

# Regular Meeting and Public Hearing

## MHSA Public Hearing

Thursday, October 19, 2023  
5:00 p.m.

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### 1. Call to Order

Chair Esemann called the meeting to order at 5:08 p.m. and welcomed everyone to the meeting.

### 2. Roll Call

The following members were in attendance: Chair Heather Esemann, Vice Chair Manny Cardoza, Lesley Clarkson, Supervisor Don Blaser, Jay Kaze, and Renick House.

The following members were excused: Mary Page and Supervisor Ziegenmeyer

The following members were absent: Maggie Walker.

Also, in attendance: Rick Bingham, Assistant Director of Health & Human Services and Local Behavioral Health Director; Betsy Gowan, Adult Services Branch Director; Jesse Hallford, SYBH Staff Services Manager; Carrie Patania, SYBH Staff Analyst; Truth Snow (via ZOOM) SYBH Secretary; Rodolfo Rodriguez, SYBH Prevention Services Coordinator; Dawn Redmond, SYBH Resource Specialist, and Sue Hopper, Executive Secretary.

**Note that all board members in attendance agreed to move Agenda Item #5 to Agenda Item #3.**

### 3. **Program Presentation – Friday Night Live – Rudy Rodriguez and Dawn Redmond.**

Ms. Redmond and Mr. Rodriguez presented on the following:

- Friday Night Live (FNL) was developed in 1984 by the California Department of Alcohol and Drug Program (ADP), now called the Department of Health Care Services (DHCS) and the California Office of Traffic Safety (OTS).
- FNL began as a pilot program dedicated to reducing the number of deaths and injuries caused by teen motorists driving under the influence of alcohol and other drugs.
- In 1990 the focus shifted to one of promoting healthy lifestyles free of alcohol, tobacco, and other substance abuse, as well as distracted driving and gambling among youth.
- FNL is a statewide program managed by the California Friday Night Live Partnership and Sutter-Yuba Behavioral Health Prevention and Early Intervention
- FNL offers the following programs:
  - Friday Night Live (FNL) – designed for high-school aged young people.
  - Club Live (CL) – designed for middle school age students.
  - FNL Kids (FNLK) – designed for elementary school-aged youth in 4<sup>th</sup> through 5<sup>th</sup> grades.
  - FNL Mentoring (FNL M) – designed for older high school-aged youth to mentor teams of middle school-aged youth in a structured ongoing one-on-one relationship.
  - California Youth Council (CYC) – statewide group of high school and college age youth from all parts of California that have the opportunity to engage in statewide advocacy efforts. Youth must apply and be accepted to CYC.

- FNL chapters are led and maintained as a collaborative effort from the FNL school advisor, PEI/FNL team, and students.
- Live Oak High School and East Nicolaus High School both currently host FNL Chapters.
- PEI/FNL staff held two chapter runs (FNL outreach) at Wheatland and Lindhurst High School.
- Ms. Redmond showed a video created by East Nicolaus High School depicting a DUI accident. The BHAB requested the link for the video be sent to them.
- PEI/FNL staff has spoken to Sutter High School, River Valley High School and Marysville High School about FNL Program.
- Barriers to beginning new chapters at above schools:
  - FNL Advisor - the FNL program cannot happen without a committed FNL school advisor on campus. PEI/FNL staff are only allowed to support activities on campus through the willingness of teachers or staff on campus to create the FNL environment.
  - PEI/FNL staff have no way to provide an incentive to school staff to take up extra responsibility.
  - PEI/FNL staff – currently unable to fill one staff position and need additional staff to run additional FNL chapters.

**Adjourn to Public Hearing – 5:41 p.m.**

**4. Mental Health Services Act – FY 23/24 Annual Update:**

**Public Comment:**

- No public comments were received.
- Please see attached Executive Summary

**Close Public Hearing/Reconvene Board Meeting – 5:43 p.m.**

**5. Action Items:**

- a. **Approve the SYBH MHSA FY 23/24 Annual Update** - Member Cardoza moved to approve the SYBH MHSA FY 23/24 Annual Update. The motion was seconded by Member Kaze.

Aye votes: Esemann, Clarkson, Cardoza, Blaser, and Kaze

Nay votes: None

Abstentions: House

- b. **Approve September 14, 2023, Meeting Minutes** - Member Cardoza moved to approve the September 14, 2023, Meeting Minutes as submitted. The motion was seconded by Member Kaze.

Aye votes: Esemann, Clarkson, Cardoza, Blaser, and Kaze

Nay votes: None

Abstentions: House

**6. MHSA Program Update – Betsy Gown, Adult Services Branch Director:**

Ms. Gowan reported on the following:

- Supportive Housing Services
  - Two housing complexes – New Haven and Cedar Lane. There are a number of units in each that are designated for clients.
  - Units are funded by a couple of different funding streams; No Place Like Home funding which is MHSA funds, and both are funded from the Housing First model. Both are also under HUD.
  - HUD and Hands of Hope manage these sites. SYBH contracts through Tele-Care to provide services to SYBH clients in each complex. Tele-Care staff are on site.
  - Clients do not have to partake in any type of services in order to keep their housing. Services are all voluntary.
  - Clients do have to abide by the housing complex rules or can face eviction. SYBH's supportive housing team from Tele-Care work hand-in-hand with property management. If a client is served notice Tele-Care staff will go and try to assist as the goal of supportive housing services is to do anything that helps them keep their housing. Several notices are provided, and all resources exhausted before anyone gets a notice for eviction.
- MHSA Two-Year Program and Expenditure Plan has been posted for public comment and public hearing will be held at the November 9, 2023, Behavioral Health Advisory Board meeting. Two new programs are included in this plan. The PEI mini-grant program which will provide mini grants to community groups that are working within prevention and early intervention guidelines; and expansion of one FSP program that serves only LPS conserved clients.

7. **Behavioral Health Director's Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director reported on the following:

- PHF Fencing Project – start for construction is at least four weeks out due to material procurement and shipping.
- PHF Ligature Project - this item will be going to the Board of Supervisors for funding approval with the next couple of weeks.
- Recovery Happens Picnic – was held on September 21, 2023; very well attended – great event.
- Bridging Hope Event – was held on September 30, 2023; another well attended and well received event. 262 participants. This event was to raise awareness and prevention for suicide. It was suggested that this may be an annual event.
- SUDS - started IOT (Intensive Outpatient Treatment) program. This is like a day program where the participant is there for 2 – 3 hours per day, 3 times a week. requirement.
- Legislative Update – The Governor signed several bills last week that will affect Behavioral Health services. SB 43 doesn't only impact the Behavioral Health budget but also impacts general funds from both counties. There is a provision within the law that states that if the county board of supervisors approve, implementation can be delayed until January 2026.

8. **New Business:**

- BHAB Executive Committee Processes

- Ms. Esemann and Ms. Clarkson will convene the Executive Committee to discuss ways to improve board membership and meet new membership requirements coming up.

**9. Old Business:**

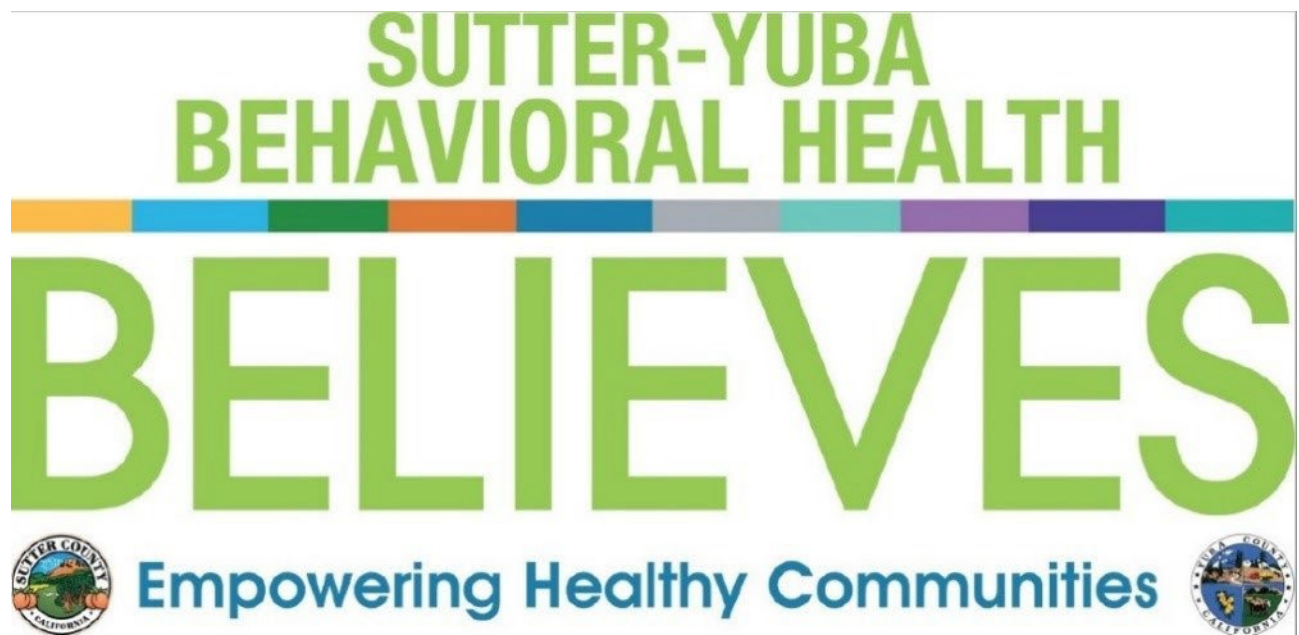
- Homeless Ad Hoc Committee Update – Ms. Esemann should have a draft report ready for review at the next Behavioral Health Advisory Board meeting.
- PHF Fencing and Ligature Projects – update provided as part of Behavioral Health Director's report.
- Ethics Training for Board Members – reminder that all board members need to complete this training no later than December 30, 2023, and provide Ms. Hopper with a copy of your certificate. Training must be completed every two years.

**10. Other Announcements/Correspondence**

- None addressed.

**11. Adjournment:**

There being no further business brought forward Chair Esemann thanked everyone for their participation and adjourned the meeting at 6:45 p.m.



SUTTER - YUBA COUNTY MENTAL  
HEALTH SERVICES ACT  
**Executive Summary**  
FY 23/24 Annual Update

## **Executive Summary**

This summary provides the background and strategies Sutter-Yuba Behavioral Health (SYBH) employed to develop the FY 23/24 Annual Update. There have not been any significant changes to the 2021-2024 Three-Year Program and Expenditure Plan, but it identifies how the values, learnings and stakeholder input informed the update for this plan. In addition, it is meant to give a brief, yet insightful overview of the FY 23/24 Annual Update, which is a 300+ page document.

The MHSAs Team consists of the Adult Services Branch Director (who is also the county MHSAs Coordinator) and the Children's Branch Director as most MHSAs programs are operated within these two branches. Rounding out the MHSAs team is the Adult Services Deputy Branch director, three Staff Analysts assigned to Children's Services, Adult's Services and PEI (Prevention and Early Intervention), the Community Services Program Manager, and the Prevention Early Intervention Services Coordinator.

The MHSAs team developed a timeline to ensure timely completion of each phase and activity related to the plan. The MHSAs Team also engaged the MHSAs Steering Committee that was founded with the FY 17/20 Three-Year Program and Expenditure Plan. The MHSAs Steering Committee played a critical role in providing feedback at each phase of plan development.

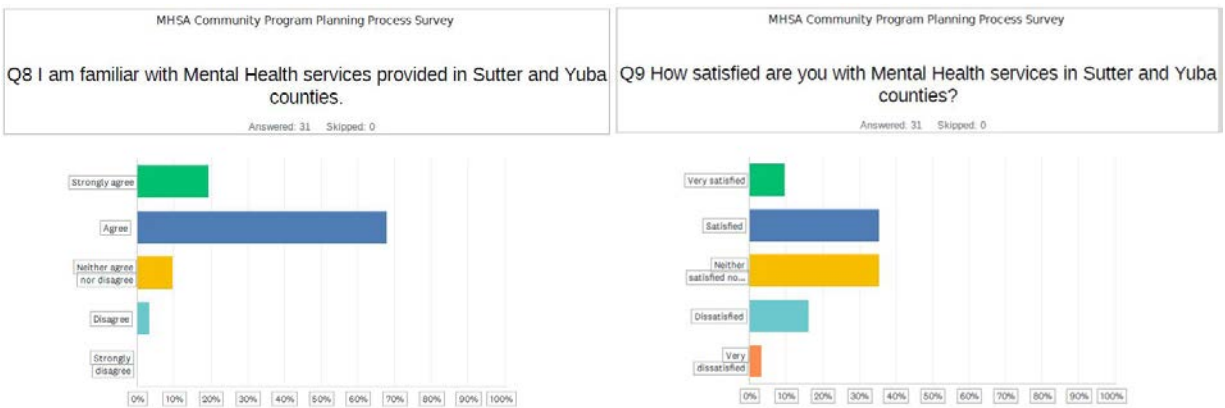
Following review of all the relevant MHSAs regulations and prior plans, the MHSAs Team asked for feedback from the Branch Directors and Program Managers over each of their respective MHSAs programs. All managers were sent a draft and asked to complete, review, and update the information with their supervisors and staff, identifying goals, targets, sources of data collection, and opportunities for improvement.

The MHSAs team hosted four stakeholder forums or focus groups, one of which was conducted in Hmong and English and one conducted in Spanish and English. The MHSAs team also did presentations at the Domestic Violence and Child Abuse Prevention Meeting on 2/7/2023, the Sutter Yuba Homeless Consortium Meeting on 2/9/2023, and the Punjabi Outreach Meeting on 2/16/2023. You can see the presentation slides on page 19, of the Appendix in the 23/24 Annual Update. MHSAs Stakeholder Forum participants were advised on current SYBH MHSAs programs, planning and development, the Mental Health Services Act and Community Program Planning Process. Flyers publicizing the MHSAs stakeholder forums were posted at the location of each forum, you can see these flyers on page 78, of the Appendix. Flyers were also shared at existing mental health services support groups and meetings. Informational emails were sent to the staff at each location and verbally communicated to their partners and consumers. The MHSAs stakeholder forums are listed as follows:

- Tuesday, February 21, 2023, 10:30 AM-11:30 AM hosted by the Hmong Outreach Community Center
- Monday, February 27, 2023, 4:15 PM-5:15 PM hosted virtually on ZOOM
- Tuesday, February 28, 2023, 4:00 PM-5:00 PM hosted by the Latino Outreach Community Center
- Wednesday, March 1, 2023, 12:15 PM-1:15 PM hosted at the Sutter County Library

SYBH collected MHSAs Community Program Planning Process Surveys from 31 participants. 58% of people reside in Sutter County, 29% reside in Yuba County and 12.9% in Other/Not Shared. When asked how the participants would rate their knowledge of the MHSAs Community Program Planning Process, 22.58% answered POOR, 22.58% answered FAIR, 38.71% answered GOOD and 16.13% answered EXCELLENT. When asked how satisfied the participants are with Mental Health services in Sutter and Yuba counties, 3.23% answered Very Dissatisfied, 16.13% answered Dissatisfied, 35.48% answered Neither Satisfied nor Dissatisfied, 35.48% answered Satisfied and 9.68% answered Very Satisfied. For more information on the survey results, all

results are posted on page 97, of the Appendix of the 23/24 Annual Update. Comments received from the Community Planning Process can be found on page 82, of the Appendix of the 23/24 Annual Update.



The input we received in both CPPP processes was wide ranging and contained both broad based goals regarding whole segments of the community and population, goals specific to individual programs or segments of the community, and very technical input regarding funding and structure of programs. Key themes that emerged from CPPP input include but are not limited to: increasing communication and avenues of communications so that community members are aware of all services offered by SYBH; an ongoing request to increase services for youth, especially in the area of crisis and suicide prevention; requests to continue to support and enrich our cultural services including the Hmong and Latino Outreach Centers; suggestions to pilot specific modes of therapy; numerous requests to increase and expand services for the homeless population; a request to analyze and identify how new legislation and regulations will impact MHSA services and the direction to make sure that our services change to stay in line with any new legislation and regulations.

## COMMUNITY SERVICES AND SUPPORTS (CSS)

Overall, the MHSA has a goal to develop and implement an integrated service model for clients and families with a focus on unserved, underserved and inappropriately served populations. CSS programs provide a wide array of client and family driven mental health services that focus on community collaboration, cultural competence, wellness, recovery, and resilience. MHSA CSS services include Full-Service Partnerships (FSPs) which must be offered for all MHSA defined age groups. CSS also includes General System Development (GSD), which addresses developing a system which works together to meet the needs of clients and families.

### ***Early Childhood and Children's Full-Service Partnership (FSP) Services***

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).

### **Number Served**

- FY 21/22, SYBH served 119 unduplicated children in the 0-15 age group.

## **Challenges & Successes**

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. 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.

### ***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 referrals 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.

### **Numbers Served**

- In FY 21/22 50 unduplicated children and youth were served.

### **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.

### ***Adult General Services Development***

The Urgent Services 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 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 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 your immediate need, we will work with you 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.

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



## **Number Served**

In FY 21/22, 649 unduplicated clients were served.

## **Challenges and Successes**

The COVID-19 pandemic brought on several challenges, including limited ability to see clients in-person and social distancing requirements. While providing phone services there have been challenges in contacting clients. During these times, we will 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, SYBH has been minimally staffed and this has led to staff feeling overwhelmed. As a result of limited staff, in early 2020 Open Access Clinic (OAC) was reduced to three days a week.

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.

## ***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 21/22 the Ethnic Services Program served 251 unduplicated clients.
  - Hmong Outreach: 53
  - Latino Outreach: 198

## **Challenges and Successes**

The challenges for the Ethnic Outreach Programs revolved around COVID -19 restrictions making it difficult to provide services and the ongoing staffing shortage impacting SYBH. The successes were finding creative ways to continue to serve the Latino and Hmong communities.

Below is a complete list of CSS programs. To read more about the programs, their prior year's, and the 23/24 program plans please see the 23/24 Annual Update.

***Early Childhood and Children's Full Service Partnership***

***Transitional-Aged Youth Full Service Partnership***

***Youth Urgent Services***

***Adult Urgent Services***

***New Haven***

***Teedsdale***

***HOPE***

***SHINE***

***BEST***

***Hmong Outreach Center***

***Latino Outreach Center***

***Heather Glen***

## 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 unserved, underserved, and inappropriately served communities of Sutter and Yuba counties. Efforts are made to reach these communities and improve linkage and referrals at the earliest possible onset of mental illness. Education aims to reduce stigma and discrimination of those suffering from mental illness. Early Intervention programs are targeted at those exhibiting early signs of a mental illness and are designed to reduce the duration of untreated serious mental illness and prevent mental illness from becoming severe.

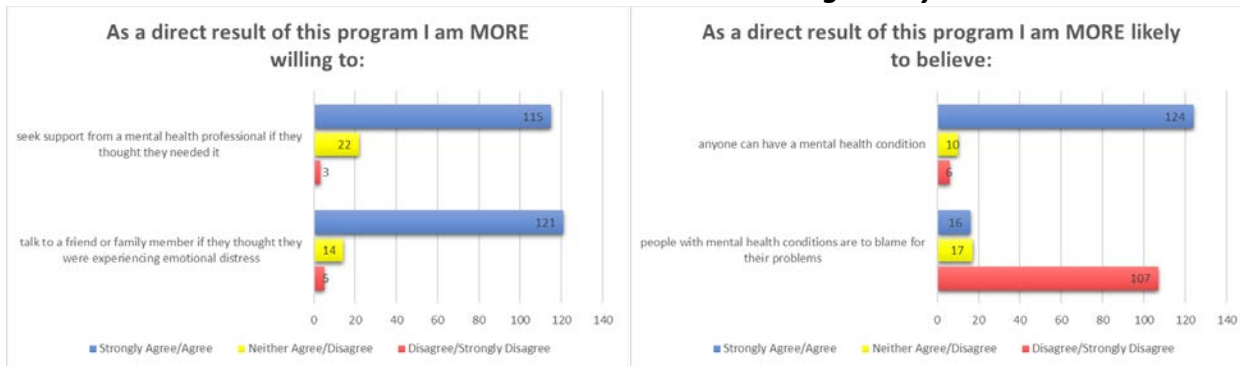
### ***Mental Health First Aid Training***

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.

### **Numbers Served**

- In FY 21/22, 324 unduplicated individuals completed this training.

### ***Mental Health First Aid Training Survey Results***

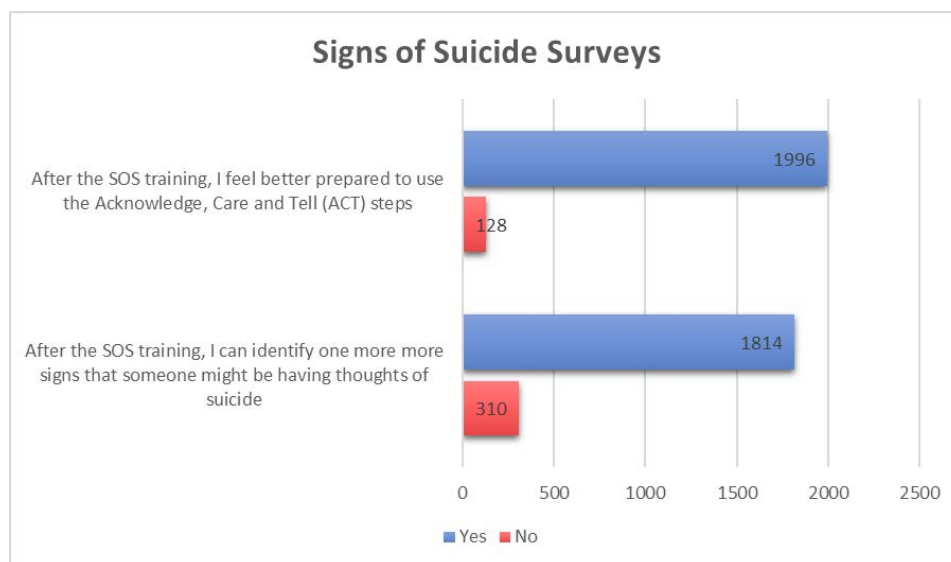


### ***Signs Of Suicide (SOS)***

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) or high school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through “gatekeeper” education, and 5) encourage schools to develop community-based partnerships to support student mental health.

### **Numbers Served**

- In FY 21/22, 2433 unduplicated clients were served



### ***Second Step Bullying prevention***

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.

Research continues to show that bullying negatively affects the social, emotional, and academic health of all involved. Victims, offenders, and bystanders. The second step program is an EBP (Evidence Based Program) committed to translating up-to-date and reliable research into tools, that schools can easily integrate into creating a safe and successful learning environment.

### **Numbers Served**

- In FY 21/22, 808 unduplicated clients were served.

### ***HEaRT Homeless Engagement and Resolution Team***

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. The program is designed to engage and build relationships in an effort to 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 Prevention Services Coordinator. The team consists of an Intervention Counselor, Peer Mentor, and Outreach Worker. The team partners with Law Enforcement, Code Enforcement officers and the street nurse team during outreach activities.

### **Number Served:**

In FY 21/22 The HEART team engaged with 235 individuals in both Sutter and Yuba Counties.

Below is a complete list of PEI programs. To read more about the programs, their prior year's, and the 23/24 program plans please see the 23/24 Annual Update.

***The Council***

***Unity Circle***

***Grief Support Group***

***Cyberbullying***

***Stopping the Pain***

***Aggression Replacement Training (ART)***

***Positive Adverse Childhood Experiences (PACES)***

***Behavioral Health Educational Videos***

***Hmong Impact Youth***

***Yellow Ribbon Suicide Prevention***

***SafeTALK***

***Promotores Project***

***Homeless Engagement Resolution Team (HEaRT)***

***Girls Circle***

***Women's Circle***

***Nurtured Heart Approach (NHA)***

***Camptonville Community Partnership***

***Strengthening Families***

***Second Step Bullying Prevention***

***Mental Health First Aid Training (MHFA/YMHFA)***

***Tri County Diversity***

***Implicit Bias Training***

***Applied Suicide Intervention Skills Training (ASIST)***

***Signs Of Suicide Prevention (SOS)***

***Peer Resource Engagement Program (PREP)***

***Adult Early Intervention Program***