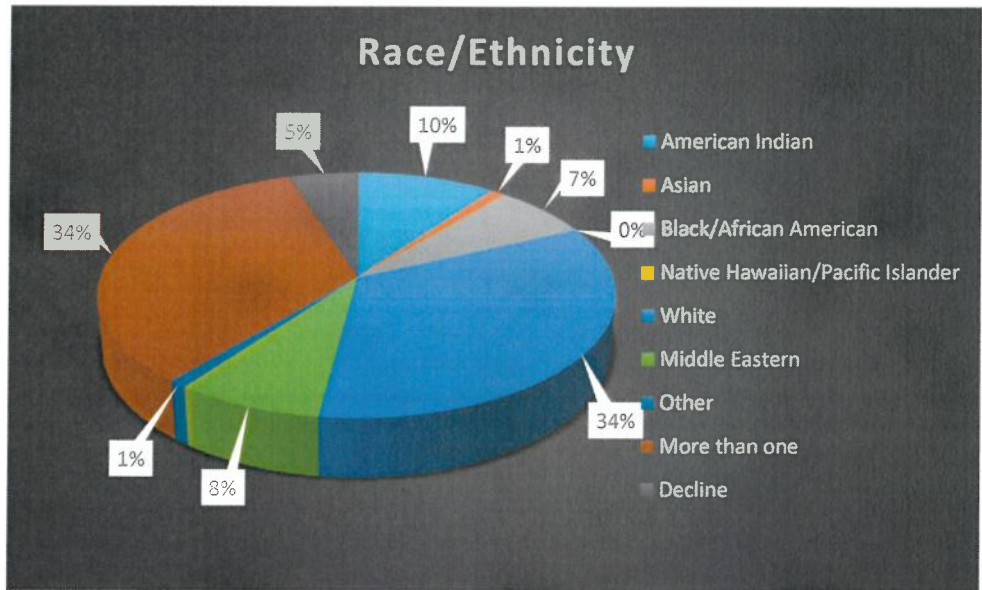
- 225 Individuals

Data Collection and Evaluation: Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. For 2020-2021, Tri-County Diversity served a total of 313 people in 53 online outreach events, had hotline calls, mailed care packages, presented 3 virtual presentations, and gave Sutter-Yuba Behavioral Health referrals for additional mental health services.

Please note that this is the only non-profit serving as an outreach to the LGBTQIA+ community in Sutter, Yuba, and Colusa Counties.

Demographics:

The numbers below are first-time contacts with members for the year, and do not include all participants, but only those participants that willingly submitted demographic information.



Activity: Hmong Impact Youth

Program Code: RP-02

Description: Due to low penetration rates and contrasting reports from the community regarding challenges and barriers that Hmong youth and families often face with mental health issues, the Hmong Impact Youth program was created to educate, raise awareness, and decrease mental health stigma and discrimination and support Hmong youth who may be experiencing mental health issues. 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. 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.

The activity is Hmong youth driven under the Hmong American Association agency/umbrella, thus reducing mental health stigma compared to if ran through the Hmong outreach Center (HOC). Meeting locations are generally at the Hmong American Association office, located in downtown Marysville; however, meeting locations and activity locations also vary based on community needs. For example, Impact Youth has met at local churches, at the HOC, at Starbucks, at Cookie Tree, and various community locations 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 provided through the county. Hmong Outreach Center staff provides Technical Assistance and assists in putting together and keeping this program/service running since the 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.

Goals:

- Becoming self-sustaining, with age, generational, and culturally appropriate activities that naturally engage and retain youth members
- 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

Numbers Served:

- In FY 20/21, 0 unduplicated clients served. Due to the COVID-19 pandemic, restrictions around outreach events and gatherings limited the activities of this program
- In FY 21/22 to December 31, 2021, 117 students were served. Despite COVID-19, we have been able to resume this program in schools and hold outreach events in-person

Annual Target of Individuals Served:

- 40 Hmong Youth

Data Collection and Evaluation: To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the 2022/2023 academic year.

Activity: Implicit Bias and Diversity, Equity, and Inclusion (DEI) in Mental Health

Program Code: RP-03

Description: SYBH sponsored several Implicit Bias and Diversity, Equality, and Inclusion (DEI) trainings to improve cultural competency within SYBH as well as educate community members and stakeholders on issues of social/racial injustice, etc. and its implications on the behavioral health system and organizations in general. The Implicit Bias trainings, which was a 2-course series, explored the meaning of implicit bias, how it impacts organizations, and how to mitigate it. Broadly speaking, implicit bias is the subconscious form of group-based bias involving varying degrees of discrimination or unequal treatment of others. The Implicit Bias trainings were provided to all SYBH staff and Sutter County Health and Human Services staff. The trainings were also offered to staff from other Sutter County departments, such as HR, local behavioral/mental health community-based organizations, local educational agencies, healthcare and law enforcement agencies, and community members in an effort to combat its effect in the community, including the behavioral health system. SYBH hosted 4 Implicit Bias trainings in FY 20/21 and 7 in FY 21/22. SYBH also hosted 2 DEI seminars for leadership staff in FY 21/22 and will continue to provide 4 additional seminars for front-line staff through the end of FY 21/22. The DEI efforts also aim to increase knowledge and competence in the areas of diversity, equality, and inclusion in the organization and behavioral health system.

Goals:

- Increase community awareness of mental health issues as it pertains to DEI
- Educate the community on DEI-related issues in the mental health system

Numbers Served:

- In FY 20/21, 126 Individuals participated and were trained.
- In FY 21/22 to December 31, 2021, 444 Individuals participated and were trained

Annual Target of Individuals Served:

- 600 Individuals

Indicators and Desired Outcomes:

Indicators:

- Individuals impacted by mental health
- Individuals that provide mental health services
- Individuals who work with the mental health population or providers of mental health services

Desired outcomes:

- Greater reach and impact of mental health awareness in the community through outreach and education
- Increased awareness and knowledge of DEI-related mental health issues

Data Collection and Evaluation: Demographic data of participants was collected to determine the

reach of the activity and their relationship to the community or profession. Some activities included a pre and post assessment to determine the impact of the activity on their knowledge and awareness.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

At this point in time there are no changes anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

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. Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school.

Goals:

- Teach students how to identify the signs of depression and suicide in themselves and their peers
- Reduce 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

Numbers Served:

- In FY 20/21, 0 unduplicated clients were served. Due to the COVID-19 pandemic, restrictions around outreach events and gatherings limited the activities SYBH was able to hold.

Target Population:

- High School Students

Data Collection and Evaluation: There is an optional student screening that assesses for depression and suicide risk and identifies students to refer or follow-up with school. Many schools also follow the presentations with in-class and/or smaller group discussions. Informal data collection occurs at the beginning of the presentation, with optional screening at the end of the presentation. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Activity: Applied Suicide Intervention Skills Training (ASIST)

Program Code: SP-02

Description: 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. 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.

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 training uses key processes: presentations, mini-presentations, open-ended questioning, Socratic questioning, simulation, and practice experiences, running simulations, and commenting through restatements and summaries. 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.

Goals:

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

Numbers Served:

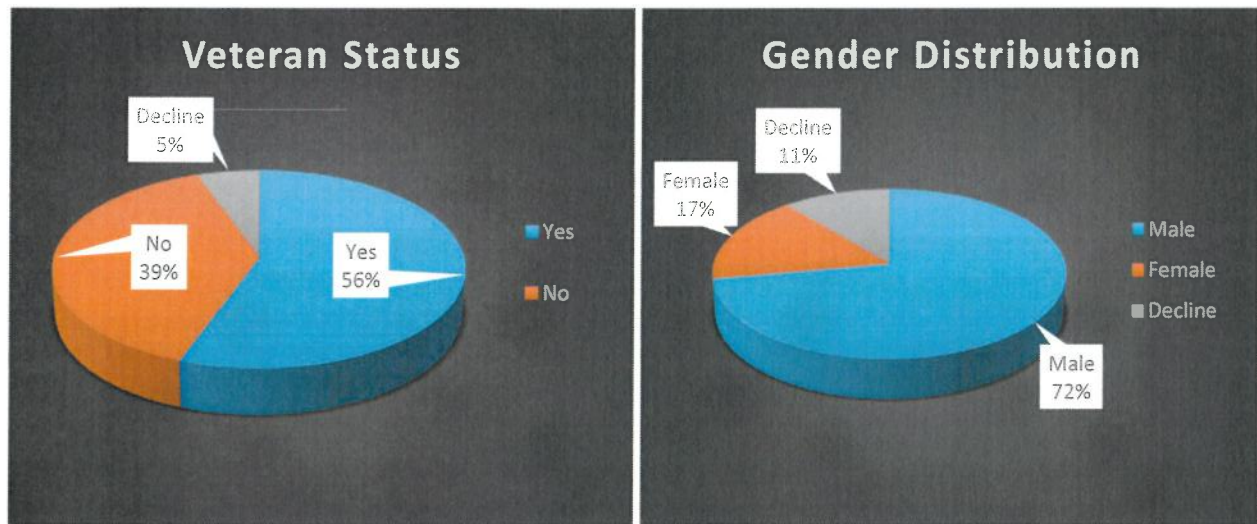
- In FY 20/21, 18 clients were served
- In FY 21/22 to December 31, 2021, 20 clients were served

Annual Target of Individuals Served:

- 90 Adults

Data Collection and 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 evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language. 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. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcomes survey to track and evaluate the effectiveness of the program.

Demographics:



Activity: SafeTALK

Program Code: SP-03

Description: SafeTALK is a training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and connects 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. SafeTALK was developed by Living Works Education to complement longer suicide intervention training.

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 throughout the training to provide experiential references for the participants.

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.

Goals:

- 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

Numbers Served:

- In FY 20/21, 0 clients were served. Due to the COVID-19 pandemic, restrictions around outreach events and gatherings limited the activities SYBH was able to hold
- In FY 21/22 to December 31, 2021, 17 clients were served

Annual Target of Individuals Served:

- 100 Adults

Data Collection and 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 evaluations are completed anonymously. The evaluations are written, in a culturally competent way, using non-stigmatizing language. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Activity: Signs of Suicide Prevention

Program Code: SP-04

Description: Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13). Using an age-appropriate DVD and follow-up discussion, the training is provided to middle school staff, students, and families to give youth the skills to “Acknowledge, Care, and Tell” if they feel that they, or someone they know, is showing signs of depression or may be at risk of suicide.

Goals:

- Decrease suicide and suicide attempts by increasing student knowledge about depression
- Encourage personal help-seeking and/or help-seeking on behalf of a friend
- Reduce the stigma of mental illness
- Encourage schools to develop community-based partnerships to support student mental health

Numbers Served:

- In FY 20/21, 616 unduplicated clients were served
- In FY 21/22 to December 31, 2021, 1998 unduplicated clients were served

Outcomes Desired: The outcomes desired from this standardized curriculum are as follows:

- Teach students how to identify the signs of depression and suicide in themselves and their peers
- Acknowledge the importance of seeking help
- engage parents and school staff as partners in prevention

Data Collection and 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 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.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH has written a draft Suicide Prevention Plan and will continue to work on this plan, until it is in its final form. One goal in this plan will be to develop a Suicide Prevention Collaborative. At this point in time no changes anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Access and Linkage to Treatment Program

Activity: Promotores Project

Program Code: AL-01

Description: The Promotores Project was planned for and initiated during FY 18/19, but due to an unanticipated change in staffing this activity could not be fully implemented. This activity was expected to be re-ignited during FY 19/20. PEI faced some challenges in staffing the program. In FY 20/21, two new staff members were hired and assigned to manage the Promotores program, but the COVID-19 pandemic prevented PEI from implementing the program. Promotores did community outreach regarding Mental Health Awareness, Each Mind Matters, and Knowing the Signs of Suicide in FY 20/21.

Goals:

- Help improve access to behavioral health and related community services in the local Latino community
- Provides an opportunity for peer mentors to educate community members that may be experiencing behavioral health concerns
- When working in the community, develop communication strategies to engage community members and connect them to services
- Develop a simple demographic form that can be utilized in massive community outreach

Numbers Served:

- In FY 20/21, 398 unduplicated clients were served
- In FY 21/22 to December 31, 2021, 288 unduplicated clients were served

Annual Target of Individuals Served:

- 500 clients from the Yuba and Sutter Latino and Punjabi communities

Outcomes Desired:

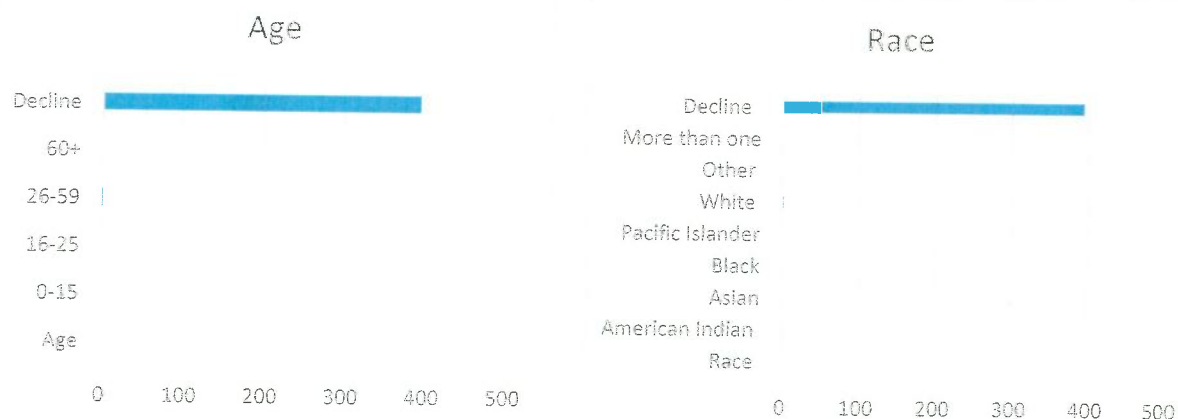
The outcomes desired from this standardized curriculum are as follows:

- Increase awareness of behavioral health services and resources in the community
Development and dissemination of Promotores in Behavioral Health to promote various resources in the community
- Promotores to become a resource for behavioral health services
- Enhance the quality of life for families by promoting behavioral health and well-being using a strength-based approach to empower families when delivering services
- Eliminate cultural barriers such as language, stigma, and mistrust to increase access and awareness to community services, specifically behavioral health services
- Raise awareness of substance use amongst youth, families, and the community
- Disseminate information to the Latino Community on Substance Abuse in youth, families, and the community

Culturally Competent: The role of the Promotores is to provide adequate resources and prevention services in all areas of prevention to our diverse community in Sutter-Yuba Counties in their primary language.

Data Collection and Evaluation: Data collection will depend on the number of Promotores trained and the number of trainings Promotores provide to the community.

Demographics:



Activity: Peer Resource Engagement Program (PREP)

Program Code: AL-02

Description: The Peer Resource Engagement Program (PREP) is founded around the idea that High School students understand the social and emotional stressors with which their peers are currently challenged. PREP provides a safe space to discuss, address, and examine youth stressors and issues and provide engaging activities to lessen the stressors. SYBH has entered an identical MOU with both the Sutter County Superintendent of Schools and the Yuba County Office of Education to administer these programs for each county.

The program empowers youth to lead efforts through mental health education and awareness while creating a positive impact in the community. Data collections and program effectiveness evaluation have been difficult, due to the recent closures of schools and any in-person meetings and the re-design of most of the program to fit into this new environment. The program successfully reached 352 students through activity bag distribution and online presence; however, the administration of pre/post surveys to determine if there was a decrease in risk factors or an increase in protective factors for students was not possible at this time.

Goals:

- To spread mental health awareness and preventions tools to youth in Sutter and Yuba Counties
- Provide interventions to students of identified target populations and appropriately connect them to resources
- Add protective factors to students via mentoring, positive role-modeling, and support
- Improvement of grades and attendance and a decline in discipline and negative behaviors

Numbers Served:

- In FY 20/21, 417 unduplicated clients

Annual Target of Individuals Served:

- 500+ Individuals

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Students that are at risk of being expelled from school
- Risk of a potentially serious mental illness

The outcomes predicted from this standardized curriculum are as follows:

- Decrease in school discipline referrals, suspensions, and absences
- Improvement in grades
- Appropriate use of school counseling (decrease of responsive sessions and increase in preventative sessions with counselor)

Cultural Competency: The program is intended for high school students from all backgrounds, races, ethnicities, and ages (within the appropriate age range for the groups).

Data Collection and Evaluation: PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Homeless Engagement and Resolution Team (HEART)

The Homeless Engagement and Resolution Team (HEART) is a street outreach program that was designed to identify, engage, interview, and assess homeless clients for services that are available throughout Sutter County and Yuba County. All clients engaged are referred to a central intake location connection to:

- Shelter and Housing
- Behavioral Health Treatment
- Substance Use Treatment
- Medical Treatment
- Victim Advocacy
- Veteran's Resources
- Showers
- Laundry
- Life Skills Classes

The goal of the program is to engage and build relationships and connect people to services, with the goal of ultimately ending their homelessness. Transportation to services and providers can be provided with the program to help link clients to services.

The team is a multidisciplinary team which is supervised by a Mental Health Therapist III and consists of an Intervention Counselor, Peer Mentor, and Outreach Worker. The team partners with Law Enforcement and Code Enforcement officers during outreach activities.

Number Served:

In FY 20/21 The HEART team made 105 referrals to multiple services throughout both Yuba and Sutter County.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

At this point in time there no changes are anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Timely Access to Services Program

Activity: Adult Early Intervention Program

Program Code: TA-01

Description: 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 initial six 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.

The pandemic and staffing shortages prevented the startup of this program. SYBH will review how to implement this program with the hope of a FY 21/22 implementation.

Activity: Family Urgent Response System (FURS)

Program Code: TA-02

Description: The Family Urgent Response System (FURS) for Foster Youth and Caregivers is a coordinated statewide, regional, and county-level system that provides 24-hour mobile response services, in-home, in-person crisis stabilization, conflict resolution and support services and resources to foster youth, former foster youth, and caregivers. The program aims to preserve placement for foster children and youth and strengthen relationships between the child or youth and their caregiver. It is focused on providing trauma-informed intervention to reduce additional trauma and hospitalization or law enforcement involvement. The program makes available a statewide toll-free hotline available 24 hours a day, 7 days a week for foster children, youth, and caregivers to call for support and resources to promote a healthy and healing environment for children, youth, and families. The program is currently contracted out to Youth For Change, a community-based organization with experience in providing in-person crisis intervention.

Currently, the FURS program has not required MHS funding as initially planned. MHS funding was

allocated to the program initially with the anticipation that it may be required. However, funding from Child Welfare was able to meet the financial needs of the program. As the program grows, it is anticipated that additional funding may be needed from the MHSA to support the provision of services.

Number Served:

- In FY 20/21, 0 clients were served. The FURS Interim Plan was launched March 1, 2021 and the long-term plan fully launched July 1, 2021

Data Collection and Evaluation: In FY 20/21, the program was still in its infancy and had not served any clients. The contractor will be collecting data through its Call Source and Exym phone answering system and Electronic Health Record, respectively. The contractor will also be completing the CANS crisis module to help inform outcomes and treatment planning.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

At this point in time there no changes are anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

INNOVATIONS (INN)

In 2018, SYBH reviewed data for individuals that were receiving hospital and emergency services as their primary source of care through Mental Health Plan (MHP) services. As a result of that review, it was noted that less than 2 percent of those served in emergency services and inpatient care at high levels of utilization were enrolled in Full-Service Partnerships or receiving regular outpatient care. When stakeholders, to include consumers and family members were asked why this might be occurring, stakeholders shared:

- There is significant stigma associated with our buildings and programs
- Sometimes our services didn't meet their needs or were unhelpful
- They liked the idea of family and client support in non-clinical engagement services, and the option for family therapy and support for loved ones living with chronic behavioral health conditions

Thus, a mobile engagement team was identified as a needed and helpful resource to explore via an innovation project called iCARE. The iCARE mobile engagement team serves individuals that are high utilizers of emergency or inpatient care, calling law enforcement or emergency medical services repeatedly, or are unengaged in care and living with untreated severe and or chronic behavioral health conditions. The iCARE team is focused on getting to know clients, understanding their ideas about personal wellness, desires for their own life, building trust and spending time getting to know client needs. The iCARE mobile engagement team is not a crisis team or a case management team, but works closely with SYBH's crisis, case management and FSP teams. The iCARE engagement team will link clients when they are ready, with outpatient treatment and support resources, accompanying clients to treatment services as needed and upon client request. The iCARE mobile engagement team may be comprised of any combination of paid peers, nurses, alcohol and drug counselors, and if needed, clinicians like LCSW's, MFT's or LPCC's.

iCARE's engagement team is referral based, serves individuals over 18 that may be chronic callers to 911, crisis lines, or other crisis phone-based resources, are going to the emergency room, inpatient facilities, or crisis programs as their main source of behavioral health care, and not connecting in outpatient care.

The iCARE innovation plan was approved by the MHSOAC in September of 2019, with an intended launch date in early 2020. With the global pandemic hitting in January of 2020, many aspects of the project were delayed. On July 1, 2020, DHCS released Behavioral Health Information Notice [20-040](#), giving county MHP's a one year extension on approved innovation plans. Thus, for Sutter-Yuba's purposes, the five-year period in which our approved innovation plan must be completed will begin in February 2021, with the newly contracted iCARE mobile engagement project team contractor coming on board in August of 2021, and a client services start date in 2022.

As of the writing of this report, the iCARE team is working on engaging several clients, and has undergone significant training from the Henry Amador Institute in the LEAP engagement strategy for individuals living with chronic behavioral health conditions, as well as the COACH engagement method from the Camden Coalition. Additionally, a vendor is working on the fabrication of mobile iCARE team offices via specialized van modifications.

Please note that expenditures for fiscal years 19/20, and 20/21 have been pushed forward from the original budget approved from the innovation plan below, commensurate to the timeline shared above due to the late start date.

| BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY | | | | | | |
|---|---------------------|---------------------|---------------------|---------------------|-------------------|---------------------|
| EXPENDITURES | | | | | | |
| PERSONNEL COSTS (salaries, wages, benefits) | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | FY 23/24 | Total |
| 1 Salaries | | | | | | |
| 2 Direct Costs | | | | | | |
| 3 Indirect Costs | 40,000 | 40,000 | 20,000 | 20,000 | 7,000 | \$ 127,000 |
| 4 Total Personnel Costs | \$ 40,000 | \$ 40,000 | \$ 20,000 | \$ 20,000 | \$ 7,000 | \$ 127,000 |
| OPERATING COSTS | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | FY 23/24 | Total |
| 5 Direct Costs | 59,200 | 149,200 | 149,300 | 77,700 | 44,538 | \$ 479,838 |
| 6 Indirect Costs | \$50,000 | \$60,000 | \$60,000 | \$60,000 | \$60,000 | \$ 300,000 |
| 7 Total Operating Costs | \$ 119,200 | \$ 209,200 | \$ 209,300 | \$ 137,700 | \$ 104,538 | \$ 779,838 |
| NON-RECURRING COSTS (equipment, technology) | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | FY 23/24 | Total |
| 8 Vehicles | 260,600 | | | | | \$ 260,600 |
| 9 Other Equipment | 53,450 | | | | | \$ 53,450 |
| 10 Total Non-Recurring Costs | \$ 314,050 | \$ - | \$ - | \$ - | \$ - | \$ 314,050 |
| CONSULTANTY COSTS/CONTRACTS (clinical, training, facilitator, evaluation) | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | FY 23/24 | Total |
| 11 Direct Costs | 300,000 | 1,025,000 | 1,025,000 | 875,000 | 275,000 | \$ 3,500,000 |
| 12 Indirect Costs | \$10,600 | \$200,000 | \$175,000 | \$175,000 | \$50,000 | \$ 1,210,600 |
| 13 Total Consultant Costs | \$ 310,600 | \$ 1,225,000 | \$ 1,200,000 | \$ 1,050,000 | \$ 325,000 | \$ 4,710,600 |
| OTHER EXPENDITURES (please explain in budget narrative) | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | FY 23/24 | Total |
| 14 Clothing | 2,300 | 1,600 | 2,300 | 1,600 | - | \$ 7,800 |
| 15 | | | | | | |
| 16 Total Other Expenditures | \$ 2,300 | \$ 1,600 | \$ 2,300 | \$ 1,600 | \$ - | \$ 7,800 |
| BUDGET TOTALS | | | | | | |
| Personnel (line 1) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Direct Costs (add lines 2, 5, and 11 from above) | \$ 359,200 | \$ 1,174,200 | \$ 1,174,200 | \$ 952,700 | \$ 319,538 | \$ 3,979,838 |
| Indirect Costs (add lines 3, 6 and 12 from above) | \$ 610,600 | \$ 300,000 | \$ 255,000 | \$ 255,000 | \$ 217,000 | \$ 1,637,600 |
| Non-recurring costs (line 10) | \$ 314,050 | \$ - | \$ - | \$ - | \$ - | \$ 314,050 |
| Other Expenditures (line 16) | \$ 2,300 | \$ 1,600 | \$ 2,300 | \$ 1,600 | \$ - | \$ 7,800 |
| TOTAL INNOVATION BUDGET | \$ 1,286,150 | \$ 1,475,800 | \$ 1,432,500 | \$ 1,209,300 | \$ 536,538 | \$ 5,939,288 |

Numbers Served: The iCARE mobile engagement team was launched in November 2021 after extensive staff training and orientation to the iCARE engagement program design and philosophy. As of the writing of this report, 3 individuals are being supported via engagement services, with 6 additional referrals under review. For the community education strategy of the iCARE project, two major training programs were launched; 1) both adult and youth community based mental health first aid courses (MHFA), and 2) the Amador Institute's Listen, Empathize, Agree and Partner Engagement course (LEAP). Over the 20/21 fiscal year, 530 community members were trained in MHFA, and 173 staff members and community partners, to include local emergency room hospital staff, were trained in LEAP.

Program Outcomes: This year has been considered the startup year as the program's start date was delayed due to COVID-19. In this fiscal year, SYBH has been focused on getting the necessary vendors/contracts in place to provide the services for this project as proposed in the approved

Innovation plan. The completion or in progress status of the following contracts at this stage of the Innovation project would be considered an outcome and is reported below.

- Mobile Engagement Provider Contract: Telecare completed June 2021
- Provider Training Contracts: Mental Health First Aid (MHFA), GETraining Solutions, completed Jan 2020 (1/1/2020) Amador Institute (LEAP) Completed January 2021, (01/01/2021) COACH training contract in process, anticipated completion Dec 2021.
- Mobile Office Van Conversion Vendor Contract: MobilityWorks Contract approved September 2021
- Evaluation Vendor Contract: In progress, anticipated completion early 2022

Going forward, in conjunction with our contracted vendors, the focus will be the learning plan and framework presented in the iCARE Innovation Plan. SYBH will measure iCARE Team successes using both process and outcome indicators. Process indicators will measure the extent to which the project was implemented as intended, while outcome measures will provide information on the effect of the project on consumers, the mental health system, and the community overall. Specific outcomes we hope to capture include increased utilization of outpatient behavioral health (BH) care for underserved groups, increased consumer engagement, decreased hospitalizations, decreased ER visits, and increased community awareness of BH services to list a few.

Challenges Faced: The global pandemic and impacts of COVID-19 were staggering. County staff responsible for implementation of the project were diverted to pandemic response duties for up to 60% of their overall time in certain points of the reporting period. Despite this challenge, SYBH was very successful in working with county health and human services to work within required purchasing processes to secure vendors via Board of Supervisor approval during this reporting period. This was an extraordinary effort given the impacts of COVID-19 at all levels of the organization.

Successes: SYBH secured contracts for the iCARE mobile engagement team with Telecare Corporation, which hired staff, found office space, and began the program development phase of the contract as of August 2021. Contracts were approved in June of 2021. Since this was a new contract with Telecare, and they had never been a provider in our region, the contract and affiliated project elements had to be built from the ground up. For a small county, this was a big lift, however, Telecare's start up team was very engaged with County MHP, helping to get brand new program elements in place for the iCARE project, as well as supportive housing and Full-Service Partnership services not funded under the innovation project.

Approved contracts with GETraining for MHFA were in place January 2020, and online trainings were offered due to the COVID -19 pandemic. MHFA courses were modified to be offered remotely as the training strategy shifted from in-person to online trainings, which was a heavy but successful lift. Similarly, the LEAP training strategy was modified with LEAP trainings going from being planned for in-person trainings to online trainings with the first training being offered February 11, 2021.

Changes From Previous Plan: No program changes are being recommended at this time as the program is just getting started. Fiscally, SYBH would like to update the budget narrative of the innovation plan below.

Per the approved innovation plan, page 17:

Current Language: Year one of the iCARE Project includes the purchase of five mobile care vans with conversion packages for a total approximate cost of \$260,600.

Changes/Updates: Year one of the iCARE Project includes the purchase of three mobile care vans with conversion packages for a total approximate cost of \$260,600, to include van wraps that aren't behavioral health specific.

These changes are being made due to updated costs for van conversions within current market conditions, and stakeholder feedback not to, "come into our neighborhood with your white coats and vans." While mobile home-based engagement was positively supported by stakeholders, stigma associated with behavioral health or county vehicles was noted as a barrier by stakeholders. Thus, the changes above will allow the project to proceed per stakeholder feedback by wrapping the mobile vans with graphics that are not specific to behavioral health or county cars.

WORKFORCE EDUCATION AND TRAINING (WET)

The goal of the Workforce Education and Training (WET) component is to develop a diverse and well trained, competent workforce.

In 2019, the Office of Statewide Health Planning and Development (OSHPD), now known as the Department of Health care Access and Information (HCAI) with input from its partner agencies, developed the following mission statement to guide all WET activities in a California Regional 2020-2025 WET Five-Year Plan.

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. Services need to be consumer- and family-driven, equitable, compassionate, culturally, and linguistically appropriate, and gender responsive, across the lifespan.

The goal is to develop a diverse licensed and non-licensed professional workforce skilled in working with those who access the behavioral health system.

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. Develop career pathways for individuals entering and advancing across new and existing PMHS professions.
3. Expand the capacity of postsecondary education to meet the identified PMHS workforce needs.
4. Expand financial incentive programs for the PMHS workforce to equitably meet identified PMHS needs in underrepresented, underserved, unserved, and inappropriately served communities.
5. Expand education and training programs for the current PMHS workforce in competencies that align with the full spectrum of PMHS needs.
6. Increase the retention of PMHS workforce identified as high priority.

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

Actions that Support Goals and Objectives:

The following actions and agreement have been entered into with Fresno County as The Grantee: The County of Fresno (Grantee) as the fiscal sponsor will provide ongoing staffing support to coordinate/administer programs and activities for individuals and entities that have committed to work collaboratively as a Regional Partner in the Central Region. The counties included in the region are: Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter-Yuba, Tulare, Tuolumne, and Yolo counties.

Scope of Work

The Grantee shall administer all components (including entering into written agreements with individual awardees, worksite placement, monitoring paid or volunteer work requirements and training activities) in one or more of the following programs identified in their grant application to support the workforce needs in their region:

- **Pipeline Development:** Introduce the PMHS to kindergarten through 12th grades, community colleges, and universities. Ensure that these pipeline programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities. The Grantee shall administer pipeline activities and may identify students as potential scholarship and stipend candidates.
- **Undergraduate College and University Scholarships:** Provide scholarships to undergraduate students in exchange for paid or volunteer work in a local mental health setting. The Grantee may consider the following factors in determining the scholarship level: student's academic aspirations (including certificate, associate degree, bachelor's degree, and career development), pre-placement training and education received, lived experience, and or other possible factors. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.
- **Clinical Master and Doctoral Graduate Education Stipends:** Provide funding for post-graduate clinical master and doctoral education work performed in a local PMHS agency. The Grantee selects students in advance of their final year of education, giving consideration to applicants who previously received a WET scholarship. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.
- **Loan Repayment Program:** Provide educational loan repayment assistance to PMHS professionals that the local jurisdiction identifies as high priority in the region, giving consideration to applicants who previously received scholarships and/or stipends. The Grantee may take into consideration the following factors when determining award amounts: applicants who previously received scholarships and/or stipends, educational attainment, the level of unmet need in the community served, and years of service in the PMHS. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.

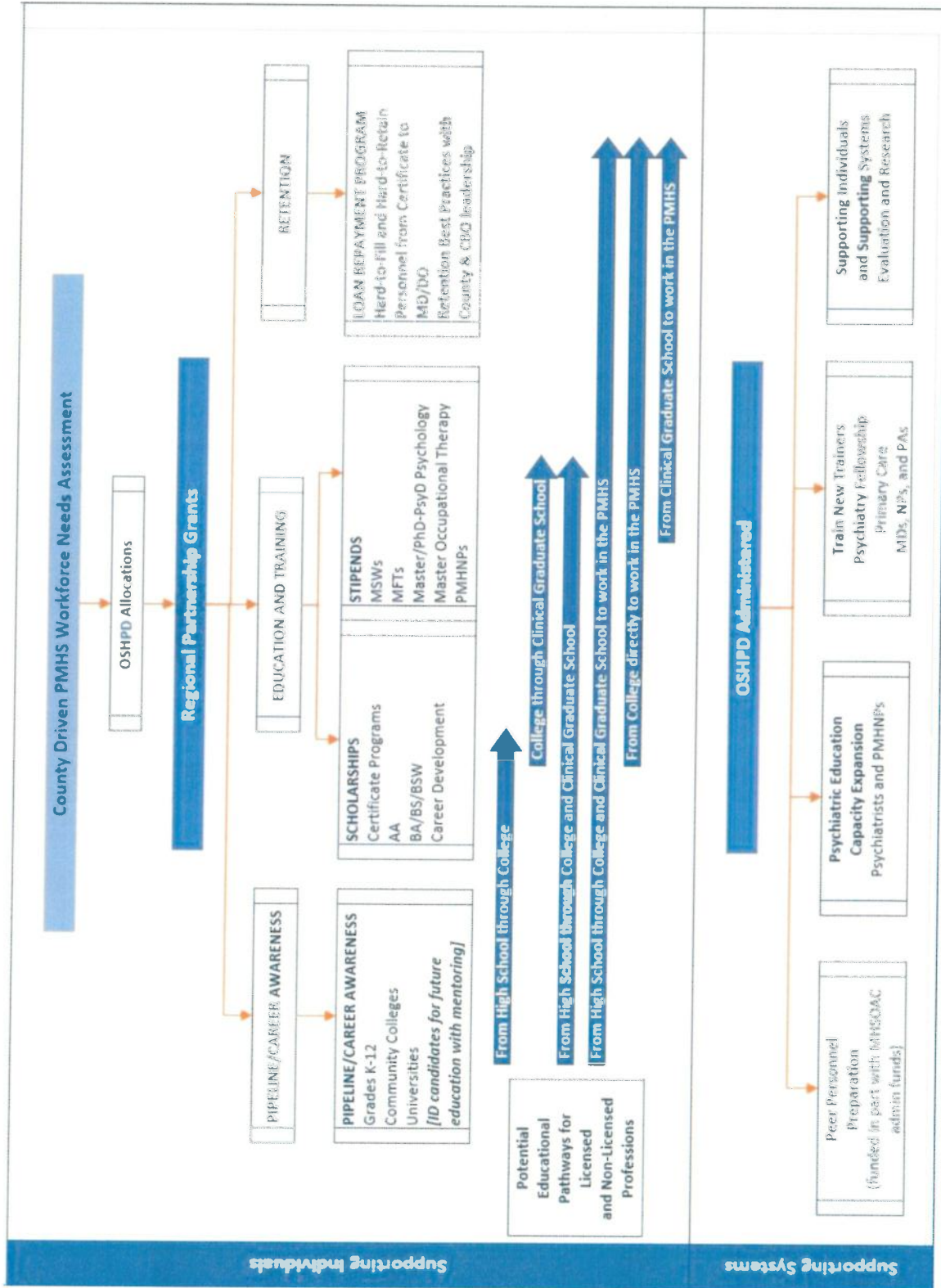
- **Retention Activities:** Increase the continued employment of hard-to-find and hard-to-retain PMHS personnel, by developing and enhancing evidence-based and community-identified practices.

Currently Sutter-Yuba is actively performing Loan Repayment and Retention activities through the Regional Partnership. The application for Loan Repayment began January 1, 2022 with a close date of applications on 2/28/22. At the writing of the 2020-2021 MHSA Annual Update HCAI has not provided the number of individuals who applied for the Loan Repayment Program. SYBH will include this information as well as how many were accepted into the Loan Repayment Program in the next MHSA Annual Update.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be exploring whether there is a need to move beyond the Central Regional Partnership and provide additional localized WET education and training.

Plan Framework Matrix



CAPITAL FACILITIES AND INFORMATION TECHNOLOGY

Currently SYBH does not have any current MHA CAPIT projects.

**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 |

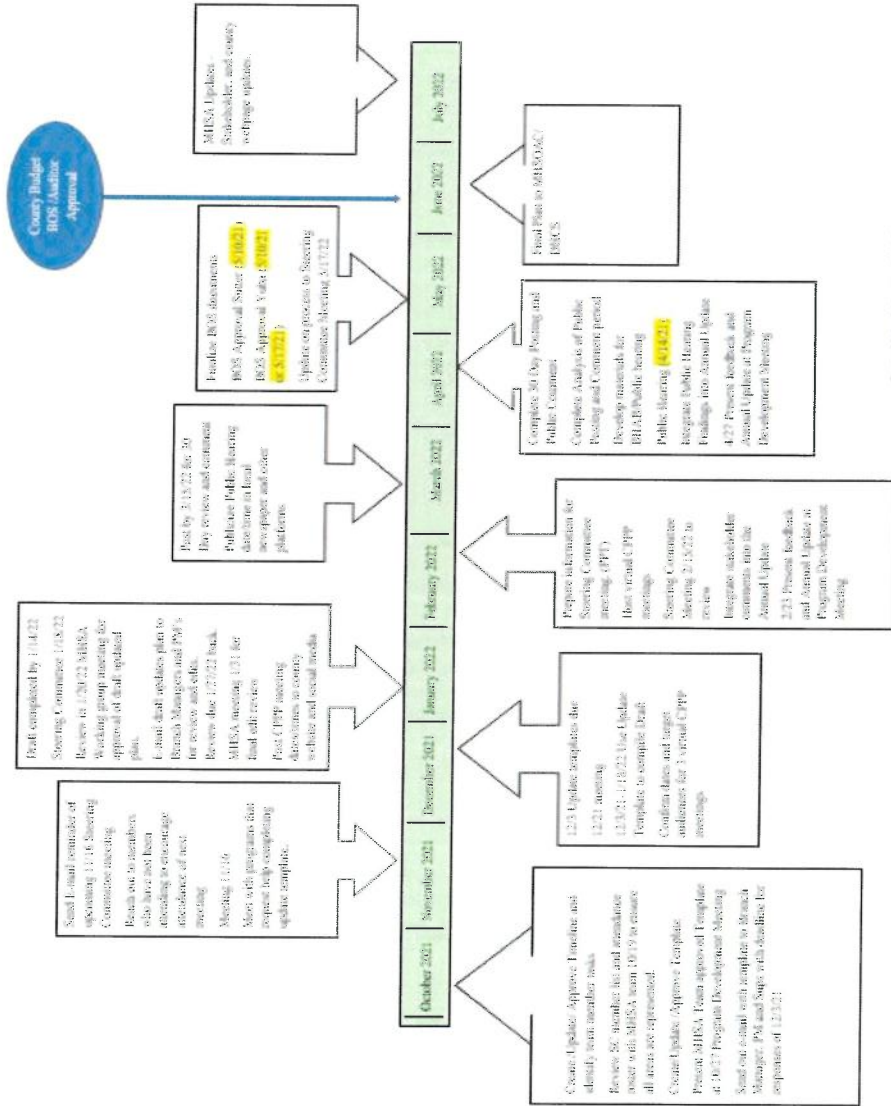
APPENDICES

- A. MHSa Annual Update Planning Process Timeline FY 20/21
- B. FY 20/21 MHSa Annual Update Program Report Template
- C. SYBH MHSa Program Development Meeting Agendas FY 20/21
- D. SYBH MHSa Steering Committee Agendas FY 20/21
- E. FY 20/21 MHSa Stakeholder Focus Group Flyer
- F. Stakeholder Forum Sign-In Sheet Template
- G. SYBH MHSa Annual Update FY 20/21 Stakeholder Focus Group PowerPoint Presentation – English
- H. SYBH MHSa Annual Update FY 20/21 Stakeholder Focus Group PowerPoint Presentation – Spanish
- I. SYBH MHSa Stakeholder Forum SurveyMonkey Survey
- J. Press Release: Notice of Public Hearing
- K. PEI Demographics

MHSA Annual Update Planning Process Timeline

FY 2020/2021

How many Stakeholder meetings does one?



Sumner Valley Behavioral Health

16-1271

Appendix B

FY20/21 MHSA Annual Update Program Report Template

What happened in FY20/21?

The Program Report template for your programs is due 12/3/2021. If you need help completing this, please contact Jesse (jhallford@co.sutter.ca.us) or Tony (tvang@co.sutter.ca.us) to set up a time to review your program.

Program Name: _____ Report Time Period: July 1, 2020 – June 30, 2021

How many served? How many un-duplicated? : _____

What outcome measures are you gathering? : _____

How do you collect the outcome data? _____

Successes in this reporting period: _____

Challenges faced this in this reporting period: _____

Changes that occurred during this reporting period that are different than what is stated in the [Three Year Program and Expenditure Plan 2021-2024](#) : _____

Recommendations for FY 22/23 and Beyond

We will be gathering recommendations from various sources to include in our MHSA 20/21 Annual Update. Please write down the recommendations you, your staff, and your consumers have regarding the program. Identify who the recommendations are from.

Appendix C

SYBH MHSa Program Development Meeting
August 25, 2021
Agenda

| AGENDA ITEMS TOPICS for Discussion | Agenda Items | Who Leading Discussion |
|---|--|-----------------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| MHSA Staff Analyst Update | Jesse Hallford has accepted Staff Analyst position. Will start with MHSA at the end of September. | Betsy |
| MHSA Programs | List of MHSA Programs | Betsy |
| MHSA Budgets | Overview of MHSA Budgets Recent Reconciliation Program History & Future of Reversion Funds How Budget Productivity Projections Impact MHSA Funding Preparing for Next FY Budget Must Be approved by BOS in Sutter Budget and in MHSA Plan | Betsy |
| MHSA CSS Outcome Data | Outcome Data Increased Importance Dashboards Demographic Data Quarterly Reports in Program Development Meetings | Tony |
| MHSA PEI Outcome Data Not Confirmed | Outcome Data | Rudy |
| Plus/Delta & Topics for Future Meetings | Plus/Delta Request for Topics Helpful budget issues and presentations – How much money we do have allocated – flex funding? Outcome measures – Program managers/supervisors - show budgets – pushed out , keep showing, getting more specific – <ul style="list-style-type: none"> - Billing dashboards – medi-cal billing – - Staff feel they are doing good work and outcomes shows it. - Rudy and john put out reports mhsa p drive, reports to review – what was accomplished – the amount of work done with schools shut down - | Betsy |
| Meeting Schedule | | |


Appendix C

SYBH MHSa Program Development Meeting
 September 22, 2021
 Agenda

| AGENDA ITEMS TOPICS for Discussion | Agenda Items | Who Leading Discussion |
|---|--|-----------------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| MHSa Staff Analyst Update | Jesse Hallford has accepted Staff Analyst position. Will start with MHSa on October 4, 2021. | Betsy |
| MHSa PEI Outcome Data | Outcome Data | Rudy |
| Medi-Cal Dashboard | Discuss Medi-Cal Dashboard | Tony |
| MHSa Budgets | Overview of BH Funding | Betsy |
| Topics for Upcoming Meetings | Gather suggestions for upcoming meetings. | Betsy |
| Meeting Schedule | Regularly Occurring Monthly Meeting, the 4 th Wednesday of the month from 3:30 – 4:30 PM. Next Meeting: October 27, 2021 | |



Appendix C

SYBH MHSА Program Development Meeting
December 22, 2021
Agenda

| AGENDA ITEMS TOPICS for Discussion | Agenda Items | Who Leading Discussion |
|---|---|-----------------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| All Dashboards | Discuss Medi-Cal/Fiscal Dashboard / DCR and Productivity | Tony |
| MHSА Annual Update | Timeline Annual Update Report Template and outline Stakeholder meeting updates  MHSА 20-21 Annual Update Timeline.doc | Betsy and Jesse |
| Meeting Schedule | Regularly Occurring Monthly Meeting, the 4 th Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for January 26, 2022. | Betsy |



Appendix C

SYBH MHSA Program Development Meeting
January 26, 2022
Agenda

| AGENDA ITEMS TOPICS for Discussion | Agenda Items | Who Leading Discussion |
|---|---|-----------------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| WET Regional update | Loan Repayment and Hiring Incentives | Betsy and Jesse |
| All Dashboards | Discuss Medi-Cal/Fiscal Dashboard / DCR and Productivity | Tony |
| MHSA Annual Update | Timeline and Stakeholder meetings  Focus Group Flyer General.docx Annual Update Review  20.21 Draft Annual Update.docx | Betsy and Jesse |
| Meeting Schedule | Regularly Occurring Monthly Meeting, the 4 th Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for February 23, 2022. | Betsy |



Appendix C

SYBH MHSA Program Development Meeting
January 26, 2022
Agenda

| AGENDA ITEMS TOPICS for Discussion | Agenda Items | Who Leading Discussion |
|---|---|-----------------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| WET Regional update | Loan Repayment and Hiring Incentives | Betsy and Jesse |
| All Dashboards | Discuss Medi-Cal/Fiscal Dashboard / DCR and Productivity | Tony |
| MHSA Annual Update | Timeline and Stakeholder meetings  Focus Group Flyer General.docx Annual Update Review  20.21 Draft Annual Update.docx | Betsy and Jesse |
| Meeting Schedule | Regularly Occurring Monthly Meeting, the 4 th Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for February 23, 2022. | Betsy |




Appendix D

SYBH MHSA Steering Committee
November 16, 2021
Agenda

| AGENDA ITEMS TOPICS for Discussion | Details to Be Reported On | Who Leading Discussion |
|--|--|------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| Review of Agenda and Minutes from 8-17-21 |  MHSA Steering Comm 8-17-21 Minu | Betsy |
| Analyst Hired | | Betsy |
| Dashboards & Outcome Data Updates | Update on Dashboards and Outcome Data | Tony and Jesse |
| Youth Facilities- Children Thrive | Camptonville Project | Amy - Cathy |
| Timeline for CPPP Process for Annual Update Review the CPPP Process and Timeline | MHSA 20-21 Annual Update Timeline.docx | Betsy and Jesse |
| Review of Three-Year Plan |  MHSA3YearPlanFY2 02124Appro.pdf | Betsy and Mark |
| Meet Schedule | Meeting Dates through 2022 All Meetings on Tuesday from 4-5 PM February 15, 2022 May 17, 2022 August 23, 2022 | |
| Meeting Location | Join Zoom Meeting https://zoom.us/j/97817619479?pwd=NDVFNFRrVGR1aTE5N25kcUllkeVd0QT09 Meeting ID: 978 1761 9479 Passcode: 616457 One tap mobile +16699006833,,97817619479# US (San Jose) +13462487799,,97817619479# US (Houston) Dial by your location +1 669 900 6833 US (San Jose) +1 346 248 7799 US (Houston) +1 253 215 8782 US (Tacoma) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC) Meeting ID: 978 1761 9479 Find your local number: https://zoom.us/u/acBaFpkUvb | |

Appendix D




SYBH MHSA Steering Committee
December 21, 2021
Agenda

| AGENDA ITEMS TOPICS for Discussion | Details to Be Reported On | Who Leading Discussion |
|--|--|-------------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| Review of Agenda and Minutes from 11/16/21 |  MHA Steering Comm 11-16-21 min | Betsy |
| Dashboards & Outcome Data Updates | Update on Dashboards and Outcome Data | Tony and Jesse |
| Youth Facilities- Children Thrive | Camptonville Project | Amy - Cathy |
| PREP Program | | |
| Timeline for CPPP Process for Annual Update Review the CPPP Process and Timeline |  MHA 20-21 Annual Update Timeline.doc | Jesse |
| Review of Three-Year Plan |  MHA3YearPlanFY2 02124Appro.pdf <ul style="list-style-type: none"> • Feedback from November meeting / show changes made to Annual Update based on feedback • Additional feedback from members of 3-Year Plan | Betsy and Mark |
| Annual Update | Review of Annual Update and outline | Jesse |
| Meeting Schedule | Meeting Dates through June 2022 All Meetings monthly on Tuesday from 4-5 PM January 18, 2022 February 15, 2022 March 15, 2022 April 19, 2022 May 17, 2022 June 21, 2022 | |

| | | |
|-------------------------|--|--|
| Meeting Location | <p>Join Zoom Meeting https://zoom.us/j/97817619479?pwd=NDVFNFRrVGR1aTE5N25kellkeVd0QT09</p> <p>Meeting ID: 978 1761 9479 Passcode: 616457 One tap mobile +16699006833,,97817619479# US (San Jose) +13462487799,,97817619479# US (Houston)</p> <p>Dial by your location +1 669 900 6833 US (San Jose) +1 346 248 7799 US (Houston) +1 253 215 8782 US (Tacoma) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC) Meeting ID: 978 1761 9479 Find your local number: https://zoom.us/u/acBaFpkUvb</p> | |
|-------------------------|--|--|

Appendix D

SYBH MHSA Steering Committee
January 18, 2022
Agenda

| AGENDA ITEMS TOPICS for Discussion | Details to Be Reported On | Who Leading Discussion |
|--|--|------------------------|
| Attendance | | Betsy |
| Welcome & Introductions | | Betsy |
| Review of Agenda and Minutes from 12/21/21 |  MHA Steering Comm 12-21-21 Min | Betsy |
| Dashboards & Outcome Data Updates | Update on Dashboards and Outcome Data | Tony and Jesse |
| Youth Facilities- Children Thrive | Camptonville Project | Amy - Cathy |
| Survey Requirements / development for outcomes | Meeting to be scheduled for Feb/March Amy taking the lead to schedule | Amy / Jesse |
| HEART Program | Additional staff for the HEART outreach | Chaya |
| MH for infants and toddlers | Meeting to be scheduled in late spring | |
| Timeline for CPPP Process for Annual Update Review the CPPP Process and Timeline |  MHA 20-21 Annual Update Timeline.doc | Jesse |
| Review of Three-Year Plan |  MHA3YearPlanFY2 02124Appro.pdf <ul style="list-style-type: none"> • Feedback from November meeting / show changes made to Annual Update based on feedback • Additional feedback from members of 3-Year Plan | Betsy and Mark |
| Annual Update | Review of Annual Update and outline | Jesse |
| Meeting Schedule | Meeting Dates through June 2022 All Meetings monthly on Tuesday from 4-5 PM January 18, 2022 February 15, 2022 March 15, 2022 April 19, 2022 May 17, 2022 | |

| | | |
|------------------|---|--|
| | June 21, 2022 | |
| Meeting Location | <p>Topic: MHSA Steering Committee January 2022 Time: Jan 18, 2022 04:00 PM Pacific Time (US and Canada)</p> <p>Join Zoom Meeting https://us06web.zoom.us/j/87820208285?pwd=bIZ4REFwTVRFWFBEc3ltVUVEWUpMZz09</p> <p>Meeting ID: 878 2020 8285 Passcode: 922665 One tap mobile +16699006833,,87820208285# US (San Jose) +13462487799,,87820208285# US (Houston)</p> <p>Dial by your location +1 669 900 6833 US (San Jose) +1 346 248 7799 US (Houston) +1 253 215 8782 US (Tacoma) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC)</p> <p>Meeting ID: 878 2020 8285 Find your local number: https://us06web.zoom.us/j/kdPDHGUEig</p> | |



WEDNESDAY, FEBRUARY 9, 2022

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 program planning process (CPPP) 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 Annual Update for Fiscal Year 2020-2021 and allow the community to participate in program planning.



Sutter-Yuba Mental Health Services / Mental Health Service Act
Sutter-Yuba Mental Health Services / Mental Health Services Act

LOCATION:

Zoom Virtual

Link:

<https://us06web.zoom.us/j/87462093716>

TIME:

3:30 PM – 5:00 PM

Opportunity to
share your thoughts
and opinions

There will be \$10
Walmart gift cards
for participating
consumer and
family members to
thank them for their
time and input.

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

Facilitators: _____

Stakeholder Forum Sign-In Sheet

Location: _____
Date: _____

| | Name | Organization/Affiliation | Title | E-mail |
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SUTTER-YUBA
BELIEVES
Empowering Healthy Communities
MENTAL HEALTH SERVICES ACT (MHSA) FOCUS GROUP

PARTICIPATION GUIDE

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

This Community Program Planning Process (CPPP) for MHSA is meant to give community members a chance to learn about Sutter-Yuba Behavioral Health's MHSA programs. This presentation is intended to help you understand the Mental Health Services Act (MHSA), and to train you the community in your role in the CPPP. Your input is vital component of the CPPP process. We will be asking you to provide input by answering the following 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?

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

Meetings like this get the best results when we listen to other perspectives and encourage different voices to be heard.

- ✦ 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
- ✦ If you have thoughts that you did not get to share during the discussion, please contact Jesse Halford (jhalford@co.sutter.ca.us) or Tony Vang (tvang@co.sutter.ca.us). All comments will be read and included in the plan.

WHO WE ARE

SUTTER-YUBA BEHAVIORAL HEALTH

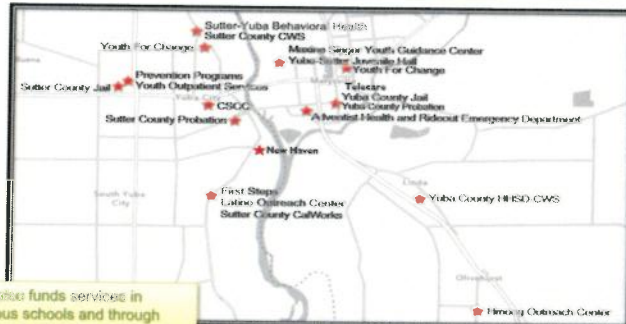
- As the Mental Health Plan for Sutter and Yuba Counties, Sutter-Yuba Behavioral Health (SYBH) is responsible for providing specialty mental health services (SMHS) to include community-based mental health and substance use disorder treatment programs for those who have Medicare, Medi-Cal, are uninsured, are low-income and are underserved, unserved or inappropriately served. The Mental Health Services Act (MHSA) Team coordinates SYBH programs funded by the Mental Health Services Act and is responsible for developing the MHSA Three-Year Program and Expenditure Plan and Annual Updates to be submitted to the State.

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 ongoing innovative services provided within the local community.



SERVICE LOCATIONS



SYBH also funds services in numerous schools and through other organizations.



MENTAL HEALTH SERVICES ACT – BACKGROUND & GUIDING PRINCIPLES

BACKGROUND

- Mental Health Services Act – Passage of Proposition 63 in November 2004.
- 1% tax on annual income in excess of \$1 million.
- These tax dollars are used to fund mental health programs throughout the State's 58 counties. These mental health programs fall under the Mental Health Services Act



GUIDING PRINCIPLES

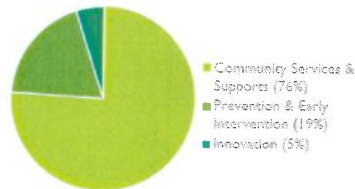
- MHPA intended to:
 - Introduce effective new service models: emphasizing well-being, recovery, and self-help.
 - Promote prevention and early intervention programs to prevent Serious Mental Illness (SMI).
 - Reduce stigma and change negative social perceptions.
 - Enhance human resource, technology, & infrastructure.
 - Provide effective delivery of services.



COMPONENTS OF MHSA & FUNDING

- Components (six)
 1. Community Program Planning Process (CPPP)
 2. Community Services and Supports (CSS)
 3. Capital and Information Technology (CFTN)
 4. Workforce Education and Training (WET)
 5. Prevention and Early Intervention (PEI)
 6. Innovation (INN)

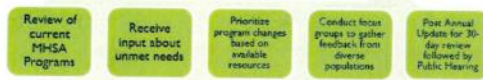
Percentage of Funding for Each Component



COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

The Community Program Planning Process allows the behavioral health department to:

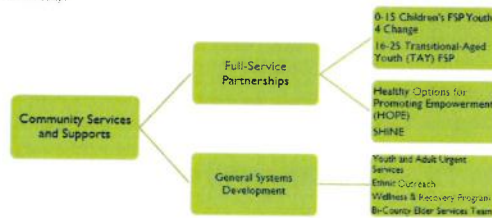
- Educate stakeholders and the public on the Mental Health Services Act.
- Encourage discussion of mental health issues and services that are available in the community.
- Gather feedback from the community on current planning efforts.
 - Cultural and linguistic groups
 - Consumers and family members
 - Different age groups
 - Groups from diverse geographic locations
 - Various other stakeholders in the community



COMMUNITY SERVICES AND SUPPORTS (CSS)

Provides direct services and treatment to those living with serious mental illness

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



MHSA PROGRAMS: CSS FSP

- **Early Childhood (Age 0-5) & Children's (Age 6-15) Full-Service Partnership (FSP)**
 - **Goal:** To help children, youth and their families to improve mental health to promote successful adjustment to life circumstances, school performance, and involvement with child-serving systems.
 - **Contracted out** to Youth 4 Change, a local behavioral health provider.
 - Provides a variety of office, community and **home-based** services and supports to children, youth, and their families to promote mental well-being.
 - Provides supportive services such as Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), and Community-Based Services (CBS).
 - Consumers have access to 24/7 crisis support services
- **Transitional-Aged Youth - TAY (16-25) Full-Service Partnership (FSP)**
 - **Goal:** To assist youth with significant mental health concerns in order to make the transition from youth to adulthood as seamless as possible
 - Provides a variety of office, community and home-based services and supports to children, youth, and their families to promote mental well-being.
 - **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 use disorders, who are aging out of foster care, probation and/or children's mental health systems.



Appendix G

MHSA PROGRAMS: CSS FSP

- **HOPE (Healthy Options for Promoting Empowerment)**
 - 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.
 - Goal: Helping participants to meet basic needs, participate fully in community life, decrease isolation, increase independence and support a sense of belonging.
- **SHINE (Support Hope Independence New Empowerment)**



MHSA PROGRAMS: CSS NON-FSP

- **Youth Urgent Services**
 - Available to individuals age 0-20 years who are seeking specialty mental health services.
 - Services provided through Open Access Clinic which operates Mons and Thurs from 8AM-10AM.
 - Provides initial triage including assessments, diagnosis, and brief treatment for mental health concerns.
- **Adult Urgent Services**
 - Available to individuals age 18 and above who are seeking specialty mental health services.
 - Services provided through Open Access Clinic which operates Mon-Thurs 8AM-2PM.
 - Provides urgent assessments, diagnosis, brief treatment for mental health concerns and substance use disorder services
- **Bi-County Elder Services Team (BEST)**
 - Services older adults (age 60+) with serious mental health conditions or co-occurring substance use conditions.
 - Provides outreach, assessment, therapy, case management, and linkage to other adult services.
 - Works closely with partner agencies such as Adult Protective Services, In-Home Supportive Services, Senior Legal Services, and FREED Center for Independent Living to assist older adults



MHSA PROGRAMS: CSS NON-FSP

- **SYBH Ethnic Outreach Programs**
 - Hmong Outreach Center
 - Latino Outreach Center
- **Wellness & Recovery Program**
 - Offers recovery-oriented group and individual support to consumers with serious mental health conditions.
 - Partners with Sutter County schools to provide onsite Adult Education and Work Activity Center.
 - Help consumers work toward their social, occupational, and educational goals.
 - Peer Staff and volunteers work together as an **integrated** team to provide wellness and recovery-oriented activities such as Culinary Academy, Home **Economics, Art** and Music Groups, Peer Counseling



PREVENTION AND EARLY INTERVENTION



Outreach "Outreach" is a process of engaging, encouraging, educating, and/or training about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

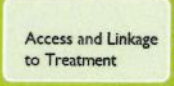


PREVENTION "Prevention Program" means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of Prevention Programs is to reduce negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.



EARLY INTERVENTION IS KEY "Early Intervention Program" means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the application of evidence-based practices. **BETTER YUBA BELIEVES**

PREVENTION AND EARLY INTERVENTION



Access and Linkage to Treatment "Access and Linkage to Treatment Program" means a set of related activities to connect children with severe mental illness, and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.



(STIGMA) "Stigma and Discrimination Reduction Programs" are direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.



SUICIDE PREVENTION Suicide Prevention Programs means organized activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness.

MHSA PROGRAMS: INNOVATION & WORKFORCE, EDUCATION & TRAINING

- **Innovations:**
 - The iCARE Project has two major components, a field-based mobile response team to meet with people in the community, and a large community training component, anyone can attend trainings, at no cost.
- **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 underserved and underserved populations, as well as services that are linguistically and culturally competent and relevant and include the viewpoints and experience of clients and their families/caregivers.
 - Central Regional Partnership



DISCUSSION

1. Which MHSA programs are most important to you as a community member?
2. What are the biggest obstacles that clients/consumers face in seeking mental health services?
3. How can we best let the community know about MHSA programs and services?
4. Any additional comments, questions, concerns?



QUESTIONS / COMMENTS?

Demographic Survey:

<https://www.surveymonkey.com/r/95YXKOM>

- Please contact Betsy Gowan, Jesse Halford, or Tony Vang
- 530-822-7200
- 1965 Live Oak Blvd. ,Yuba City, CA 95991





GUÍA DE PARTICIPACIÓN

Cómo aprovechar al máximo la reunión de hoy y asegurarse de que se escuche su voz.

Este Proceso de Planificación de Programas Comunitarios (CPPP) para MHSA está destinado a dar a los miembros de la comunidad la oportunidad de aprender acerca de los programas MHSA de Sutter-Yuba Behavioral Health. Esta presentación tiene por objeto ayudarle a comprender la Ley de Servicios de Salud Mental (MHSA) y a capacitar a la comunidad. Su aportación es un componente vital del proceso CPPP. Le pediremos que proporcione sus comentarios respondiendo a las siguientes preguntas importantes:

1. ¿Qué programas de MHSA son más importantes para usted como miembro de la comunidad?
2. ¿Qué aspectos del Plan MHSA considera más valiosos e importantes de implementar?
3. ¿Cómo podemos informarme mejor a la comunidad sobre los programas y servicios de MHSA?

Aquí hay algunos consejos sobre cómo su aporte puede influir mejor en los resultados de este Proceso de Planificación del Programa Comunitario.

Reuniones como esta obtienen los mejores resultados cuando escuchamos otras perspectivas y alentamos a que se escuchen diferentes voces.

- Comience desde un lugar de aprendizaje: todos estamos aquí para aprender juntos y unos de otros.
- Mantenga una mente abierta y participe plenamente en el proceso.
- Escuche con curiosidad para comprender los programas de MHSA y cómo pueden servir mejor a las personas de su comunidad.
- Comparta sus opiniones de forma respetuosa y constructiva.
- Ayúdanos a mantener un ambiente de profesionalismo y discusión considerada. Algunas formas en que puede hacer esto:
 - Dar retroalimentación reflexiva, amable y constructiva.
 - Comparta información cuando sea apropiado.
 - Manténgase enfocado en el tema en cuestión.
 - Respete al moderador y cronometrador. Tratar cualquier información personal que otros compartan con respeto y confidencialidad.
- Si usted tiene pensamientos que no pudo compartir durante la discusión, por favor contacte a Jesse Haliford (jhaliford-co.sutter.ca.us) o a Tony Vang (tvang-co.sutter.ca.us). Todos los comentarios serán leídos y incluidos en el plan.

¿QUIENES SOMOS?

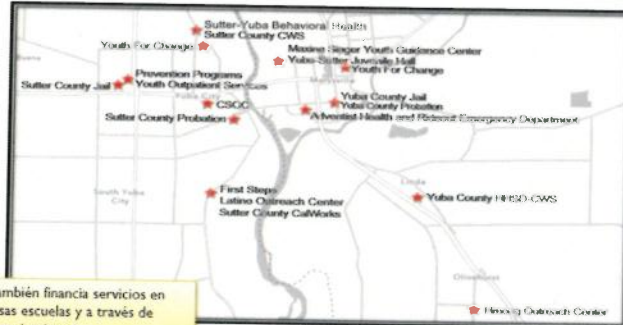
Sutter y Yuba, La Clínica de Salud y Bienestar

- Como Plan de Salud Mental para los condados de Sutter y Yuba, La Clínica de Salud y Bienestar de los condados de Sutter y Yuba (SYBH) es responsable de proporcionar servicios especializados de salud mental (SMHS) para incluir programas de tratamiento de trastornos de uso de sustancias y salud mental basados en la comunidad para aquellos que tienen Medicare, Medi-Cal, no tienen seguro, tienen bajos ingresos y están desatendidos, sin servicios o atendidos de manera inapropiada.

DECLARACIÓN DE LA MISIÓN

- Para transformar drásticamente el sistema de La Clínica de Salud y Bienestar de los condados de Sutter y Yuba para que todas las personas con trastornos emocionales graves y discapacidades psiquiátricas logren una alta calidad de vida a través de la prevención, la intervención temprana y los servicios innovadores continuos que se brindan dentro de la comunidad local.

UBICACIONES DE SERVICIO



SYBH también financia servicios en numerosas escuelas y a través de otras organizaciones.



EL ACTO DE SERVICIOS DE SALUD MENTAL - HISTORIAL

Historial

- Acto de servicios de salud mental: aprobación de la Propuesta 63 en noviembre de 2004.
- 1% de impuesto sobre el exceso de ingresos de \$ 1 millón.

Principios Rectores

MHSA tenía la intención de:

- Introducir nuevos modelos de servicio efectivos: bienestar, recuperación y esfuerzo personal.
- Nueva prevención e intervención temprana para prevenir Enfermedades Mentales Graves (SMI).
- Mejorar los recursos humanos, la tecnología y la infraestructura.
- Reducir el estigma y cambiar las percepciones sociales negativas.
- Proporcionar entrega efectiva de servicios

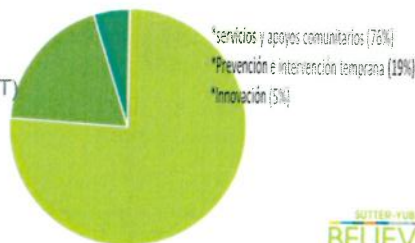


COMPONENTES DE MHSA Y FINANCIACIÓN

Componentes

- Programa y planificación comunitaria (CPP)
- Servicios y apoyos comunitarios (CSS)
- Prevención e intervención temprana (PEI)
- Entrenamiento de trabajo y educación (WET)
- Innovación (INN)

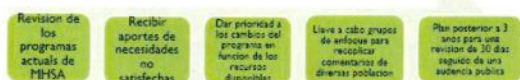
Porcentaje de fondos para cada componente



PROCESO DE PLANIFICACIÓN DEL PROGRAMA COMUNITARIO

El Proceso de Planificación del Programa Comunitario permite que el Departamento de Salud Mental reciba:

- Grupos culturales y lingüísticos.
- Consumidores y familiares
- Grupos de todas las edades
- Grupos de diversas ubicaciones geográficas.
- Diversos interesados en la comunidad



SERVICIOS Y APOYOS COMUNITARIOS (CSS)

Proporciona servicios directos y tratamiento a los que viven con enfermedad mental grave

ASOCIACIONES DE SERVICIO COMPLETO:

Programas de salud mental que brindan servicios integrales de salud mental, como asesoramiento y psicoterapia, medicamentos, asistencia para identificar y obtener recursos en la comunidad.

Desarrollos de servicios generales:

Programas de salud mental que brindan servicios a personas con enfermedades mentales leves. El nivel de atención no es tan completo como el FSP.



PREVENCIÓN Y INTERVENCIÓN TEMPRANA



"Divulgación" es un proceso de participación, aliento, educación y / o capacitación sobre formas de reconocer y responder de manera efectiva a los primeros signos de enfermedades mentales potencialmente graves e incapacitantes.



"Programa de prevención" un conjunto de actividades relacionadas para reducir los factores de riesgo de desarrollar una enfermedad mental potencialmente grave y crear factores de protección. La meta de los Programas de Prevención es reducir los resultados negativos como resultado de enfermedades mentales no tratadas para individuos y miembros de grupos o poblaciones a riesgo de desarrollar una enfermedad mental grave es mayor que el promedio y, según corresponda, sus padres, cuidadores y otros miembros de la familia.




"Programa de Intervención Temprana" significa tratamiento y otros servicios e intervenciones, incluida la prevención de recaídas, para abordar y promover la recuperación y los resultados funcionales relacionados para una enfermedad mental en las primeras etapas de su aparición, incluidos los resultados negativos que pueden resultar de una enfermedad mental no tratada.




PREVENCIÓN Y INTERVENCIÓN TEMPRANA

Access and Linkage to Treatment

"Acceso y vinculación con el programa de tratamiento" significa un conjunto de actividades relacionadas para conectar a los niños con enfermedad mental grave, y a los adultos y ancianos con enfermedad mental grave tan pronto como sea posible en el inicio de estas condiciones, con la atención y el tratamiento médicamente necesarios, incluyendo, pero no limitado a, cuidado proporcionado por los programas de salud mental del condado.



"Programas de Reducción del Estigma y la Discriminación" son actividades directas para reducir los sentimientos negativos, las actitudes, las creencias, las percepciones, los estereotipos y/o la discriminación relacionados con el diagnóstico de una enfermedad mental, la enfermedad mental o la búsqueda de servicios de salud mental y aumentar la aceptación, la dignidad, la inclusión y la equidad de las personas con enfermedad mental, y miembros de sus familias.



Programas de prevención del suicidio significa actividades organizadas que tienen como objetivo reducir el suicidio para individuos específicos en riesgo o con inicio temprano de una enfermedad mental potencialmente grave.

PROGRAMAS DE MHSa: INNOVACION, FUERZA LABORAL, EDUCACIÓN Y ENTRENAMIENTO

- **Innovación:**
 - El Proyecto iCARE tiene dos **componentes** principales, un equipo de respuesta móvil basado en el campo para responder con personas de la comunidad y un gran componente de capacitación comunitaria, cualquiera puede asistir a capacitaciones, sin costo alguno.
- **WET:**
 - El objetivo del componente de formación y formación de la fuerza de trabajo (WET) es desarrollar una fuerza de trabajo diversa para ofrecer servicios dirigidos por el cliente y la familia, proporcionar alcance a poblaciones no atendidas y **subatendidas**, así como servicios que sean lingüísticamente y culturalmente competentes y pertinentes, e incluir los puntos de vista y la experiencia de los clientes y sus familias/cuidadores.
 - Asociación Regional Central



DISCUSSION

1. ¿Qué programas de MHSA son más importantes para usted como miembro de la comunidad?
2. ¿Cuáles son los mayores obstáculos que enfrentan los clientes / consumidores al buscar servicios de salud mental?
3. ¿Cuál es la mejor manera de informar a la comunidad sobre los programas y servicios de MHSA?
4. ¿Algún comentario adicional, pregunta, inquietud?



¿ PREGUNTAS / COMENTARIOS?

Encuesta Demográfica :

<https://www.surveymonkey.com/r/95YXKOM>

- Por favor, póngase en contacto con Betsy Gowan, Jesse Hallford, o Tony Vang
- 530-822-7200
- 1965 Live Oak Blvd. ,Yuba City, CA 95991



Sutter-Yuba Behavioral Health MHSA Stakeholder Forum

1. What County do you reside in?

- Sutter County
- Yuba County
- Other (please specify)

2. What is your age?

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

3. What is your gender?

- Male
- Female
- Other (please specify)

Appendix I

4. What is your race/ethnicity?

- American Indian/Native American
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Asian/South Asian/Pacific Islander
- Other (please specify)

5. What is your primary language?

- English
- Spanish
- Punjabi
- Hmong
- Other (please specify)

6. Which of the following groups apply to you?

- Client/Consumer
- Family Member
- Caregiver
- CPE/Social Services
- Educator or Teacher
- Business/Community Member
- Law Enforcement
- Healthcare Provider
- Sutter/Yuba Mental Health Staff
- Faith-Based Organization
- Other (please specify)

Appendix I

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

- Very Satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very Dissatisfied

8. What is your general feeling about the Sutter-Yuba Behavioral Health MHSA program plan?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very Dissatisfied

9. What would you like to see improved with the SYBH Mental Health Services Act programs or mental health services at Sutter-Yuba Behavioral Health?

Appendix J



NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that, pursuant to Section 5847(a) through (d) of the Welfare and Institutions Code and other applicable laws, the Behavioral Health Advisory Board of Sutter-Yuba Behavioral Health will hold a public hearing to receive comments regarding the Mental Health Service Act (MHSA) Fiscal Year 2020-2021 Annual Update. The public hearing will conclude on:

Thursday, April 14, 2022 at 5:00 p.m.
Sutter-Yuba Behavioral Health
Meeting to take place in person and via ZOOM
Valley Oak Conference Room
1965 Live Oak Boulevard
Yuba City, CA 95991
Contact Jesse Hallford for ZOOM link
jhallford@co.sutter.ca.us

Beginning Tuesday, March 15, 2022, until the time fixed for the hearing, any interested person may request a copy of the MHSA 2020-2021 Annual Update. The Behavioral Health Advisory Board will consider written comments prior to the meeting and both oral and written comments at the time and place fixed for the hearing. *Requests for assistive listening devices or other accommodations, such as interpretive services should be made at least 72 hours prior to the public hearing. Later requests will be accommodated to the extent feasible.*

Additional information regarding this hearing may be obtained by contacting Sutter-Yuba Behavioral Health at (530) 822-7200, or by writing:

Sutter-Yuba Behavioral Health
Attn: Elizabeth Gowan
1965 Live Oak Blvd., Ste A or (P.O. Box 1520)
Yuba City, CA 95991
BGowan@co.sutter.ca.us

A copy of the MHSA FY 2020-2021 Annual Update is available to view at the main libraries in Sutter and Yuba Counties, Sutter County Administrator's Office or it may be accessed online at <https://www.suttercounty.org/mhsa> or it may be obtained from Jesse Hallford at Sutter-Yuba Behavioral Health, 1965 Live Oak Blvd., Ste A, Yuba City. jhallford@co.sutter.ca.us All comments are welcome. Para asistencia en español llame a Rodolfo Rodriguez 530-822-7215 Ext. 139.

Appendix K

| The Council | | | |
|----------------------|----------|-------------------------------|----------|
| Age | | Gender | |
| 0-15 | 9 | Male | 9 |
| 16-25 | 13 | Female | 1 |
| 26-59 | 0 | Decline | 27 |
| 60+ | 0 | | |
| Decline | 15 | Totals | 37 |
| Race | | Ethnicity | |
| American Indian | 0 | Caribbean | 0 |
| Asian | 0 | Central America | 1 |
| Black | 2 | Mexican | 2 |
| Pacific Islander | 0 | Puerto Rican | 0 |
| White | 3 | South American | 0 |
| Other | 1 | Hispanic Other | 0 |
| More than one | 2 | Decline | 32 |
| Decline | 29 | | |
| Language | # | Ethnicity Non-Hispanic | |
| English | 8 | african | 0 |
| Spanish | 0 | asian | 0 |
| More than one | 2 | cambodian | 0 |
| Decline | 27 | chinese | 0 |
| | | eastern european | 0 |
| Disability | # | European | 0 |
| Hearing | 0 | filipino | 0 |
| Seeing | 0 | japanese | 0 |
| Mental Self-Reported | 0 | korean | 0 |
| Physical | 0 | middle eastern | 0 |
| Chronic | 1 | Vietnamese | 0 |
| More than one | 0 | Non-Hispanic other | 0 |
| Communication | 1 | Non-Hispanic Hmong | 0 |
| Autistic Child | 0 | more than one | 2 |
| Schizophrenia | 0 | | |
| Depression | 0 | Sexual Orientation | # |
| COPD | 0 | Gay | 0 |
| Bi-polar | 0 | Hetero | 10 |
| Autism | 0 | Bisexual | 0 |
| Asthma | 0 | Questioning | 0 |
| Other | 0 | Queer | 0 |
| No | 5 | Another | 0 |

| | | | |
|---|----------|---------------|----|
| Decline | 30 | more than one | 0 |
| | | Decline | 27 |
| Veteran Status | # | | |
| Yes | 0 | | |
| No | 10 | | |
| Decline | 27 | | |
| Demographic Information Not Collected/Refused* | | | |

Appendix K

| Girl's Circle | | | |
|----------------------|----------|-------------------------------|----------|
| Age | | Gender | |
| 0-15 | 4 | Male | 0 |
| 16-25 | 1 | Female | 6 |
| 26-59 | 0 | Decline | 19 |
| 60+ | 0 | | |
| Decline | 20 | Total | 25 |
| Race | | Ethnicity | |
| American Indian | 0 | Caribbean | 0 |
| Asian | 1 | Central America | 0 |
| Black | 0 | Mexican | 1 |
| Pacific Islander | 0 | Puerto Rican | 0 |
| White | 5 | South American | 0 |
| Other | 0 | Hispanic Other | 0 |
| More than one | 0 | Decline | 23 |
| Decline | 19 | | |
| Language | # | Ethnicity Non-Hispanic | |
| English | 4 | African | 0 |
| Spanish | 0 | asian | 0 |
| More than one | 2 | cambodian | 0 |
| Decline | 19 | chinese | 0 |
| | | eastern european | 0 |
| Disability | # | European | 0 |
| Hearing | 0 | filipino | 0 |
| Seeing | 0 | japanese | 0 |
| Mental Self-Reported | 0 | korean | 0 |
| Physical | 0 | middle eastern | 0 |
| Chronic | 0 | Vietnamese | 0 |
| More than one | 0 | Non-Hispanic other | 0 |
| Communication | 0 | Non-Hispanic Hmong | 0 |
| Autistic Child | 0 | more than one | 1 |
| Schizophrenia | 0 | | |
| Depression | 0 | Sexual Orientation | # |
| COPD | 0 | Gay | 0 |
| Bi-polar | 0 | Hetero | 4 |
| Autism | 0 | Bisexual | 1 |
| Asthma | 0 | Questioning | 0 |
| Other | 0 | Queer | 0 |
| No | 5 | Another | 1 |
| Decline | 20 | more than one | 0 |
| | | Decline | 19 |

| Veteran Status | # | | |
|---|----------|--|--|
| Yes | 0 | | |
| No | 6 | | |
| Decline | 19 | | |
| Demographic Information Not Collected/Refused* | | | |

Appendix K

| Aggression Replacment Therapy (ART) | | | |
|-------------------------------------|----------|-------------------------------|----------|
| Age | | Gender | |
| 0-15 | 1 | Male | 2 |
| 16-25 | 2 | Female | 1 |
| 26-59 | 0 | Decline | 9 |
| 60+ | 0 | | |
| Decline | 9 | Total | 12 |
| Race | | Ethnicity | |
| American Indian | 0 | Caribbean | 0 |
| Asian | 0 | Central America | 0 |
| Black | 0 | Mexican | 2 |
| Pacific Islander | 0 | Puerto Rican | 0 |
| White | 1 | South American | 0 |
| Other | 1 | Hispanic Other | 0 |
| More than one | 1 | Decline | 12 |
| Decline | 9 | | |
| Language | # | Ethnicity Non-Hispanic | |
| English | 1 | African | 0 |
| Spanish | 0 | asian | 0 |
| More than one | 2 | cambodian | 0 |
| Decline | 9 | chinese | 0 |
| | | eastern european | 0 |
| Disability | # | European | 0 |
| Hearing | 0 | filipino | 0 |
| Seeing | 0 | japanese | 0 |
| Mental Self-Reported | 0 | korean | 0 |
| Physical | 0 | middle eastern | 0 |
| Chronic | 0 | Vietnamese | 0 |
| More than one | 0 | Non-Hispanic other | 0 |
| Communication | 0 | Non-Hispanic Hmong | 0 |
| Autistic Child | 0 | more than one | 0 |
| Schizophrenia | 0 | | |
| Depression | 0 | Sexual Orientation | # |
| COPD | 0 | Gay | 0 |
| Bi-polar | 0 | Hetero | 3 |
| Autism | 0 | Bisexual | 0 |
| Asthma | 0 | Questioning | 0 |
| Other | 0 | Queer | 0 |
| No | 3 | Another | 0 |
| Decline | 9 | more than one | 0 |
| | | Decline | 9 |

| Veteran Status | # | | |
|---|----------|--|--|
| Yes | 0 | | |
| No | 3 | | |
| Decline | 9 | | |
| Demographic Information Not Collected/Refused* | | | |

Appendix K

| Nurtured Heart Approach | | | |
|-------------------------|----------|-------------------------------|----------|
| Age | | Gender | |
| 0-15 | 0 | Male | 5 |
| 16-25 | 2 | Female | 17 |
| 26-59 | 20 | Decline | 24 |
| 60+ | 1 | | |
| Decline | 23 | Total | 46 |
| Race | | | |
| | | Ethnicity | |
| American Indian | 0 | Caribbean | 0 |
| Asian | 1 | Central America | 0 |
| Black | 0 | Mexican | 1 |
| Pacific Islander | 0 | Puerto Rican | 0 |
| White | 14 | South American | 0 |
| Other | 2 | Hispanic Other | 0 |
| More than one | 2 | Decline | 33 |
| Decline | 27 | | |
| Language | | | |
| | # | Ethnicity Non-Hispanic | |
| English | 20 | African | 0 |
| Spanish | 0 | asian | 0 |
| More than one | 3 | cambodian | 0 |
| Decline | 23 | chinese | 0 |
| | | eastern european | 3 |
| Disability | # | European | 1 |
| Hearing | 3 | filipino | 1 |
| Seeing | 0 | japanese | 0 |
| Mental Self-Reported | 0 | korean | 0 |
| Physical | 0 | middle eastern | 0 |
| Chronic | 0 | Vietnamese | 0 |
| More than one | 0 | Non-Hispanic other | 7 |
| Communication | 0 | Non-Hispanic Hmong | 0 |
| Autistic Child | 0 | more than one | 0 |
| Schizophrenia | 0 | | |
| Depression | 0 | Sexual Orientation | # |
| COPD | 0 | Gay | 0 |
| Bi-polar | 0 | Hetero | 17 |
| Autism | 0 | Bisexual | 0 |
| Asthma | 0 | Questioning | 0 |
| Other | 0 | Queer | 0 |
| No | 21 | Another | 0 |

| | | | |
|---|----------|---------------|----|
| Decline | 22 | more than one | 0 |
| | | Decline | 29 |
| Veteran Status | # | | |
| Yes | 0 | | |
| No | 24 | | |
| Decline | 22 | | |
| Demographic Information Not Collected/Refused* | | | |

Appendix K

| Mental Health first Aid & Youth Mental Health First Aid | | | |
|---|----------|-------------------------------|------------|
| Age | | Gender | |
| 0-15 | 0 | Male | 60 |
| 16-25 | 15 | Female | 244 |
| 26-59 | 266 | Decline | 149 |
| 60+ | 29 | | |
| Decline | 143 | Total | 453 |
| | | | |
| Race | | Ethnicity | |
| American Indian | 10 | Caribbean | 4 |
| Asian | 34 | Central America | 4 |
| Black | 15 | Mexican | 50 |
| Pacific Islander | 1 | Puerto Rican | 4 |
| White | 176 | South American | 1 |
| Other | 36 | Hispanic Other | 6 |
| More than one | 24 | Decline | 252 |
| Decline | 157 | | |
| | | | |
| Language | # | Ethnicity Non-Hispanic | |
| English | 250 | African | 7 |
| Spanish | 0 | asian | 17 |
| More than one | 57 | cambodian | 0 |
| Decline | 146 | chinese | 0 |
| | | eastern european | 17 |
| Disability | | European | 9 |
| Hearing | 3 | filipino | 5 |
| Seeing | 1 | japanese | 0 |
| Mental Self-Reported | 0 | korean | 1 |
| Physical | 3 | middle eastern | 0 |
| Chronic | 4 | Vietnamese | 0 |
| More than one | 1 | Non-Hispanic other | 59 |
| Communication | 0 | Non-Hispanic Hmong | 3 |
| Autistic Child | 0 | more than one | 13 |
| Schizophrenia | 0 | | |
| Depression | 0 | Sexual Orientation | # |
| COPD | 0 | Gay | 2 |
| Bi-polar | 1 | Hetero | 267 |
| Autism | 0 | Bisexual | 5 |
| Asthma | 0 | Questioning | 2 |
| Other | 0 | Queer | 2 |
| No | 291 | Another | 1 |

| | | | |
|---------|-----|---------------|-----|
| Decline | 149 | more than one | 0 |
| | | Decline | 174 |

| Veteran Status | # | Total | 453 |
|---|----------|--------------|------------|
| Yes | 14 | | |
| No | 294 | | |
| Decline | 145 | | |
| Demographic Information Not Collected/Refused* | | | |

Appendix K

| ASIST | | | |
|----------------------|----------|-------------------------------|----------|
| Age | | Gender | |
| 0-15 | 0 | Male | 13 |
| 16-25 | 5 | Female | 3 |
| 26-59 | 12 | Decline | 2 |
| 60+ | 0 | | |
| Decline | 1 | Total | 18 |
| Race | | Ethnicity | |
| American Indian | 0 | Caribbean | 1 |
| Asian | 0 | Central America | 0 |
| Black | 2 | Mexican | 1 |
| Pacific Islander | 0 | Puerto Rican | 0 |
| White | 12 | South American | 0 |
| Other | 1 | Hispanic Other | 0 |
| More than one | 2 | Decline | 6 |
| Decline | 1 | | |
| Language | # | Ethnicity Non-Hispanic | |
| English | 15 | African | 1 |
| Spanish | 0 | asian | 0 |
| More than one | 2 | cambodian | 0 |
| Decline | 1 | chinese | 0 |
| | | eastern european | 0 |
| Disability | # | European | 7 |
| Hearing | 2 | filipino | 1 |
| Seeing | 1 | japanese | 0 |
| Mental Self-Reported | 0 | korean | 0 |
| Physical | 0 | middle eastern | 0 |
| Chronic | 0 | Vietnamese | 0 |
| More than one | 0 | Non-Hispanic other | 1 |
| Communication | 0 | Non-Hispanic Hmong | 0 |
| Autistic Child | 0 | more than one | 0 |
| Schizophrenia | 0 | | |
| Depression | 0 | Sexual Orientation | # |
| COPD | 0 | Gay | 0 |
| Bi-polar | 0 | Hetero | 14 |
| Autism | 0 | Bisexual | 0 |
| Asthma | 0 | Questioning | 0 |
| Other | 0 | Queer | 0 |

| | | | |
|---|----------|---------------|---|
| No | 13 | Another | 0 |
| Decline | 2 | more than one | 1 |
| | | Decline | 3 |
| Veteran Status | # | | |
| Yes | 10 | | |
| No | 7 | | |
| Decline | 1 | | |
| Demographic Information Not Collected/Refused* | | | |

Appendix K

| Promotores | | | |
|----------------------|----------|-------------------------------|----------|
| Age | # | Gender | # |
| 0-15 | 0 | Male | 0 |
| 16-25 | 0 | Female | 0 |
| 26-59 | 0 | Decline | 0 |
| 60+ | 0 | | |
| Decline | 0 | | |
| Race | # | Ethnicity | # |
| American Indian | 0 | Caribbean | 0 |
| Asian | 0 | Central America | 0 |
| Black | 0 | Mexican | 0 |
| Pacific Islander | 0 | Puerto Rican | 0 |
| White | 0 | South American | 0 |
| Other | 0 | Hispanic Other | 0 |
| More than one | 0 | Decline | 0 |
| Decline | 0 | | |
| Language | # | Ethnicity Non-Hispanic | |
| English | 0 | African | 0 |
| Spanish | 0 | asian | 0 |
| More than one | 0 | cambodian | 0 |
| Decline | 0 | chinese | 0 |
| | | eastern european | 0 |
| Disability | # | European | 0 |
| Hearing | 0 | filipino | 0 |
| Seeing | 0 | japanese | 0 |
| Mental Self-Reported | 0 | korean | 0 |
| Physical | 0 | middle eastern | 0 |
| Chronic | 0 | Vietnamese | 0 |
| More than one | 0 | Non-Hispanic other | 0 |
| Communication | 0 | Non-Hispanic Hmong | 0 |
| Autistic Child | 0 | more than one | 0 |
| Schizophrenia | 0 | | |
| Depression | 0 | Sexual Orientation | # |
| COPD | 0 | Gay | 0 |
| Bi-polar | 0 | Hetero | 0 |
| Autism | 0 | Bisexual | 0 |
| Asthma | 0 | Questioning | 0 |
| Other | 0 | Queer | 0 |
| No | 0 | Another | 0 |
| Decline | 0 | more than one | 0 |

| | | | |
|---|----------|---------|---|
| | | Decline | 0 |
| Veteran Status | # | | |
| Yes | 0 | | |
| No | 0 | | |
| Decline | 0 | | |
| Demographic Information Not Collected/Refused* | | | |