SUTTER-YUBA BEHAVIORAL HEALTH

BELIEVES

Empowering Healthy Communities

SUTTER -YUBA COUNTY
MENTAL HEALTH SERVICES ACT
FY 23/24 ANNUAL UPDATE

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 December 19, 2023.

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	Rick Bingham Digitally signed by Rick Bingham Date: 2024.01.02 14:41:54 -08'00'	_____
Mental Health Director (PRINT)	Signature	Date

MHSA FY 23/24 – 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)

Rick Bingham
Digitally signed by Rick Bingham
Date: 2024.01.23 16:10:57 -08'00'
Signature

Date

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, 2022. 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)

Nathan Black
Digitally signed by Nathan Black
Date: 2024.01.28 10:24:43 -08'00'
Signature

Date

COUNTY OF SUTTER... *established 1850*

Donna M. Johnston

County Clerk-Recorder – Registrar of Voters – Clerk of the Board of Supervisors

CERTIFIED MINUTE ORDER FROM THE SUTTER COUNTY BOARD OF SUPERVISORS
SESSION OF DECEMBER 19, 2023 PORTION OF MINUTE BOOK 3-R, PAGE 169:

CONSENT CALENDAR

The Board approved the Consent Calendar Items 1-10 as follows:

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Nicholas Micheli, District 1
SECONDER:	Mike Ziegenmeyer, District 3
AYES:	Nicholas Micheli, Dan Flores, Mike Ziegenmeyer, Mat Conant
ABSENT:	Karm Bains

Health and Human Services

8) Approval of the Mental Health Services Act Annual Update for Fiscal Year 2023-24 and Two-Year Program and Expenditure Plan for Fiscal Years 2024-25 through 2025-26 (MT5931)

The Foregoing Instrument is a Correct Copy of the Original on File in this Office:

JAN 13 2024

DONNA M. JOHNSTON, County Clerk and ex-officio Clerk of the Board of Supervisors of the State of California in and for the County of Sutter

By Gina Graham Deputy

Clerk-Recorder
433 Second Street
Yuba City, CA 95991
Tel: (530) 822-7134
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Clerk of the Board of Supervisors
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Introduction

SYBH used a new format in developing the FY 23/24 Annual MHSA update. The format consists of completing two templates for each program, one which reviews the period we are reviewing, in this case FY 21/22, and one which looks to the future and reviews the following year, in this case FY 23/24. SYBH likes the format, because it reports the same information for all programs that exist within each category. In other words, the templates for Community Services and Supports (CSS) are similar to the templates for Prevention and Early Intervention (PEI). This indeed makes it easier to compare programs. It also shows us where we need to do a better job ensuring that all programs are collecting data, informed of MHSA regulations, and are identifying how the services of each program are impacting our communities.

The templates are clear and easy to read. The questions and data required on the templates all point to ensuring that each program is aligning with the regulations regarding MHSA funding. The templates also point to ways that we need to restructure some of our programs, most notably PEI. We need to consolidate some of these programs, so they are looking at a more global set of outcomes as opposed to outcomes desired from individual groups. In the upcoming MHSA two-year plan, we will have these restructured, making it easy to understand and keeping valuable services as they are needed.

A downside of the templates is that they make the report much longer, and not necessarily user friendly for readers who may want an overview of programs, but not a deep dive into each program. To help with this, SYBH has developed an executive summary for an overall view. For those who may want a deep dive into a particular program, the table of contents can point you in the direction of each program. The appendices contain backup documentation.

SYBH is looking forward to receiving feedback about this new format.

COUNTY: Sutter -Yuba

X	**ANNUAL UPDATE FY 23/24**

DESCRIPTION & CHARACTERISTICS OF COUNTY

1. Describe the demographics of the County, including but not limited to, size of the County, threshold languages, unique characteristics, age, gender, race/ethnicity, and cultural groups. Identify the County's underserved/unserved populations.

Age Group	% of Total	Race	% of Total	Gender	% of Total	Language Spoken	% of Total	Threshold (Y/N)
0-15 yrs.	22.5	White	45.87	Female	48.7	English	68.5	
16-25 yrs.	13.1	Black or African American	2.54	Male	51.3	Spanish	19.5	y
26-59 yrs.	44	Asian	13.02			Vietnamese	.04	
60 & older	20.4	Native Hawaiian or another Pacific Islander	.36			Cantonese		
Military Status	**% of Total**	American Indian or Alaska Native	1.05			Mandarin		
		Other	059			Tagalog	.06	
Veteran	5.9	More than one race	6.17			Cambodian		
Active Duty		**Ethnicity**	**% of Total**			Hmong		
Civilian						Russian		
		Hispanic	30.4			Farsi		
		Non-Hispanic	69.6			Arabic	.01	
						Other (Specify)	.03	

Unserved Populations	Underserved Populations
	Hispanic/Latino
	Punjabi
	Hmong
	African American

2. Provide a narrative analysis of the mental health needs of unserved, underserved and fully served County residents who qualify for MHSA services.

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 Mental Health Services Act (MHSA) Community Services and Supports (CSS) programs provide a wide array of client and family driven mental health services and systems. Community Services and Supports focus on community collaboration, cultural competence, wellness, recovery, and resilience.

Of the individuals seen by SYBH in FY 21/22, 54% identified as female, 46% as male, and less than 1% as other or not reported. Additionally, 60% identified as White, 14% Latino, 4% African American, 4% Asian/Pacific Islander, less than 1% Native American, 5% identifying as two or more ethnicities, less than 1% as other, and 10% not reporting. Notably, we are low in our contacts with the Latino population.

In FY 21/22, SYBH served 4,344 unique individuals, approximately 2.4% of the population of both Sutter and Yuba counties for that fiscal year. Per the National Institute of Mental health (NIMH), prevalence rates for individuals estimated to live with severe and persistent behavioral health conditions is 5.6%. For the population of Sutter and Yuba counties, this percentage is equivalent to 10,148 individuals based on the population data for 2020. 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.

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

Due to the increasing need for FSP services, SYBH is exploring the possibility of expanding the early childhood and children's FSP program by increasing capacity by 10-15 slots. Having both adults and minors in the same group has caused challenges due to the wide range of developmental stages represented in this age. Changing this will allow for more effective treatment and intervention for all group members. SYBH is exploring the possibility of expanding the age group in the early childhood and children's FSP from the existing 0-15 to include 16/17-year-old youth. This change would include increasing capacity by another 10-15 slots to accommodate the 16-17-year-old youths. In addition, we are looking to build upon the existing Child and Family Team (CFT) processes to create a more robust system emphasizing coordinated care from SYBH and other child-serving systems such as Child Welfare Services and those that could assist with basic needs like housing and food. For example, the CFT's would provide mental health therapy, social service needs, serve as a resource to connect the families to housing supports, and coordinate a treatment plan that may include other influential figures who may impact the child and family's personal life.

Data continues to be challenging, however, efforts to improve data collection are taking place. Processes are being developed to monitor outcomes. Scores from the CANS and LOCUS assessment tools are utilized to identify client needs. A Medical Necessity/Program Recommendation procedure has been developed to streamline services. Several data points have been identified and monitored such as demographics served, triage appointments, CANS and LOCUS scores. Although data is being monitored with the CANS and LOCUS scores, a standardized method has not been established on how to analyze and evaluate this data. Further development is needed and currently in progress as to how to utilize the results of these assessment tools to measure the performance of programs. Further development will also allow staff analysts in SYBH to monitor data points and indicators for various outcomes such as average length of stay, client success, decrease of symptomology, and clients' needs, to be served by child-serving systems.

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

Since the inception of MHSA PEI, Sutter-Yuba Behavioral Health has implemented fifteen programs and trainings focused on outreach, prevention, and early intervention. With the collaboration of various agencies within the community, SYBH has developed programs across schools, ethnic outreach centers, law enforcement agencies and other family-focused social services departments. SYBH strives to expand its PEI programs and continually develop innovative 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 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. Many of these programs are presented in schools.

The PEI staff have been working to improve tracking systems and ensure compliance with the Prevention and Early Intervention regulations released in July of 2018. SYBH has experienced challenges in having the proper systems in place to provide data for all activities of the programs. This is, in part, because PEI activities are not managed in our Electronic Health Record. A large component of this is our plan to implement a web-based data tracking system to strengthen and streamline program indicator and outcome monitoring and allow for continuous quality improvement in our program.

ICARE (Innovative & Consistent Application of Resources and Engagement Teams) is SYBH's Innovation project. This program is designed to provide ongoing continuous engagement to individuals who generally get their behavioral health care through emergency departments or law enforcement. In developing this project, it was found that less than 2% of those served in emergency services and inpatient care at elevated levels of utilization were enrolled in Full-Service Partnerships or receiving regular outpatient care. The iCARE mobile engagement team serves individuals that are high utilizers of emergency or inpatient care, or who are unengaged in care and living with untreated severe and/or chronic behavioral health conditions. This program began services in 2021. The program evaluators, Third Sector, have been contracted to begin the formal evaluation of the program to determine its success.

3. Provide an assessment of the County's capacity to implement mental health programs and services to include:

a) The strengths and limitations of the county and contracted service providers that impact their ability to meet the needs of racially and ethnically diverse populations.

Lack of trained providers and overall staffing shortages have had an impact on SYBH's ability to meet the needs of racially and ethnically diverse populations. We are aware of our low penetration rate of the Hispanic/Latino community at 2.36% compared to the state penetration rate of 3.29% and we are looking into the causes. We have a Latino Outreach Center that is staffed with Spanish-speaking providers, and they currently have a waitlist due to the staffing shortages. Increased outreach efforts and providing more group services have been identified as tangible ways to increase our penetration rates.

b) Service Providers' bilingual proficiency in identified threshold language(s).

Threshold Language	% of Service Providers
Spanish	15%

While our only official threshold language is Spanish, we have a large Hmong and Punjabi community, and we strive to serve both in their own languages. We have a Hmong Outreach Center staffed by people that provide culturally competent services and who speak Hmong. We are in the process of figuring out how to best serve the Punjabi community with culturally competent services in their language.

We consistently recruit for bilingual staff to increase our effectiveness with our bilingual and monolingual populations.

c) Percentages of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population currently being served.

Ethnicity	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Race	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Hispanic		36	2.36	White			
Non-Hispanic		64	78	African American or Black			
More Than One Ethnicity				Asian			
Unknown	100			Native Hawaiian or Other Pacific Islander			
				Alaska Native or Native American			
				Other			
				More Than One Race			
				Unknown	100		

Language Spoken	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Veteran	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
English	100	34.66	11	Yes			
Spanish	15	6.17	3.08	No			
Vietnamese	0			Declined to Answer			
Cantonese	0						
Mandarin	0						
Tagalog	1	.03	4.54				
Cambodian	0						
Hmong	4	.58	.14				
Russian	0	.02	0				
Farsi	0						
Arabic	0						
Other	5						

Gender	% of Direct Service Provider	% of Total Population Needing Services	% of Total Population Currently Being Served
Female	75	53	4.01
Male	25	47	3.57

Disability							
Communication	**% of Direct Service Providers**	**% of Total Population Needing Services**	**% of Total Population Currently Being Served**	**Disability Types**	**% of Direct Service Providers**	**% of Total Population Needing Services**	**% of Total Population Currently Being Served**
Seeing				Mental (not SMI)			
				Physical/ Mobility			
Hearing or Having Speech Understood				Chronic Health Condition			
Other (specify)				Other (specify)		9.98	13.26

d) Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

Staffing and space shortages are both barriers to implementing proposed programs/services. We are actively trying to resolve these issues and are discussing input received during the community during the CPPP. We have contracted out some of our MHSA programs including supportive housing services, innovation services, and adult and youth FSP services. We have contracted with non-profits such as Youth for Change and Telecare who were not previously providing services in our area. A challenge for rural counties like Sutter and Yuba is there are very few non-profits who can provide the level and quality of services we depend on. Nonprofits are a key component of a county behavioral health delivery system as they can be more nimble than counties, when reacting to barriers.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

1. Describe the Community Program Planning Process (CPPP) for development of all components included in the draft Three-Year Plan, Annual Update or Update. Include the methods used to obtain stakeholder input, (e.g., surveys, key informant interviews, focus group discussion), methods used to reach out, (e.g., utilization of media, translated materials, etc.), the date(s) of the meeting(s) and any other planning activities conducted.

The MHSA team developed a timeline to ensure timely completion of each phase and activity related to the plan. The MHSA team met with the MHSA Steering Committee monthly to review the previous Three-Year Program and Expenditure Plan as well as the FY 21/22 Annual Update to obtain feedback and provide comments on current and future programs.

Following review of all the relevant MHSA regulations and prior plans, the MHSA Team asked for feedback from the Branch Directors and Program Managers over each of their respective MHSA programs. 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 and regulatory updates and aid in prioritizing services for expansion as well as update on any new initiatives introduced in previous plans. CPPP meetings were scheduled, and plans were made to have the MHSA team attend pre-existing community meetings to present the FY 23/24 Annual Update. The MHSA team attended the following meetings:

Tuesday, February 7, 2023, existing Sutter County Domestic Violence / Child Abuse Prevention council meeting

Thursday, February 9, 2023, existing Sutter-Yuba Homeless Consortium stakeholders meeting

The MHSA team hosted five additional 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 and future and legislative changes. 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 partners and consumers. Stakeholder forums were held in person and via ZOOM. The MHSA stakeholder forums are listed as follows:

Thursday February 15, 2023, 1:00-2:30 PM hosted in person at Ettl Hall for the Punjabi Community

Tuesday, February 21, 2023, 10:30-11:30 AM hosted in person by the Hmong Outreach Community Center

Monday, February 27, 2023, 4:15-5:15 PM via ZOOM

Tuesday, February 28, 2023, 4:00-5:00 PM hosted in person by the Latino Outreach Center during the Latino Outreach Center regularly scheduled weekly group meeting

Wednesday, March 1, 2023, 12:15-1:15 PM hosted in person at the Sutter County Public Library

2. Describe the position(s) and/or unit(s) responsible for conducting the CPPP.

The MHSA Team, which is responsible for conducting the CPPP, consists of the Adult Services Branch Director (who is also the MHSA Coordinator), the Children's Services Branch Director (as most MHSA programs are operated within these two branches), the Adult Services Deputy Branch Director, three Staff Analysts assigned to the Children's and Adult Services branches, the Community Services Program Manager who manages the PEI staff, and the Prevention and Early Intervention Services Coordinator.

3. Describe the training provided to County staff designated responsible for the CPPP. If no training was provided, describe what factors were considered in making this decision.

The MHSA team has been trained in MHSA "basics" by watching the CBHDA MHSA bootcamps. The Adult Services Staff Analysts and the MHSA Coordinator attend the CBHDA MHSA meetings and share resources with the team during the weekly MHSA team meeting. An analyst is also responsible to stay up to date on new Info notices, policies and regulations that affect MHSA services. There is a regularly scheduled meeting with participants from various programs within SYBH that discuss how these added items will affect services, and if needed identify implementation plans for implementing them.

4. Describe the training offered and/or provided to stakeholders, clients, and family members of clients who are participating in the CPPP and list the date(s) the training was provided. If no training was provided, describe what factors were considered in making this decision.

Specific training is not provided prior to the CPPP meetings. The training takes place at the beginning of the CPPP meetings. Included is a description of MHSA and the expectations of being a participant in the CPPP meeting. A PowerPoint presentation is given, and a discussion is had with the participants while in attendance to ensure they understand the importance of their role.

In the Appendices, the following documents are included:

- **A. The County's MHSA CPPP Policy.**
- **B. The presentation provided to County staff responsible for conducting the CPPP.**
- **C. The presentations offered or provided to stakeholders, clients, and family members of clients who are participating in the CPPP.**
- **D. Copies of flyers that were used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP.**
- **E. Copies of materials used to announce planning meetings and other CPPP activities as well as presentations/handouts for the meetings and other activities.**

5. Identify the stakeholder entities involved in the CPPP, including their individual demographic data.

Behavioral Health Advisory Board	Consumers/Family Members
Sutter County APS	SYBH Adult Services
Family Member Support Groups	SYBH Children's Services
Hands of Hope	SYBH CSOC
Hmong Outreach Center	SYBH Psychiatric Emergency Services
Latino Outreach Center	Telecare
Tri-County Diversity	Sutter County Public Health
Better Way Shelter	14 Forward
LGBTQ Representatives	Youth For Change
Sutter County Superintendent of Schools	Yuba County Office of Education
Sutter County Health and Human Services	Yuba City Unified School District
Options for Change First Steps	Yuba Sutter Arts
Sutter County Employment Services	Yuba County Board of Supervisors
Sutter County Board of Supervisors	Yuba County Health and Human Services
Sutter County CWS	Salvation Army and the Depot
Sutter-Yuba Homeless Consortium	Sutter County Domestic Violence/ Child Abuse Prevention Council

*The demographic data attached is only representative of those participants who elected to complete the optional anonymous survey. Demographic data is not a mandatory requirement to participate in the CPPP process and only those willing submitted responses to our survey.

6. Describe how the County ensured that staff and stakeholders involved in the CPPP were informed about and understood the purpose and requirements of each MHSA Component.

Training regarding MHSA is provided at the beginning of each CPPP meeting. Training includes the allocation of funding per component, and what each component's goal is. A PowerPoint presentation is given, and a discussion is had with the participants while in attendance to ensure they understand how their input impacts MHSA services.

7. Describe the ways stakeholder involvement in your local CPPP demonstrates a partnership with constituents and stakeholders throughout the process. Include descriptions of meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. Include how stakeholders were involved and had the opportunity to participate in the stakeholder-

informed and stakeholder-supported decisions to add innovative programs or projects, and/or eliminate any programs/projects.

During the CPPP meetings an open discussion takes place. Questions are asked by stakeholders regarding policy, funding, staffing, decisions, and all are answered openly and honestly with data to validate the answers. Additionally, suggestions and comments are gathered during many regularly scheduled meetings throughout the year. These include the MHSA Steering Committee, the SYBH Behavioral Health Advisory Board, the SYBH MHSA Program Development Meeting, the SYBH Leadership Team, and the Sutter County HHS Executive Leadership Team. This provides ongoing input to the MHSA team from a wide variety of stakeholders. This ongoing input is always highlighted during the CPPP process. SYBH strives to have an open door for easy stakeholder input throughout the year. Stakeholder input is seen as essential, valuable guidance for initiating new MHSA programs or making changes to the service delivery of existing MHSA programs.

8. In the Appendices, full documentation is provided of all stakeholder input from the CPPP.

In this FY 23/24 MHSA update we are utilizing CPPP input gathered for this report, the upcoming plan for 2024 – 2026, and the FY 22/23 MHSA Update. During this time, we have been collecting data and though we have responded to some of the input we are compiling and tracking the input to ensure that we respond to all of it, and that input is not lost between reports. 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:

- A strong need for SYBH to have stronger communication regarding what services we offer and how to access services. It was noted that many people don't have the understanding or knowledge to navigate services, some of which they might not know even exist. The need to have better information regarding services, and to have navigators to help individuals find their way through the system was identified.
- An overall ongoing request is to have more services and to continue existing services for youth, especially around the area of crisis and suicide prevention in response to the mental health consequences related to the COVID-19 pandemic.
- Requests specific to the Hmong Center including continued emphasis on their community garden with resources for better equipment, and irrigation system, including lunches when they go on outings and having ways to fundraise for outings. Other requests included more groups, activities for youth and cultural events.
- Requests specific to the Latino Outreach Center included better communication and other outreach regarding how to get into services, and what services are offered. They specifically wanted information available in the emergency department so that referrals could be made at times of crisis. They would also like more cultural events. They would like some structured groups and some non-structured groups.
- A suggestion for a pilot program in Neurofeedback Therapy.
- Many of the different CPPP groups had concerns regarding the fentanyl epidemic and requested a bigger response in terms of treatment and community information regarding this.
- Requests to provide services for those suffering from mental health issues who are homeless, to make sure that they have long term/follow up programs that can help them make permanent changes.
- A request for increased resources for the HEaRT team. This includes teams' costs, cost for team resources and training, as well as any appropriate law enforcement proactive client support time and crisis intervention training.
- Programs in general for youth, specifically to address anxiety and depression.
- Requests to track new legislation which impacts MHSA, and how it would impact current MHSA services.
- Request to identify what part of MHSA funding might play in supporting the national 988 suicide line, and the newly required mobile crisis services.

- A request to track SB 326 & AB 53, legislation which seeks to reform the MHSA in a variety of ways which could severely impact the current MHSA services offered by SYBH. The request to track this was followed by requests to make sure that our MHSA services are aligning with new requirements in the timelines put forth by the state.
- Requests to identify how new regulations would impact funding, and how to blend MHSA funding with other funding. This includes how AB 2242 will impact MHSA services and funding by allowing MHSA to pay for services and housing costs for conserved individuals.
- A need to provide services for veterans and specifically to join with Vet Art to identify how they could be used with MHSA funds, and how veterans could interact with clients via art.
- Requests to have MHSA services and plans align with other planning in the community including, CalAIM community stakeholder meetings in Sutter and Yuba Counties, including but not limited to; the Yuba and Sutter Local Homeless Action Plan; Yuba and Sutter Public Health Community Assessments.
- A desire to have a more user-friendly MHSA report which includes more outcome data.
- A request to fully review MHSA programs and how they fit into the new MHSA requirements, including the recommendations by the state to fund certain programs and populations with MHSA funding. This includes care court, mobile crisis, and those on probation, LPS conserved individuals, and enhanced case management under Cal AIM. Though this is a long list, it is not exhaustive, and new regulations regarding MHSA are coming forth at a quick pace.
- A request to focus PEI services on evidenced based community campaigns such as Each Mind Matters and Knowing the Signs of Suicide, and other campaigns that reach unserved or underserved segments of the community.
- A request to review how new funding mechanisms such as intergovernmental transfers will impact MHSA services.
- Increased effective use of social media management, information sharing, and community forums to address the areas of stigma, discrimination, and other behavioral health topics. One suggestion is to add a position for a PIO for behavioral health.
- Collaborate with the Sutter County Museum and Library around cultural resilience and its relationship to mental health and wellness.
- A request to continue the relationship with Tri-County Diversity and the services they offer.
- Additional requests to find ways to increase services to the homeless population through MHSA, by expanding and providing resources to existing MHSA programs. One specific request was for a position to manage all the homeless programs at Sutter HHS, the suggestion was for a jointly funded position between MHSA and Public Health.

SYBH will develop a mechanism for tracking all the input we received, including any actions taken on our part. This will allow our community stakeholders to see that we are responding to all voices who gave input.

9. Describe methods used to circulate, for the purpose of eliciting public comment on the draft Three-Year Plan/Annual Update/Update to community stakeholders and any other interested party who requested a copy.

A public announcement of the public hearing is posted in the local newspaper, the Appeal-Democrat, with the time and place of the public hearing. The SYBH Behavioral Health Advisory Board (BHAB) holds MHSA public hearings. The public is welcomed and encouraged to attend and provide additional comments on the Annual update. In the public notice is the direct contact information to the MHSA team liaison, a direct link to the MHSA Annual update online and information on obtaining the Annual Update in Spanish. Every available attempt is made to make obtaining a copy of the update as easy as possible.

In the Appendices, the following documents are included: newspaper articles and flyers are examples of methods that were used as described above.

10. LOCAL REVIEW PROCESS

- 30-DAY PUBLIC COMMENT PERIOD

BEGIN DATE: 9/12/2023 END DATE: 10/12/2023.

- DATE OF PUBLIC HEARING: 10/12/2023 Held by County Behavioral Health Advisory Board (BHAB).
- The list of substantive comments received during the 30-day Public Comment period and Public Hearing; or the acknowledgement that no substantive comments/recommendations for revision were received.
- Staff responses to those comments; and
- Details of any substantive changes made to the proposed Three-Year Plan, Annual Update or Update that was circulated.
- The Three-Year Plan/Annual Update is forwarded to the County Board of Supervisors for approval and adoption.
- In the Appendices, the following documents are included: copies of the Meeting Notice(s), as well as the Meeting Agenda and Minutes from the County BHAB.

11. DATE OF ADOPTION BY COUNTY BOARD OF SUPERVISORS: December 19, 2023

In the Appendices, the County Board of Supervisors' Board Resolution/Minute Order is included.

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES (FY 21/22)

PROGRAM NUMBER/NAME: Adult Urgent Services

☒ **Non-FSP Services**

The population(s) of focus for this program is/are:

Homeless	✓
Forensic	✓
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	
Veterans	✓
Other (Specify below)	✓
18+	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The Adult Urgent Services Team served a total of 651 unduplicated clients during this fiscal year. These 651 unduplicated clients were provided timely access to behavioral health services to those who have moderate to severe behavioral health conditions who are in psychiatric distress. As a walk-in clinic we served any individual who needed a psychiatric assessment over the age of 18, regardless of their ability to pay.

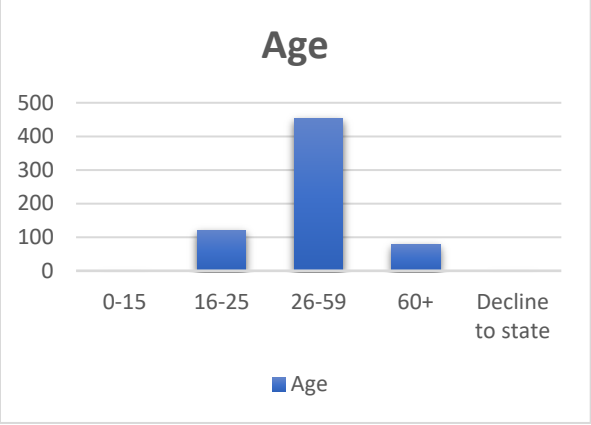
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

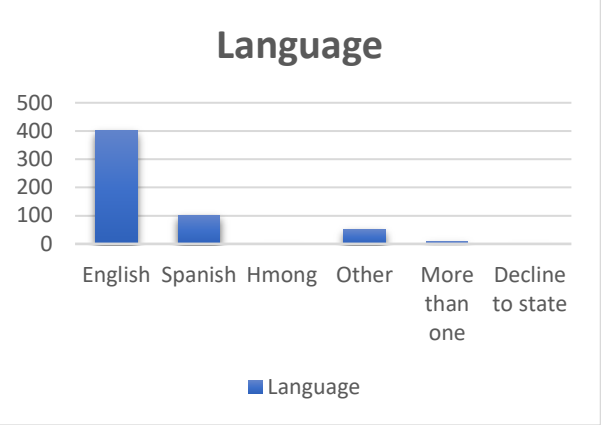
Through Open Access clinic Consumers can access same-day services on a walk-in or call-in basis regardless of their ability to pay. Screenings are completed to determine the appropriate level of care for treatment. This program has been successful in completing assessments efficiently and initiating medication support services in a timely fashion.

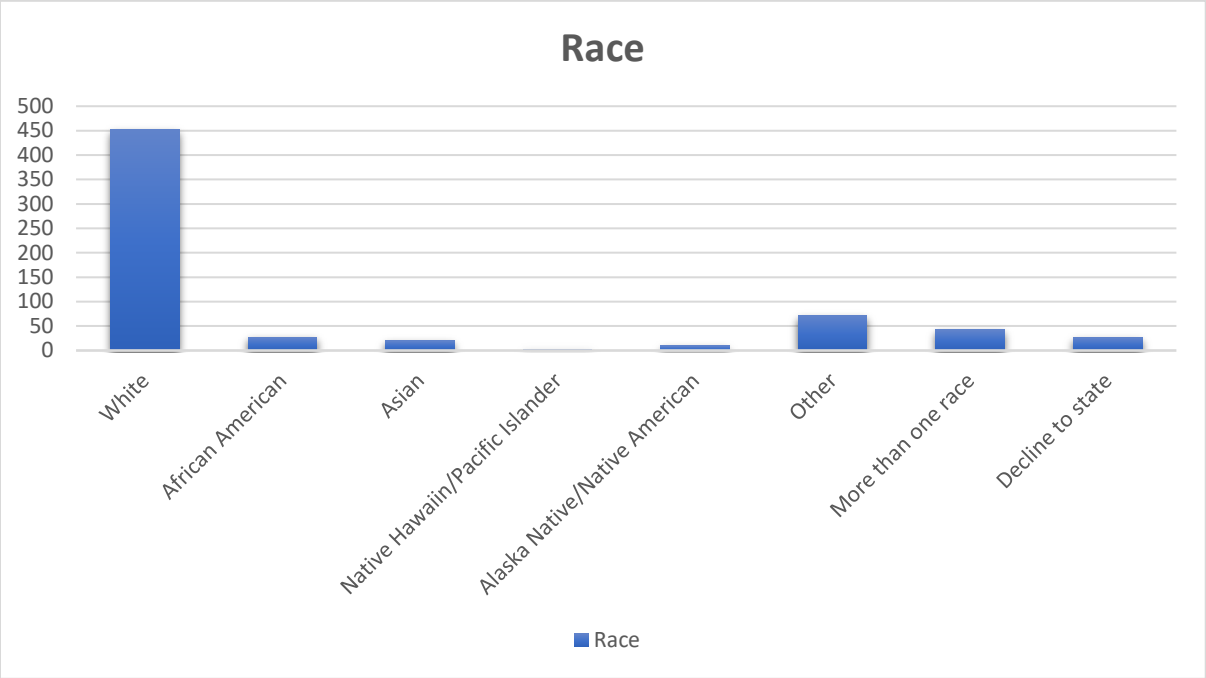
3. Include examples of notable community impact.

Consumers are easily able to access services and assessments are completed in a timely fashion so they can begin treatment.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

We are working to collect and analyze our outcome data; however, we have recently upgraded to a new EHR and the transition has caused a delay in the creation of some outcome dashboards. We are working diligently with our third party vendor on the transfer and creation of these reports. When we can access these reports, we will be providing LOCUS and MORS outcome data.

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Adult Urgent Services

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

The Adult 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 Adult 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 Adult 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 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, intake assessments, treatment planning, individual therapy, group therapy, and linkage to community services. The Adult Urgent Services team is comprised of therapists and a Healthcare Access Coordinator who links clients to services that are clinically appropriate for the clients presenting behavioral health needs.

The Adult Urgent Services 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.

2. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2023-24 is:

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual	O & E # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	0			
TAY 16-25	150			
Adults 26-59	500			
Older Adults 60+	100			

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The CPPP identified that homelessness, depression, and anxiety are issues that result from, or at least are exacerbated by a lack of mental health services. They cited the pandemic as causing increased isolation that contributed to these issues. Throughout the CPPP process the lack of therapists, which is statewide, was seen as the number one issue with access to services in the area. This is an all-ages issue that affects all programs. Clients also identified that they want better directions for how to get into services, and what specific services can be offered. The demand for therapy is high and the frustration is also high amongst clients and providers alike as we do not have the qualified staff to serve all needs.

4. The following is the estimated or projected demographic information i.e., age group, sexual identity, and gender identification (SOGI), race & ethnicity, language spoken by the population(s) and other characteristics of the individuals in the population(s) of focus to be served by the program, e.g., veterans, individuals with disabilities, etc.

**Punjabi is not a listed option for Race. Many of our East Indian population take offence to the term “Indian” as they are not all from India. They self-identify as Punjabi. The numbers below listed in “Other” and declined to answer could account for the population. We are identifying ways to better collect data for this group.

5. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Decrease therapy waitlist	Provide therapy services in a timely fashion.	Dashboards
Improve symptoms	Gain stability of symptoms and transition to lower level of care.	LOCUS/MORS
Reduce vacancies	Services will be provided in a timely manner	Staff reports

6. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

A new statewide standardized screening tool will be utilized to determine eligibility of specialty mental health services. For consumers aged 18-20, a Youth Screening Tool will be utilized, and for consumers age 21+ an Adult Screening Tool will be used. Consumers scoring 6+ on the screening tools will be eligible for mental health services through the county mental health plan. A Healthcare Access Coordinator will work with those who score below 6 to refer them to appropriate community resources and other healthcare plans.

Urgent services are designed to provide easy access for all community members by being a walk-in service with no need to schedule an appointment. This is meant to reduce barriers for unserved and underserved populations.

7. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

Access to services has been identified as the number one priority. The Urgent Services Unit has an open access clinic where consumers can be seen and assessed same day without an appointment. Telehealth, in person and telephone triages allow anyone access as they need it.

8. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:**
- **Cultural Competence:**
- **Client and Family Driven:**
- **Wellness, recovery, and resilience focused:**
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:**

All staff are required to complete cultural competence training. Services are designed and delivered with a client driven, wellness and recovery focus. Adult Urgent Services frequently collaborates with community providers regarding resources for clients. A Healthcare Access Coordinator provides linkage for consumers to community resources. Referrals are made to appropriate programs to serve consumers with their best interests in mind. Currently, a depression group, This Way UP, is being facilitated. Group topics are determined by requests from clients and needs of clients as determined by results of intake and assessments.

9. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

The County's capacity for serving the proposed number of consumers may pose a hardship. With CalAIM changes and the standardization of services amongst providers, there will be an increase of consumers entering services. An increase in consumers will impact psychiatry appointments and further delay therapy services. It is a challenge to fill all our therapist positions. SYBH will continue to work to recruit staff in hard to fill positions which, include therapists, using incentives such as the WET Regional Collaborative Loan repayment program.

10. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

CalAim changes effective 1/1/23 include implementing standardized screening tools to make services equitable across counties/providers and ensure consumers receive services in a timely fashion. The tools to be used include Adult Screening Tool (ages 21+) Youth Screening Tool (age 18-20), and the Transition of Care Tool. The transition of Care Tool

will be used when additional services are needed from another provider and/or the consumer can be transitioned to a managed care plan for ongoing services.

We will be monitoring all legislative and regulatory changes that may be put into place for MHSA and adjusting our program accordingly.

11. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES (FY 21/22)

PROGRAM NUMBER/NAME: Youth & Families Urgent Services

☒ **Non-FSP Services**

The population(s) of focus for this program is/are:

Homeless	✓
Forensic	
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	✓
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

SYBH evaluates and looks for ways to best match the broad cultural needs of those we serve through urgent services. Cultural or social factors as well as other risk factors the youth may experience are reviewed in weekly meetings.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

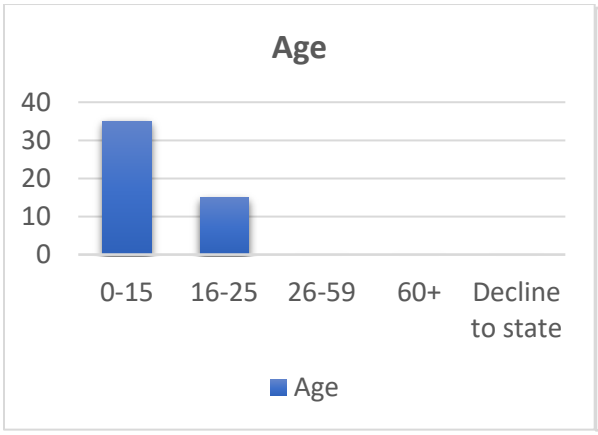
One of the recommendations of the MHSA Steering Committee for this program was focusing on the use of Dashboards to identify and use data in a meaningful way. We are incorporating dashboard information to set performance outcome guidelines. This is valuable information to be able to determine if we meet expected standards in serving the diverse population and timeliness into services. Both serving diverse populations and timeliness into services were identified as priorities in the CPPP process.

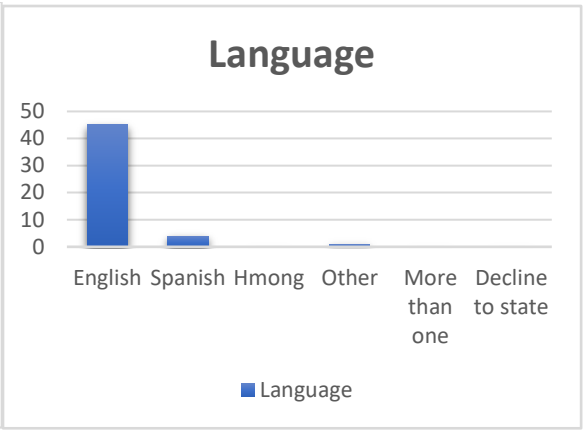
3. Include examples of notable community impact.

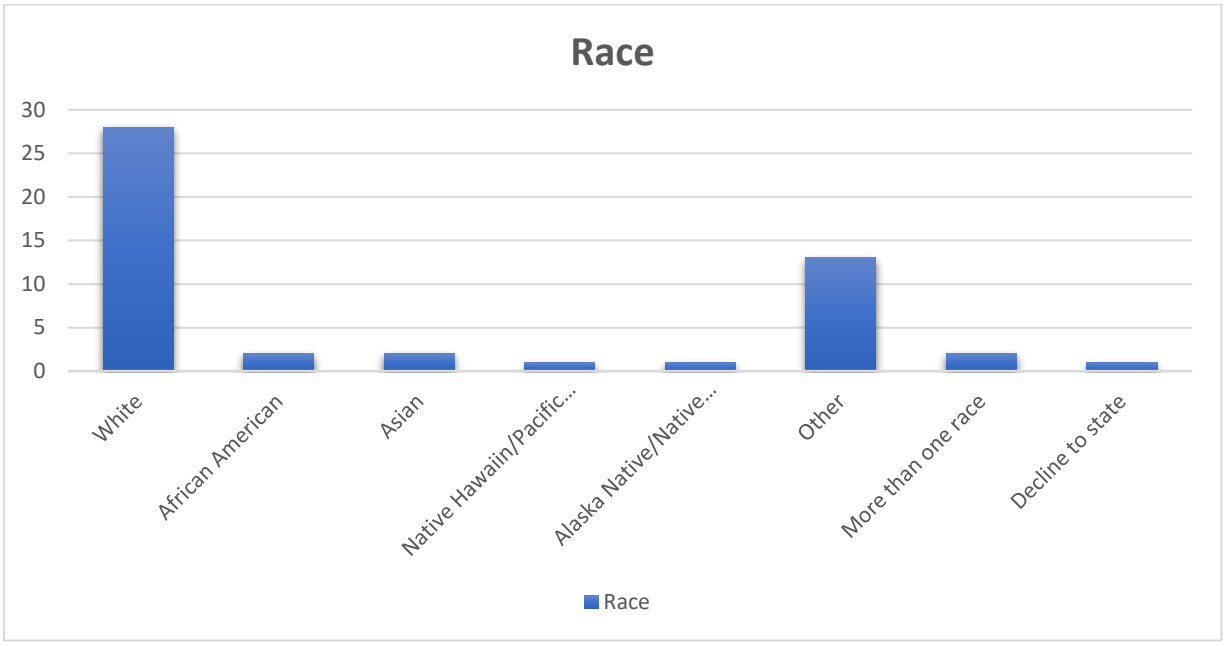
One of our foci is to ensure that those youth who have been to Psychiatric Emergency Services (PES) and/or who were psychiatrically hospitalized, are offered the most appropriate intensive outpatient behavioral health services. We track those who have multiple psychiatric hospitalizations and review their case during our weekly Intensive Hospitalization Review Team. We then follow up with the treatment providers to make sure the youth has been offered

intensive services such as Therapeutic Behavioral Services, Intensive Care Coordination, In Home Behavioral Health Services, etc. The expectation is that we are matching the intensity of the service to the intensity of the youth's behavioral need, therefore decreasing visits to PES, and decreasing the need for psychiatric hospitalizations.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

We are working to collect and analyze our outcome data; however, we have recently upgraded to a new EHR and the transition has caused a delay in the creation of some outcome dashboards. We are working diligently with our third party vendor on the transfer and creation of these reports. When we can access these reports, we will be providing CalLOCUS and CANS 50 outcome data.

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Youth & Families Urgent Services

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

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.

2. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2023-24 is:

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual	O & E # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	40			
TAY 16-25	20			
Adults 26-59	0			
Older Adults 60+	0			

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The CPPP identified that homelessness, depression, and anxiety, are issues that result from, or at least are exacerbated by a lack of mental health services. They cited the pandemic as causing increased isolation that contributed to these issues. Throughout the CPPP process the lack of therapists, which is statewide, was seen as the number one issue with access to services in the area. This is an all-ages issue that affects all programs. Clients also identified that they want better directions for how to get into services, and what specific services can be offered. The demand for therapy is high and the frustration is also high amongst clients and provider alike as we do not have the qualified staff to serve all needs.

4. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Timeliness of therapy service	Client seen within 10 business days	Dashboards
Timeliness of MD services	Client seen within 30 days	Dashboards

5. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

Constantly communicating and referring to our Latino and Hmong outreach center to match to the cultural needs of clients.

6. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

One of the recommendations of the Steering Committee that focuses on this program was the use of Dashboards to identify and use data in a meaningful way. We are incorporating dashboard information to set performance outcome guidelines. This is valuable information to be able to determine when we meet expected standards.

7. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:** regular meetings and communication with community partners to coordinate services, share resources, and collaborate on supportive services.
- **Cultural Competence:** always looking at ways to best match to the broad cultural needs of those we serve through urgent services. Examining in our weekly review meeting any cultural factors that are either a risk or protective factor in the youth's hospitalization or psychiatric visit.
- **Client and Family Driven:** always including both the youth and the family in discharge and safety planning. Listening and acknowledge their experience in this process and creating a treatment plan that is unique to them.
- **Wellness, recovery, and resilience focused:** Interventions are focused on improving the youth and family's level of functioning in all areas. Instilling hope and building their self-efficacy through skill building to better prepare them for future events.
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:** we have bi-weekly meetings consisting of multiple community partners such as schools, probation, child welfare, and Regional Center. This meeting provides a fantastic opportunity for resource building, collaboration, and better integration of combined interventions and supports.

8. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

We have seen an increase in the number of youths whose first engagement with mental health services occurred in our psychiatric emergency services. Whether it is a lasting result of the social isolation and stress of the COVID-19 pandemic, we are projecting to remain at an elevated level of urgent service referrals. We will monitor the number of clients we have in our programs and see if this elevated level of referrals means we need to create more service capacity, or if we are able to integrate these referrals into existing services.

9. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

We will be monitoring all legislative and regulatory changes that may be put into place for MHSA and adjusting our program accordingly.

10. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES (FY 21/22)

PROGRAM NUMBER/NAME: Bi-County Elderly Services Team (BEST)

☒ **Non-FSP Services**

The population(s) of focus for this program is/are:

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	✓
Cultural Population (specify below)	
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

BEST served 23 unduplicated clients. During this time there were 9 client discharges either due to lack of follow through on the client's part, or successful completion of specialty mental health treatment.

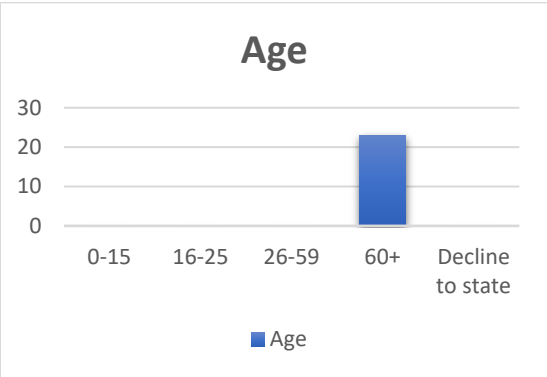
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

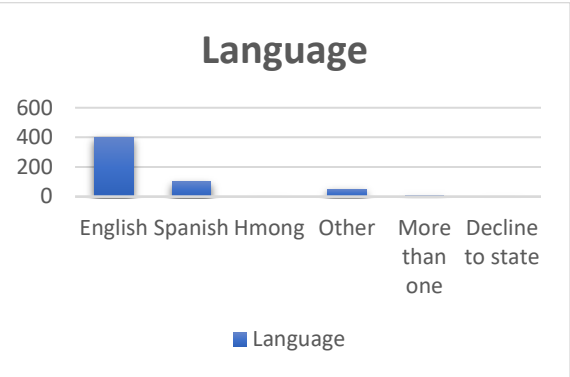
The BEST program engages the elderly population through outreach and coordination strategies. BEST meets regularly with external agencies to work towards information sharing, resource gathering and assessment support for those in the community 60 and older who may otherwise not be able to receive mental health services because of lack of knowledge or fear from stigma.

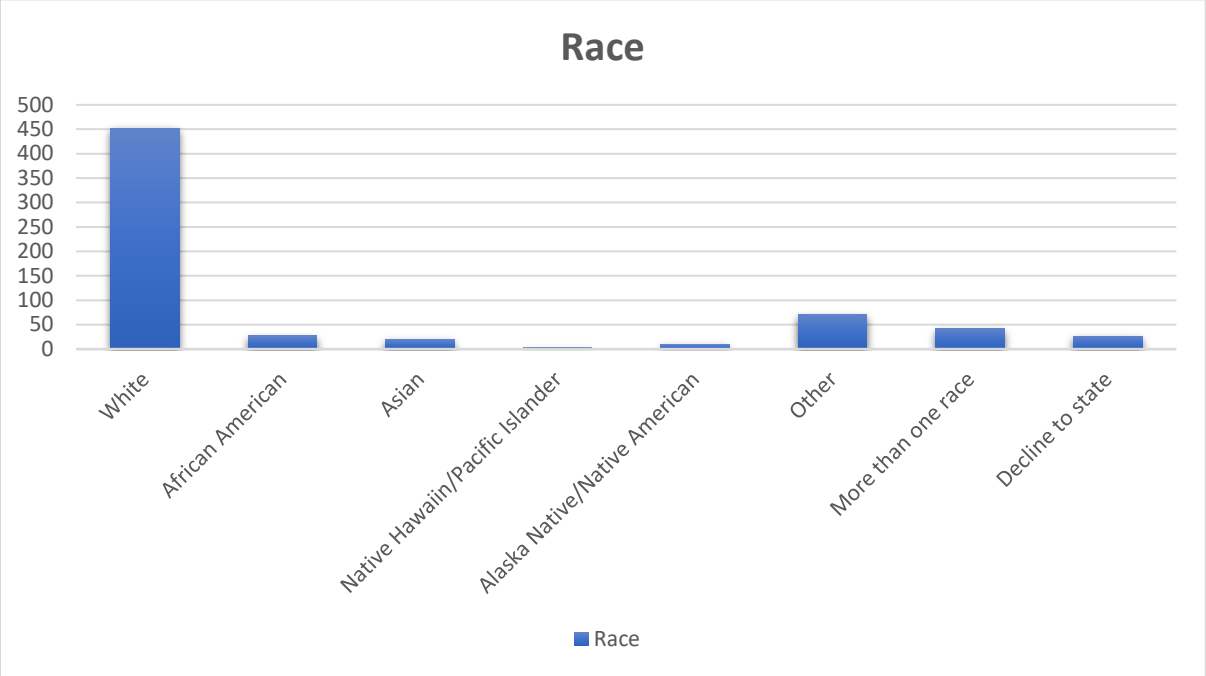
3. Include examples of notable community impact.

Throughout the year, BEST met with community members through Foundation of Resources for Equality and Employment for the Disabled (FREED), Agency on Aging, APS, and other resources specific to the aging population and linked several clients to supportive services that were in high need but lacked the resource connection. During this year we started a group specific to women 60+ to develop and maintain skills to reduce negative effects of mental illness and begin recovery.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

We are working to collect and analyze our outcome data; however, we have recently upgraded to a new EHR and the transition has caused a delay in the creation of some outcome dashboards. We are working diligently with our third party vendor on the transfer and creation of these reports. When we can access these reports, we will be providing LOCUS and MORS outcome data.

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: BI-County Elder Services Team (BEST)

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

The BEST Program services older adults (age 60+) in both Sutter and Yuba Counties with serious mental health conditions as well as co-occurring mental health and substance use conditions. The BEST program consists of one therapist that 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 conducts outreach activities to local communities and agencies which cater to the older adult population and 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 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.

2. The estimated number of individuals proposed to be served by the program and the cost per person during FY 23/24 is:

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual	O & E # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15				
TAY 16-25				
Adults 26-59				
Older Adults 60+	32			

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The population of aging adults 60+ experiences both general and unique mental health issues. Many of these issues go unresolved if appropriate treatment is not initiated. Many clients struggle with experiences of grief and loss because of age and illness. Uniquely they also begin to transition into a more limited aspect of life as financial, physical, and mental ailments present themselves later in life. The BEST program prioritizes normalizing mental illness, developing strong interpersonal skills and natural networks of support as well as exploration of capabilities previously unidentified.

4. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Increase group participation through marketing and outreach.	Increase group size from 5 to 8	Client data reports
Reduce negative symptoms and wait times through successful discharge of clients.	To have clients meet their goals, successfully step down or transition to lower level of care.	LOCUS/MORS, Transition of care

5. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

Increased outreach to unserved areas. Increase skill building and develop or strengthen natural supports along with connection to community resources.

6. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

The 60+ community is underserved and increasing outreach efforts and service connections allow this population to receive necessary services to achieve symptom reduction or elimination.

7. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:** Integrated community voice allows for the clinicians to cater their treatment in the most effective way for this unique population.

- **Cultural Competence:** Connecting with agencies such as FREED and agency on Aging ensures clinicians are up to date on effective services specific to the 60+ client base.
- **Client and Family Driven:** Building natural support systems for older clients assists in sustaining client progress and long-term goal achievement.
- **Wellness, recovery, and resilience focused:** new and old skills will be built upon to create a more affective independent living environment for client 60+.
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:** This population often requires family support in order to thrive, allowing caregivers and other family members to be involved in care is essential to success and providing them the tools allows for higher level achievement, less burn out and overall greater satisfaction.

8. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

The BEST program has a designated therapist specific in serving the population of older adults upwards of 32 clients. Supportive services such as case management and medication management work well in getting the clients served as well.

9. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

No upcoming changes identified. We will be monitoring all legislative and regulatory changes that may be put into place for MHSA and adjusting our MHSA programs and services accordingly.

10. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES (FY 21/22)

PROGRAM NUMBER/NAME: Hmong Outreach Center

☒ **Non-FSP Services**

The population(s) of focus for this program is/are:

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	✓
Cultural Population (specify below)	✓
Hmong	✓
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The impact of COVID-19 has caused the Hmong Outreach Center (HOC) to experience barriers/challengers with engaging and retaining clients in direct mental health services. In FY 21/22, the Hmong Center unduplicated number of

clients served decrease slightly to 41 compared to 45 the year prior. Strategies that have been used and will continue to be used in engaging and retaining individuals in direct clinical services include:

- A Hmong male staff working part time at the HOC retired but the HOC continues to retain its bilingual staffing with 3 full time bilingual/bicultural staff.
- The HOC resumed client group outings activities where clients get to go out into the community to learn new skills, practice skills learned in groups, practice community engagement, and interact/interface with other non-Hmong community members to support wellness and recovery.
- We successfully expanded and resumed Hmong Center Garden.
- We continue to employ cultural activities and activities familiar to the Hmong population to continue to engage them in treatment, such as gardening, sewing, crafting, and cooking.
- Eliminating transportation barriers by providing transportation to/from the center for group services. HOC is also along the bus route and has a bus stop nearby.
- We resumed client connection + collaboration with clients from Hmong Cultural Center in Oroville, CA to continue to reduce mental health stigma.
- Ongoing Virtual/telehealth services on Wednesday as an option for those who need it and cannot make it in person, to increase accessibility.

In addition to the impact of COVID-19, there continues to be factors (such as cultural barriers, mental health literacy challenges, mental health stigma, help seeking behaviors) that create ongoing challenges to reach out to and engage the Hmong community. For the Hmong, the concept of mental health counseling and counseling services in western culture are different/unfamiliar to them, and so the population have a challenging time understanding what it is and how it works. Because the concepts of mental health counseling do not exist in the Hmong culture, there are extraordinarily little words available in the Hmong Language to describe and use to communicate about mental health ailments and the kinds of therapeutic help available. In traditional Hmong culture, most mental health ailments and symptoms are spiritual in etiology, and so most tend to seek out help from traditional/spiritual healers instead. Relational and other socio-economic issues are often dealt through the clan system and are considered shameful and should be kept within the family; thus, many are hesitant to seek outside services to assist with these issues. Those who do end up seeking help often do so as a last resort. They also are usually referred through emergency/crisis services because their conditions are chronic and already having serious impacts in their lives.

In addition to counseling concepts being unfamiliar, there also continues to be a lot of stigmas around mental health due to cultural factors, and this includes additional layers on top of the regular stigma that already exists in the general population. For example, in addition to the stigma that those who have mental illness are “crazy,” many Hmong also believe that this “crazy” is biological (beyond what the actual research suggests; so for example, if you are “crazy,” your family must be crazy as well as your entire clan so everyone needs to stay away from the entire clan because it’s “bad blood”) thus creating additional shaming, guilt, and barriers to seeking services.

Services targeted at reducing stigma and outreach efforts have included:

- Ongoing outreach to Hmong youths and young adults to educate about mental health services (we have done outreach in the high school & middle schools and through the Hmong Center and IMPACT Youth Facebook Page).
- Ongoing collaboration with Hmong American Association (HAA) and the Hmong Cultural Center (HCC) to exchange ideas and offer activities/services that may be less stigmatizing to help the community feel more comfortable to seek out services.
- FY 21/22, we collaborated with HAA and successfully revived IMPACT Youth to engage and provide prevention services for Hmong youths and familiarize them to the Hmong Center (The HOC currently hosts a Hmong

Cultural Dance Class for Hmong youths ages 5-12 and Hmong language/culture class through the IMPACT Youth program on Wednesday evenings.) The HOC extended its Wednesday hours until 7pm to accommodate the program since the volunteer dance teachers are only available at this time.

- Collaborating with outside agencies to bring in resources/activities that are not related to mental health services so the HOC is not just known to the Hmong community as "the place to go for mental health."

In the FY 21/22 to current we have had the following success:

- 2/10/22 and 4/5/22: The Hmong Outreach Center (HOC) collaborated with Hmong Cultural Center of Butte County (HCC) to assist low-income Hmong community members in Yuba/Sutter area to apply for relief with PGE bill. HCC had received funding to provide COVID-19 relief and PGE assistance to low-income family up to $120 in 5 counties, which included Yuba/Sutter. HOC site hosted event to bring in new Hmong community members to Center and in efforts to reduce mental health stigma by providing a wider range of services that may not be directly mental health related. A total of 83 adults arrived to receive service throughout both events. HOC conducted a mini survey for data to assess and improve future outreach efforts, which included assessing participants familiarity with the HOC and how they heard about the event. Participants were also asked if they wanted to provide their contact info so HOC staff can contact them to give them more info about HOC services and future events/outreach. HOC was able to gather a list of contacts and was able to create a "Hmong Community Listing" for future outreach efforts due to the overwhelming number of people who reported they got info through word of mouth.
- 4/5/22: HOC staff met with Hmong American Association Board member, 6 other community members, and 2 Youths for the revival of IMPACT Youth Program and planning of Hmong cultural dance class. We were able to successfully begin the Hmong Cultural Dance Class beginning 5/11/22 at the Hmong Outreach Center and his class has been offered and has been ongoing since in efforts to engage/familiar community members to the HOC and reduce mental health stigma. The HOC extended its hour on Wednesdays to 7pm to accommodate this project.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The Hmong CPPP sessions are always well attended, and Hmong community articulate what they need and want from the Hmong Outreach Center. The array of services and times of service delivery have been in direct result to this input. This includes providing and assisting with a full range of traditional mental health services and providing culturally appropriate services and groups. Traditional services provided and linkage provided to, include, medication evaluation/support for Mental Health conditions, housing assistance, counseling, and education on nutrition. Culturally appropriate services include natural healer's spiritual leaders, gardening, and cooking. The Hmong Outreach Center has broadened its access by remaining open until 6:00 PM Mondays, Tues, and Thurs weekly and until 7pm Wednesdays and offering flexible hours to provide resource navigation to the public, which allow the community to come info 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.

The Hmong Center continues to be in an area where most of the Hmong population resides and is also located along the bus route, increasing accessibility to those who might have transportation issues. In addition, the HOC program provides transportation to those to need it to increase accessibility. To further engage and reach out to the Hmong community, the HOC aims to reduce mental health stigma and increase engagement with the Hmong community by implementing culturally responsive pilot projects, hosting outreach events, and offering cultural activities through a prevention and early intervention standpoint.

3. Include examples of notable community impact.

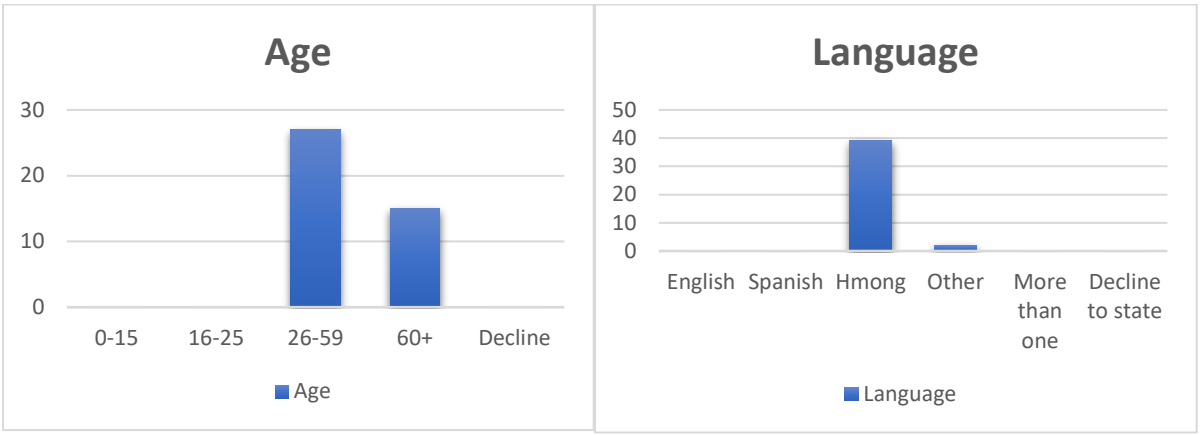
The Hmong community has been a difficult to reach community due to the factors mentioned above, however the HOC has been able to steadily engage and retain people in direct mental health services with the strategies mentioned above. The fact that there has been a steady amount of people who exit and enter the program (vs. no one joining the program as others recover and exit) shows that there are some awareness and people are seeking services. The following are some comments made by participants at the last MHSA stakeholder meeting that speaks to the impact of the services provided by the HOC:

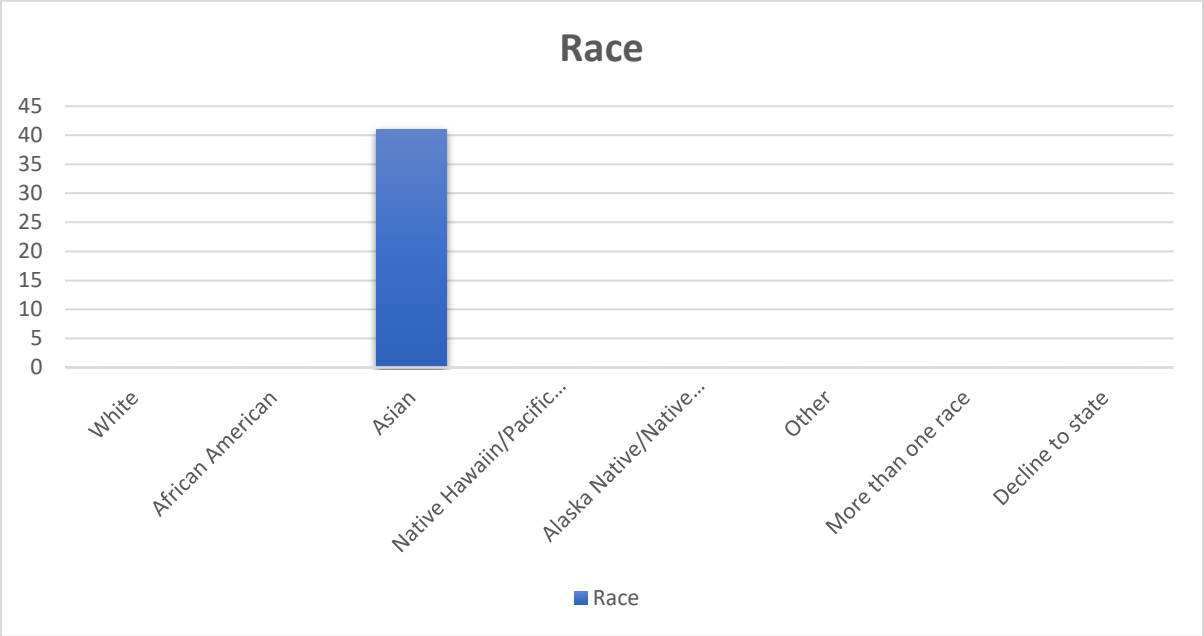
"I want to say thank you for the program and for teaching about the programs and services. Coming here to group and being able to garden, it really helps with my depression and makes me not want to harm myself. When I see other friends or family members with problems, I tell them to come here to get services. They have really helped with my mental health. Grateful for being able to go on the outings, I want to thank these programs, they are doing a really good job."

"I think that having group is important, I can see that it really helps with the clients that come here. I was thinking 8 am-12 pm is good enough hours for us. Maybe even 2 outings per week and the outings can be of longer duration too. When we go on our outings, I feel like we feel better, but when we don't go on outings, I feel like a lot of us don't have energy to even go out of the house."

"I'm just speaking for myself, before starting services here I feel like my mental health was very bad, I was stressed about my children. Now that I've been receiving services, I am feeling better. Do not stress about your adult children, they can work for themselves and help themselves. Once I learned that I don't feel as depressed and anxious. Coming to group really helps me, especially with the garden outside. Even when I can't take out the weeks from the garden, the next week I can do it. One suggestion is a bigger group room so more people can come. Sometimes we have good laughter and that really helps with mental health."

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:





5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

We are working with the center to develop an outcome measurement for their group and cultural programs. This may be like the BUPPS survey we developed for PEI that measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation. For clients who are receiving traditional services we will use the LOCUS and MORS data.

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Hmong Outreach Center

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

The Hmong Outreach Center serves bilingual and Hmong-speaking only adults and families, delivering culturally and linguistically appropriate services. The Hmong Center outpatient behavioral health program is designed to provide a full range of coordinated therapeutic and support services in the form of triages, intake assessments, treatment planning, diagnosis, and treatment of mental health conditions and co-occurring mental health and substance use disorders, and linkage to community resources and support. Further service linkage and coordination includes medication evaluation/support for mental health conditions, housing assistance, counseling and education on nutrition, primary health care, natural healers, spiritual leaders, and gardening. The Hmong Outreach Center has broadened its access by remaining open until 6:00 PM four days/week and offering flexible hours to provide resource navigation to the public, which allow the community 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.

2. The estimated number of individuals proposed to be served by the program and the cost per person during FY 23/24 is:

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual	O & E # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15				
TAY 16-25				
Adults 26-59	20			
Older Adults 60+	20			

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The CPPP identified that homelessness, depression, and anxiety, as issues that result from, or at least are exacerbate from a lack of mental health services. They cited the pandemic as causing increased isolation that contributed to these issues. Throughout the CPPP process the lack of therapists, which is statewide was seen as the number one issue with access to services in the area. This is an all-ages issue that affects all programs. Clients also identified that they want better directions for how to get into services, and what specific services can be offered.

The demand for therapy is high and the frustration is also high amongst clients and provider alike as we do not have the qualified staff to serve all needs.

4. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Implement HOC Participant Satisfaction Survey to assess client satisfaction and needs with current clinical services.	At least 50% of the participants will report that they "strongly agree" or "agree" on at least 50% of the 12 questions assessing for satisfaction on survey.	Hmong Outreach Center Participant Survey.
Hire a part time Hmong Male Intervention Counselor to assist in providing culturally responsive services to Hmong males.	Retain at least 50% of Hmong males in mental health services.	Data analysis on EHR.
Implement at least 1 wellness activity/gathering at the HOC (i.e., Open House event).	At least 50% of participants will report increased knowledge and comfort with coming to the HOC for future needs.	Survey and data analysis of those in attendance.
Conduct at least 4 outreaches in the community to inform about HOC services.	Give out info to at least 100 Hmong community members to increase awareness about HOC and mental health services.	Sign in sheets at outreach events.
Post at least weekly to HOC Facebook page.	Increase followers by at least 15 to increase awareness about HOC.	Performance Dashboard on HOC Facebook page.

5. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

- Retain HOC bilingual/bicultural staff and hire part time Hmong male staff to help engage and retain Hmong males in service.
- Continue group outings to support wellness and recovery.
- Continue HOC garden to support wellness and recovery -develop irrigation system this next year.
- Continue to employ cultural activities and activities familiar to the Hmong population to continue to engage/retain clients.
- Continue to eliminate transportation barriers by providing transportation to/from the Center for group services. Consider doing bus training again for clients.
- Continue client connection + collaboration with clients from Hmong Cultural Center in Oroville, CA.
- Ongoing Virtual/telehealth services option for those who need it to increase accessibility.
- Continue to collaborate with HAA and implement IMPACT Youth Activities-Cont. Hmong language and cultural class and Hmong Dance Class, if feasible.
- Collaborate with outside agencies to bring in resources/activities that are not related to mental health services.
- Continue to find a permanent location for Hmong Outreach Center with larger group room, larger kitchen area, and gardening area (HOC lease is expiring 6/2023 and has a new owner). We have looked at a few possible locations but found none that will work. New owner has verbally stated that he is willing to re-lease the current building when the current lease is up.
- Bring back Hmong Center Open House Event when it's safe to eat/gather in large crowds (the HOC used to host annual Open House events where clients, family members, community members, and other professional members of the community can come together, eat, meet staff, and learn about the Center and services, and get to know the Hmong in Yuba Sutter).
- Continue to add to/update/use Hmong Community Listing to contact and inform the community about HOC activities.
- Outreach at Flea Market on Sunday; many Hmong frequent this event.
- Outreach at local Hmong Churches/Faith based organization.
- Continue to collaborate with partner agencies who also service/interface with Hmong community.
- Resume outreaches in the schools.

6. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

The Hmong Center employs activities and interventions that are culturally responsive to the needs of Hmong clients. The HOC continues to be in an area where most of the Hmong population resides and is also located along the bus route, increasing accessibility to those who might have transportation issues. In addition, the HOC program provides transportation to those to need it to increase accessibility. To further engage and reach out to the Hmong community by implementing culturally responsive pilot projects, hosting outreach events, and offering cultural activities through a prevention and early intervention perspective.

7. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:** The HOC services and program has been developed with ongoing feedback from the community via surveys and meetings with the community. The HOC continues to collaborate with

community partners who serve the Hmong population, such as the Hmong American Association, Hmong Cultural Center of Butte, Yuba HHS/Public Health, Local School Counselors, etc.

- **Cultural Competence:** The HOC is staffed by bilingual/bicultural staffs.
  HOC employs activities and interventions that are culturally responsive to the Hmong population to effectively engage and retain individuals in treatment, such as sewing/crafting, cooking, gardening, community outings/field trips, hosting cultural dance classes, etc.
  Appointments/scheduling are flexible due to difference in time orientation. For example, if clients show up late, they are seen anyways and HOC is open until 6pm M-Thurs and util 7pm Wednesday.
- **Client and Family Driven:** The HOC services and program has been developed with ongoing feedback from the clients and family members via surveys, 1:1 feedback, and community meetings.
- **Wellness, recovery, and resilience focused:** The HOC offers interventions and activities that support wellness and recovery, such group outings/field trips in the community, gardening, opportunities for clients to meet with other clients in different programs and surrounding counties, connection to spiritual/traditional healers, etc. The HOC also implements prevention and early intervention projects targeting Hmong youths and families to increase resiliency, such as collaborating with local partners to bring Hmong language & cultural classes + Hmong dance classes to increase identify & self-awareness/self-esteem through IMPACT Youth Program.
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:** The HOC offers resource navigation/case management services to link and coordinate medication evaluation/support for mental health conditions housing assistance, social services, counseling and education on nutrition, primary health care, traditional/spiritual healers, and clan leaders.

8. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

The HOC program is currently staffed by 1 FT therapist, 1 FT intervention counselor, and 1 FT mental health worker and has capacity to serve 60 unduplicated clients.

9. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

There are no planned changes currently.

10. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES (FY 21/22)

PROGRAM NUMBER/NAME: Latino Outreach Center

☒ **Non-FSP Services**

The population(s) of focus for this program is/are:

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	✓
Cultural Population (specify below)	✓
Latino	✓
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The Latino Outreach Center serves bilingual and Spanish-speaking only adults, children, and families. Services offered include individual and group therapy, case management, rehabilitation services, collateral support, linkage to medication services or substance use disorder treatment as well as linkage to other community resources and supports. Transportation services are also provided as needed. For the year 21/22, the Latino Outreach Center served 197 unduplicated clients. The Latino Outreach Center overcame several challenges during this year including the continued increased awareness of the services provided by the Latino Outreach Center. The Latino Outreach Center also lost a mental health therapist position which was not replaced. This led to the Latino Outreach Center having a wait list for mental health therapy. As the center adapted to challenges in staffing and increases in need, new groups were implemented to assist in filling some of the gaps left from staffing needs. Some of the unique culturally appropriate groups provided much needed immediate support to those that may have been waiting for periods of time to get the supportive services they needed.

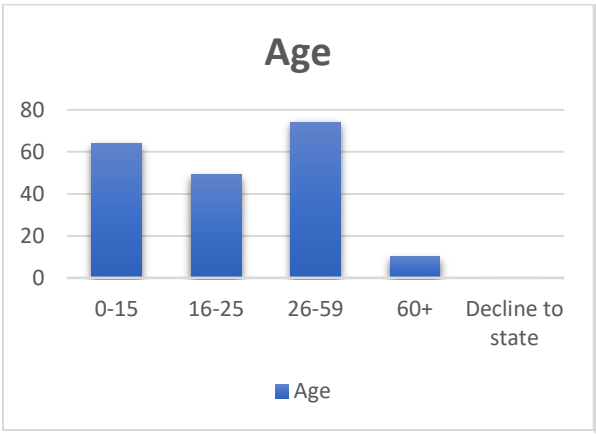
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

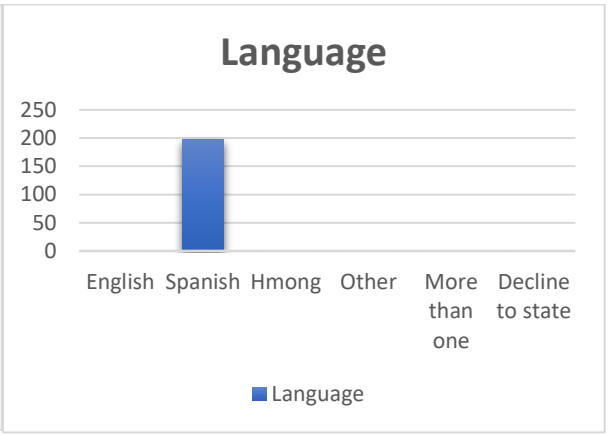
Services for the Latino community, especially those that are culturally sensitive and linguistically appropriate, are regularly requested during the CPPP. During the CPPP those who know of the Latino Outreach Center were complimentary of services and requesting that those services increase. Using community feedback, the Latino Outreach Center has implemented increased access to group services to create a network of communication and services unique to the Latino population served.

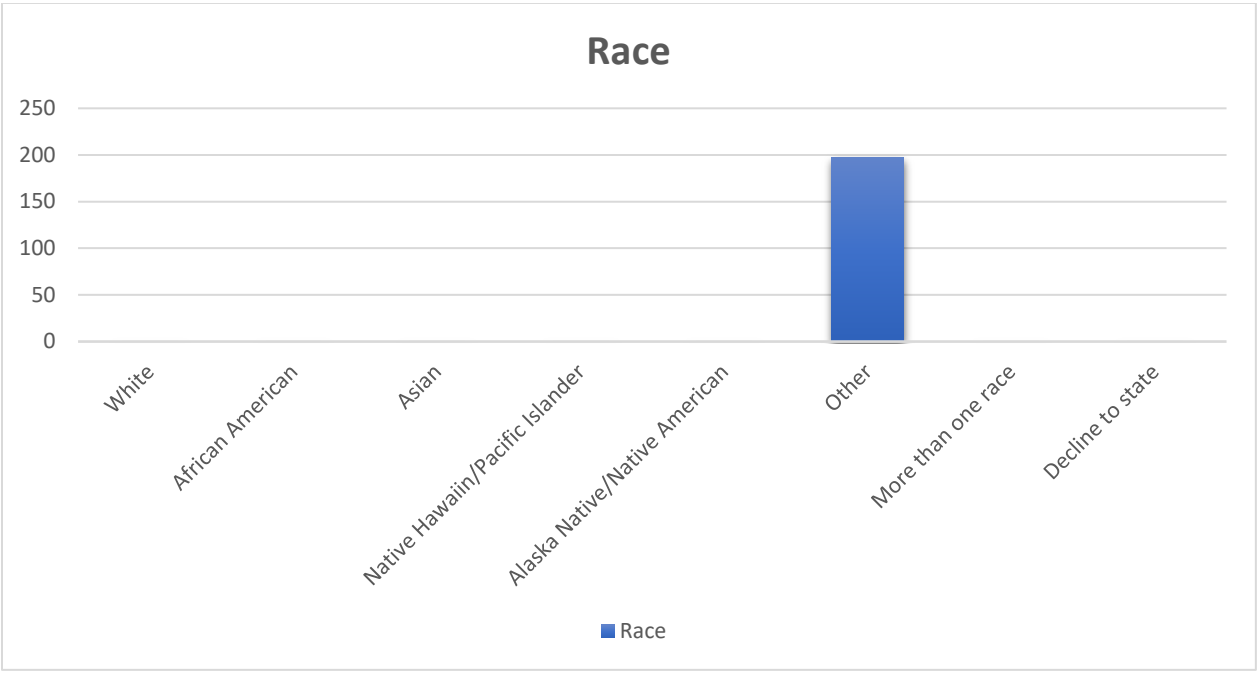
3. Include examples of notable community impact.

In the CPPP, a parent of a client reported, "I've started to know my son better because of this program." This shows the personal impact the LOC has. LOC has become more well known in the community and continues to receive referrals from the community and has a wait list for services. Though, we are more well known, we continue to get feedback that many in the Latino population do not know about us. We would like to increase the impact we have on our community by providing more outreach so that the entire Latino population is well aware of our services.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

We are working with the center to develop an outcome measurement for their group and cultural programs. This may be like the BUPPS survey we developed for PEI that measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation. For clients who are receiving traditional services we will use the LOCUS and MORS data.

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Latino Outreach Center

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

The Latino Outreach Center provides services to bilingual and Spanish-speaking only adults, children, and families that are both culturally sensitive and linguistically appropriate. Services offered include individual and group therapy, case management, collateral support, rehabilitation services, plan development, linkage to other services such as medication support or substance use disorder treatment and linkage to different community resources and supports as appropriate. Transportation services are provided as needed. The Latino Outreach Center now operates by appointment for triage and intake services. Triages and intakes occur on Thursdays from 9:00 am to 12:00 pm.

2. The estimated number of individuals proposed to be served by the program and the cost per person during FY 23/24 is:

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual	O & E # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	70			
TAY 16-25	60			
Adults 26-59	70			
Older Adults 60+	15			

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The CPPP identified that homelessness, depression, and anxiety, as issues that result from, or at least are exacerbated from a lack of mental health services. They cited the pandemic as causing increased isolation that contributed to these issues. Throughout the CPPP process the lack of therapists, which is statewide was seen as the number one issue with access to services in the area. Clients also identified that they want better directions for how to get into services, and what specific services are offered. More Spanish outreach and Spanish Therapists, as well as male Spanish Therapists were also identified as needs. The demand for therapy is high and the frustration is also high amongst clients and provider alike as we do not have the qualified staff to serve all needs.

4. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Increase mental health services.	Reduce number of people on the wait list for mental health services.	Excel Sheet/Anasazi wait list.
Increase groups offered at the Latino Outreach Services	Provide requested culturally sensitive groups such as (insert a few examples here)	Excel Sheet/Anasazi
Increase Outreach Services	Ensure the Latino population is aware of the Latino Outreach Center and the Services provided.	Copies of brochures, list of places brochures placed. Dates and times of outreach events.

5. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

Latino Outreach Center would like to increase therapy services by adding an additional Mental Health Therapist position to the staff. This would allow the center to increase services to the Latino community. Currently SYBH lags statewide penetration rates. Additionally, increased therapy services would reduce the wait list and the service delivery time. Increasing both therapeutic groups and skills groups would allow the center to provide services to more individuals. Finally, the center would like to increase outreach and preventions services available to the community served by the Latino Outreach Center to ensure that the population has a clearer awareness of the services offered at the Latino Outreach Center.

6. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

Latino Outreach Center is planning to provide more groups at the center and decrease service delivery wait times/reduce wait list per community member and client requests during our CPPP meeting.

7. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:**
- **Cultural Competence:**
- **Client and Family Driven:**
- **Wellness, recovery, and resilience focused:**
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:**

The Latino Outreach Center provides culturally sensitive and linguistically appropriate services to the Latino population. It is a client and family driven program as clients and families have taken primary roles in decision-making about their mental health treatment. All services have a foundational strength based approach which promotes wellness and recovery. Latino Outreach Center helps clients connect with a full range of services such as, but not limited to, individual and group therapy, case management, medication management, and substance abuse treatment.

8. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

As the center adapted to challenges in staffing and increases in need, new groups were implemented to assist in filling gaps left due to under staffing. Some of the unique culturally appropriate groups provided much needed immediate support to those that may have been waiting for periods of time to get the supportive services they needed. This includes Latino community members of all ages.

9. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

The Latino Outreach Center will continue to monitor the number of those on its waiting list and adjust the groups being offered to continue to keep reductions of waitlists.

10. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS)

PROGRAM NUMBER/NAME: Supportive Housing Services

☒ **Non-FSP Services**

The population(s) of focus for this program is/are:

Homeless	✓
Forensic	✓
Involved in Social Services System	
Unserved/Underserved	✓
Cultural Population (specify below)	
Veterans	✓
Other (Specify below)	

1. Provide a description of the program that includes the array of services to be provided.

New Haven Court and Cedar Lane

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 The apartment complex, located at 448 Garden Highway, is known as New Haven Court Apartment Complex (NHC). New Haven Court is a permanent supported housing (PSH) apartment complex where unsheltered individuals are housed using a "Housing First" model. Residents of 19 of the 40 units receive daily MHSA funded staff support to help with retaining housing, building life skills, and addressing behavioral health conditions. NHC began moving residents in during May of 2021.

In 2021, construction began been taking place on a second No Place Like Home funded project: the Cedar Lane permanent supportive housing apartment complex on Cedar Lane in Olivehurst, CA. Like New Haven Court, Cedar Lane is a mixed-use housing complex for individuals experiencing chronic homelessness. The Cedar Lane complex closely mirrors the New Haven Court project. There are 40 total units, 19 of these 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. Cedar Lane began moving in residents in early 2023.

All housing that is funded by NPLH and MHSA at both New Haven Court and Cedar Lane is required to have on-site permanent supportive housing services (SHS) for those who are placed in a SYBH unit. These are MHSA-funded supportive services that assist residents with sustaining their housing tenancy, improving daily living skills, and connecting with community resources. The SHS that are provided at New Haven Court, and identical services that are provided at Cedar Lane are provided by Telecare Corp., under a contract with SYBH.

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

- Case management services
- Community resource linkage and referrals
- Behavioral health referral and coordination
- Crisis intervention services
- Group psychoeducation, 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 2016 MHSA Housing Program funds. Both locations are shared housing developments or multi-family Duplex housing units that serve as permanent and supportive housing for up to 16 total SYBH clients. Both TAY and Adult clients are currently housed in these units. Supportive Housing Services are provided by SYBH staff members and not contracted out.
An MHSA funded housing resource specialist makes bi-weekly visits to the residents' homes and serves as a liaison for SYBH and the Regional Housing Authority (RHA) to ensure compliance and necessitate all renewal activities.

PATH

PATH program staff members are involved with Sutter and Yuba County coordinated entry sites which provide wrap around services including medical, behavioral health, career skill building, anger management, substance use groups, and other skill building to assist in sustainable progression towards housing. Staff provide outreach to homeless individuals in both counties. Furthermore, the team collaborates with the local bi-County Homeless Engagement and Resolution Team (HEaRT) which does outreach directly to homeless encampments, to identify and work with homeless individuals with behavioral health needs. They also participate in outreach events such as food service events for the homeless and the Veteran's Stand Down, where homeless veterans can receive supplies and linkage to resources. Staff also receive direct referrals from the Psychiatric Hospital Facility for support with those who are experiencing mental health crisis and are unhoused. Clients who are identified through these outreach efforts receive case management support and assistance with linkage to shelter, housing, medical, behavioral health, and other resources needed to stabilize clients and resolve homelessness.
The MHSA funded Homeless Resource Specialist assigned to the team is certified drug and alcohol counselor. She is also very familiar with the mentally ill population. If a client has a co-occurring disorder, she assists with all mental health appointments as well as advocate that they partake in a 12 step program and/or the dual diagnosis group at Sutter Yuba Behavioral Health. She is aware of the difficulties clients face in recovery coupled with a mental illness and she strives to instill the fact that support is the key to success along with a strong spiritual connection.

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The CPPP process identified homelessness as a larger community issue than just Mental Health needs. Homelessness can exacerbate mental illness, make ending substance abuse difficult, and prevent chronic physical health conditions from being addressed. People with these and other health issues often end up in crisis situations while being homeless, and emergency rooms may be the only health care they are able to access.

4. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Decrease housing turnover at New Haven and Cedar Lane	Have residents retain long term housing	HMIS
Increase services for Teesdale and Heather Glen	Engage clients with additional services and classes	Credible EHR, Case Management Records

5. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

SYBH has partnered with extensive Health and Human Services agencies and programs throughout both counties to provide outreach to the homeless, with an intent to shelter all. Our homeless outreach teams work with Law Enforcement, the local Better Way shelter, our Innovation Project iCARE as well as the Sutter Yuba Homeless Consortium and Coordinated Entry System in a consolidated effort to house the homeless.

8. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

We are continuing to work on increasing our capacity with grants like PATH and Start to Finish, to also include a standalone homeless team.

9. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

There are no major upcoming service delivery changes planned.

10. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NUMBER/NAME: Healthy Options for Promoting Empowerment (HOPE) FSP

☒ **FULL SERVICE PARTNERSHIP SERVICES**

The population(s) of focus for this program is/are:

Homeless	✓
Forensic	✓
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The HOPE FSP and case management team have worked through many barriers this last FY. They have continued to provide care to clients during the height of the pandemic, and how through the limited resources in the area. We have not been fully staffed due to the nationwide shortage of mental health professionals. There are limited Board and Care facilities with available room for placements. Many of our clients are ready to receive family style Board and Care but the resources in the state, and especially Sutter and Yuba counties are slim. We have worked hard to ensure that our clients do not receive a lapse in care and that they receive 24/7 support as needed.

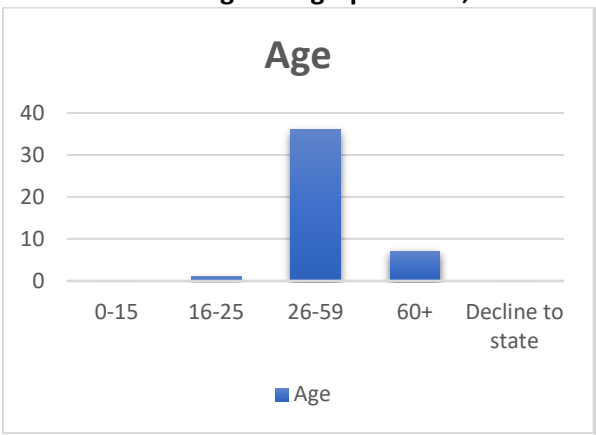
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

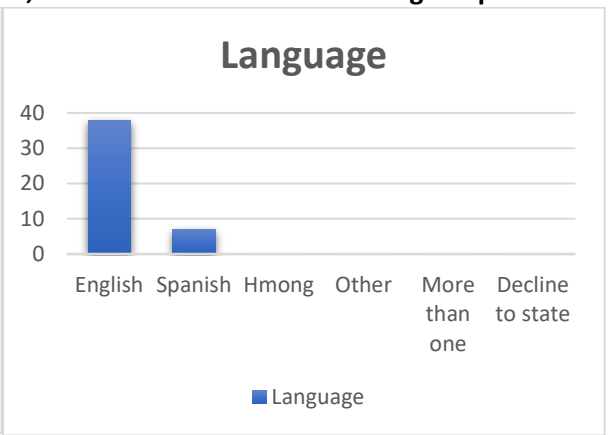
The CPPP identified that Homelessness, depression, and anxiety, as issues that result from, or at least are exacerbated from lack of mental health services. They cited the pandemic as causing increased isolation that contributed to these issues. Throughout the CPPP process the lack of therapists, which is statewide was seen as the number one issue with access to services in the area. This is an all-ages issue that affects all programs. The demand for therapy is high and the frustration is also high amongst clients and provider alike as we do not have the qualified staff to serve all needs. As stated above the team has worked hard to ensure that clients do not have a lapse in care, and they have access to 24/7 care. This FSP program has direct case management and access to Intervention counselors 24 hours a day.

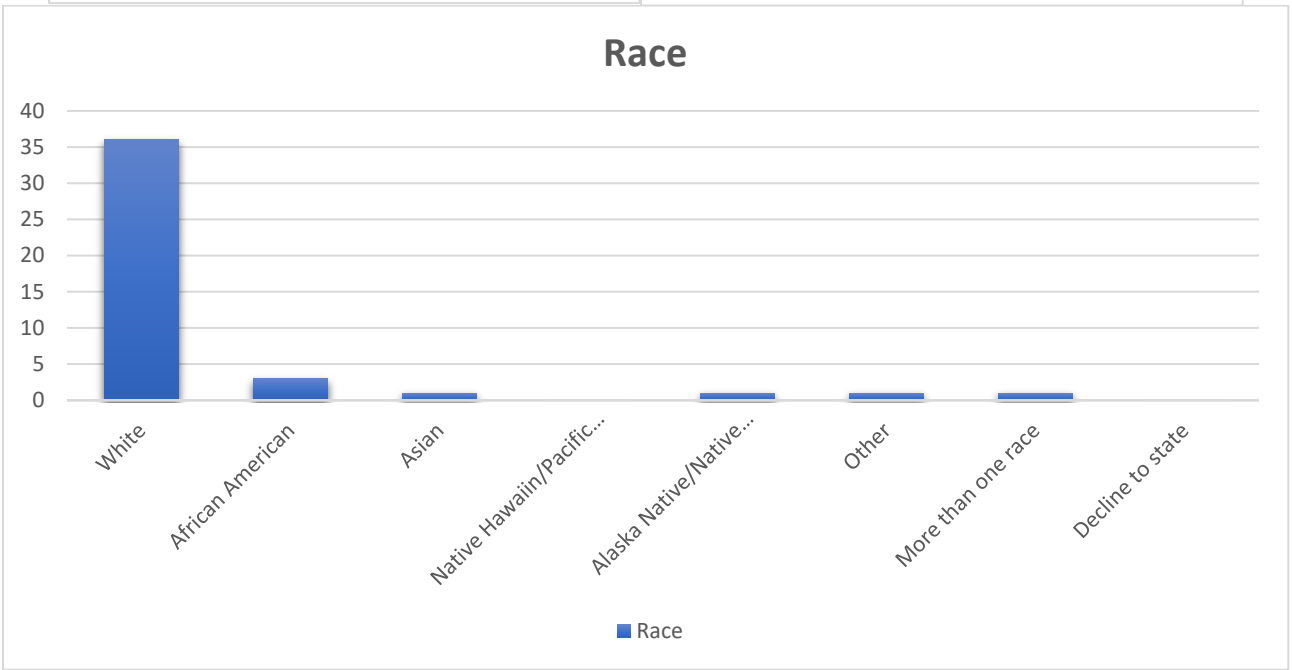
3. Include examples of notable community impact.

We successfully hired 2 full time staff members during the last year. This increase in staff has allowed the Redistribution of the caseloads to decrease so more individualized time can be spent with each client. Directly due to the staffing increase, we have been able to step down at least 8 clients into lower levels of care.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

FSP outcomes are maintained in the DCR.

We are working to collect and analyze our outcome data; however, we have recently upgraded to a new EHR, and the transition has caused a delay in the creation of some outcome dashboards. We are working diligently with our third party vendor on the transfer and creation of these reports. When we can access these reports, we will be providing LOCUS and MORS outcome data.

COMMUNITY SERVICES AND SUPPORTS (CSS) FULL SERVICE PARTNERSHIP (FSP) SERVICES
PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Healthy Options for Promoting Empowerment (HOPE) FSP

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Provide a description of the program that includes the array of services to be provided.

Healthy Options for Promoting Empowerment (HOPE) is an Adult and Older Adult MHSA 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.

2. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2023-24 is:

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15		
TAY 16-25		
Adults 26-59	35	
Older Adults 60+	10	

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The priorities of the HOPE FSP are to provide integrated intensive services for clients. These services include, transportation, shelter, support, medication support, counseling, and wellness and recovery services are offered to each client on a constant and as needed basis. This program provides outreach and engagement, and FSP services for adults with serious mental illness who meet medical necessity for county mental health services. This program serves adults aged 26-60+, who are unlikely to maintain health or recovery and maximal independence in the absence of ongoing intensive services. The service has a 24/7 after hours line that clients can contact as needed.

4. Provide the percentage of unserved individuals and underserved clients.

100% of all clients in the HOPE caseload are underserved and have a severe mental illness.

5. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Increased trainings focused on specialized case management.	Conducting strengths-bases integrated assessments that comprehensively examine mental health, social, and physical health needs, focusing on consumer and family member engagements	Sign in sheets and evaluations from trainings.
Participate in Third Sector FSP Collaboratives and evaluation INN project	Increased effectiveness of FSP programs and understanding of FSP and outcomes amongst staff members	Third Sector Evaluation Data
Utilize client WRAP plans as a part of services	To provide an integrated approach and to empower client by utilizing a tool they have created.	Case managers to review WRAP plan with clients on a monthly basis-notes in EHR
Securing additional supportive housing	Providing supportive living services to maintain housing	How long clients maintain housing

6. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

Providing adults with appropriate benefits assistance, including Social Security disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare applications, coordinated entry, and referrals to advocacy services as well as referring and linking consumers to other community-based providers for other social services and primary care.

7. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

This FSP program has direct case management and access to intervention counselors 24 hours a day. Access to services is the number one issue that has been identified in the CPPP. By having 24/7 support those enrolled in FSP, our most vulnerable, have the access needed to always help.

8. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:**
- **Cultural Competence:**
- **Client and Family Driven:**
- **Wellness, recovery, and resilience focused:**
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:**

FSP programs provide comprehensive and intensive mental health services and employ a "whatever it takes" community-based approach using innovative interventions to help people reach their recovery goals. Services are provided in a culturally competent manner and are all client and family driven. An integrated service approach is utilized

with the FSP and CM teams as the hub of these services. These services are to support clients 24 hours a day, 7 days a week, and target a length of stay of 18 to 24 months, on average, for all clients served.

9. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

The HOPE team consists of a Prevention Services Coordinator, 5 Intervention Counselors, 1 Mental Health Worker and a Resource Specialist. There are currently 2 vacancies we are working to fill.

10. Describe the criteria for enrollment in FSP services and how enrollment will address the identified disparities.

A chart review and assessment and MORS score will determine the client's level of need and support required. In most cases the referral and need for case management made by a SYBH provider is warranted due to a client's inability to complete tasks due to their mental illness. However, clients do decompensate and often the levels of services needed increase and decrease, FSP services are able to respond to the changing needs of the client.

11. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

We will be monitoring all legislative and regulatory changes that may be put into place for MHSA and adjusting our MHSA programs and services accordingly.

12. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NUMBER/NAME: Support, Hope, Independence, New Empowerment (SHINE)FSP

☒ **FULL SERVICE PARTNERSHIP SERVICES**

The population(s) of focus for this program is/are:

Homeless	✓
Forensic	✓
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

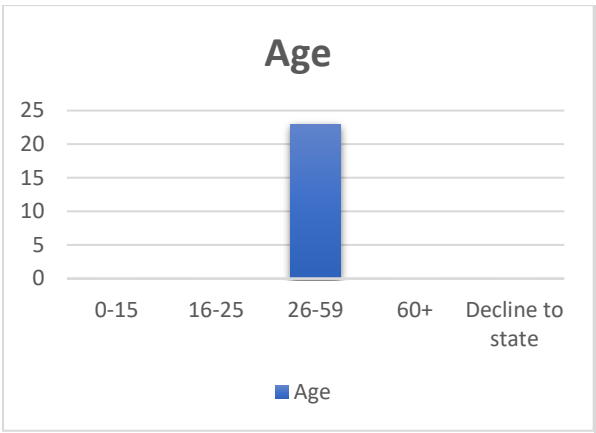
FY 21/22 was the program's initial start-up. Program census was low between Q1-Q3 while the program increased staffing to address client needs. Many initial referrals were clients that were homeless, APS-involved, and/or justice-system involved. As engagement increased staff were able to support clients in addressing substance use and/or mental

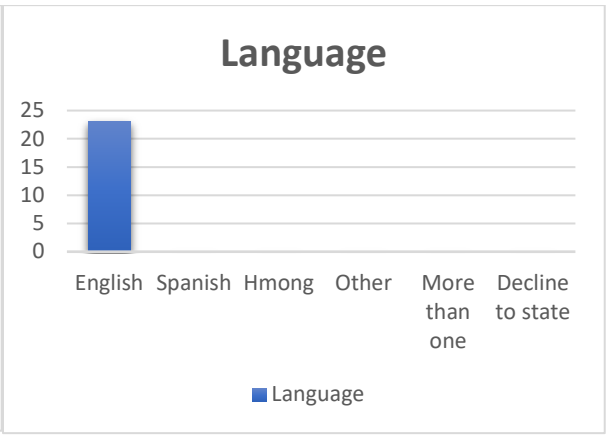
health barriers to achieving housing, independence, etc. Challenges included retaining skilled clinical staff. Client Access to and use of fentanyl and other substances has also been a challenge.

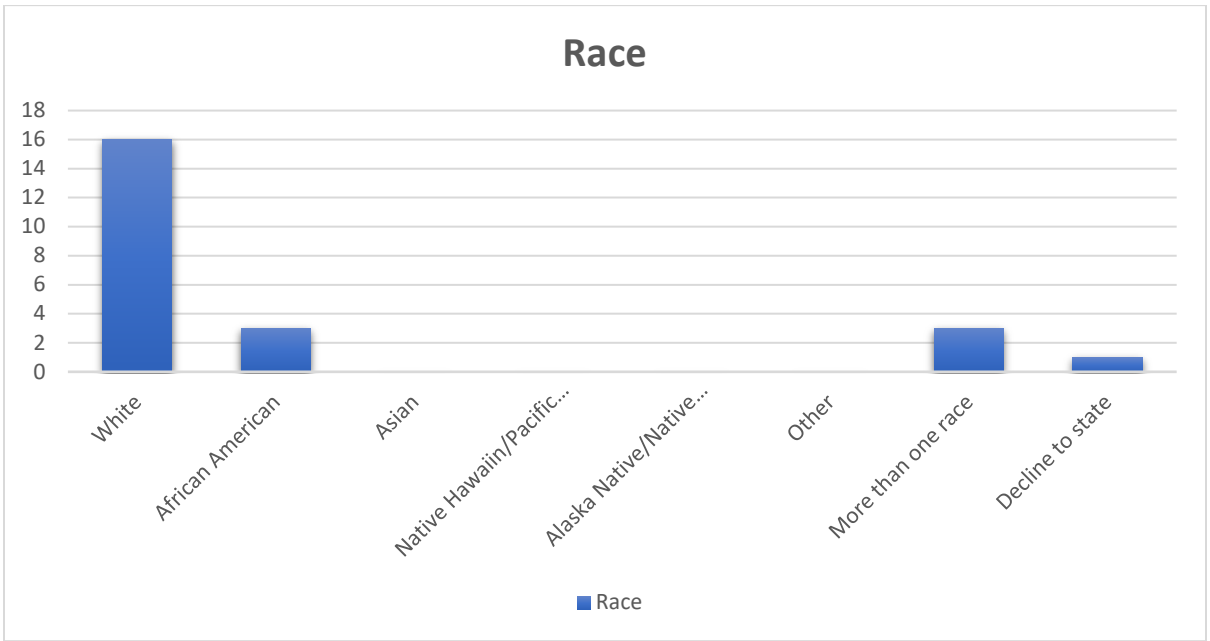
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The program is addressing homelessness, incarceration, and other client needs by partnering with them to meet their goals/address their "problem list." Addressing food insecurity, housing, and helping folks live independently are often the client's initial requests and support the engagement process. The team can also address issues of substance use, impacts of trauma, mental health symptoms, and other needs as basic needs are met and addressed. In addition, we continue to support our transgender clients build positive community connections to reduce vulnerability and build a stronger sense of self.

3. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







4. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

FSP outcomes are maintained in the DCR.

We are working to collect and analyze our outcome data; however, we have recently upgraded to a new EHR and the transition has caused a delay in the creation of some outcome dashboards. We are working diligently with our third party vendor on the transfer and creation of these reports. When we can access these reports, we will be providing LOCUS and MORS outcome data.

COMMUNITY SERVICES AND SUPPORTS (CSS) FULL SERVICE PARTNERSHIP (FSP) SERVICES
PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Support, Hope, Independence, New Empowerment (SHINE) FSP

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

SHINE Full-Service Partnership (FSP) is a program based on the Assertive Community Treatment (ACT) model. SHINE serves adults who are frequently in or are being discharged from psychiatric acute care settings, have a severe level of impairment, and may have been unserved or under-served in the past. Members may be at risk of, or experiencing, one or more of the following: homelessness, involved in the criminal justice system, or are at risk of involuntary psychiatric hospitalization or institutionalization. To address member's needs, shine staff support clients in developing skills to build a solid foundation of recovery and resilience. We believe recovery starts from within, and that our job is to do whatever it takes. The SHINE team includes a peer support specialist, case managers, and a masters-level clinician who are here to promote a program culture where resilience and hope can flourish, and losses can be recovered. SHINE services are strengths-based and anchored in recovery principles. SHINE staff believe in respect and non-judgment, and we celebrate individual uniqueness.

Examples of services include:

- Identification of Needs
- Goal Development
- Case Management Services
- Rehabilitation Skills
- Therapy
- Co-occurring Substance Use Interventions
- Motivational Interviewing
- Identification and Utilization of Community and Natural Supports
- Crisis intervention

2. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2023-24 is:

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15		
TAY 16-25		
Adults 26-59	43	
Older Adults 60+	3	

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The CPPP identified that the statewide lack of therapists and a wait list for services is the number one issue with access in the area. This is an all-ages issue that affects all programs. Clients also identified that they want better directions for how to get into services, and what specific services can be offered.

The CPPP process also identified the need to provide intensive services to clients who qualify for SYBH services, especially those experiencing or close to experiencing homelessness. Many of SHINE's clients fall into this category.

4. Provide the percentage of unserved individuals and underserved clients.

The percentage of unserved individuals and underserved clients for the SHINE program is 100%. While the Race and Language demographics do not reflect our bi-county underserved population, the housing and forensic involvement of each client meet the criteria.

5. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Reduce the time between referral and initial face to face to below 15 days or less.	Meet the performance goal at least 90% of the time.	Data will be measured by referral date and intake date from FY 22/23 and FY 23/24
Increase staff training to support client decrease of substance use.	Each staff will attend at least 1 additional annual training in harm reduction, motivational interviewing, or another EBP to support client's decrease in substance use	Data will be collected in Relias
Participate in Third Sector FSP Collaboratives and Evaluation INN project	Increased effectiveness of FSP programs and understanding of FSP and outcomes amongst staff members	Third Sector Evaluation Data

6. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

Potential disparities are identified and addressed through the collaborative community process. A multi-disciplinary team meets multiple times per week to address barriers to service and effectiveness of treatment and access to services. Team quickly identifies a plan to overcome any obstacle that is identified.

7. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

The strategy above focuses support on the most vulnerable members of the community such as the homeless, APS-involved, and forensic clients. These populations were brought forth in the CPPP as those that stakeholders wanted to focus on.

8. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:**
- **Cultural Competence:**
- **Client and Family Driven:**
- **Wellness, recovery, and resilience focused:**
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:**

The model and delivery of the SHINE FSP program is client-centered, strengths-based, and community focused. Care is individualized to meet the client's needs. The client's expressed needs help drive service delivery.

9. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

The current staff for the SHINE program include:

Full-time SHINE Staff

- 1-Peer Support Specialist
- 2-Case Managers
- 1-Team Lead-Licensed/Waivered Clinician

Support Staff

- Medical Records Technician/MRT
- Office Coordinator
- Administrator-Licensed

10. Describe the criteria for enrollment in FSP services and how enrollment will address the identified disparities.

The criteria for enrollment in FSP services are that the client meet the need for this level of service – intensive wrap around services, and that they are willing to voluntarily participate in these services.

11. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

Changes to delivery are to decrease the time between referral and face to face contact. Rationale is to reduce the likelihood that the opportunity to engage will not be lost by a potential delay in care. We will be monitoring all legislative and regulatory changes that may be put into place for MHSA and adjusting our MHSA programs and services accordingly.

12. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NUMBER/NAME: Transition Age Youth - FSP

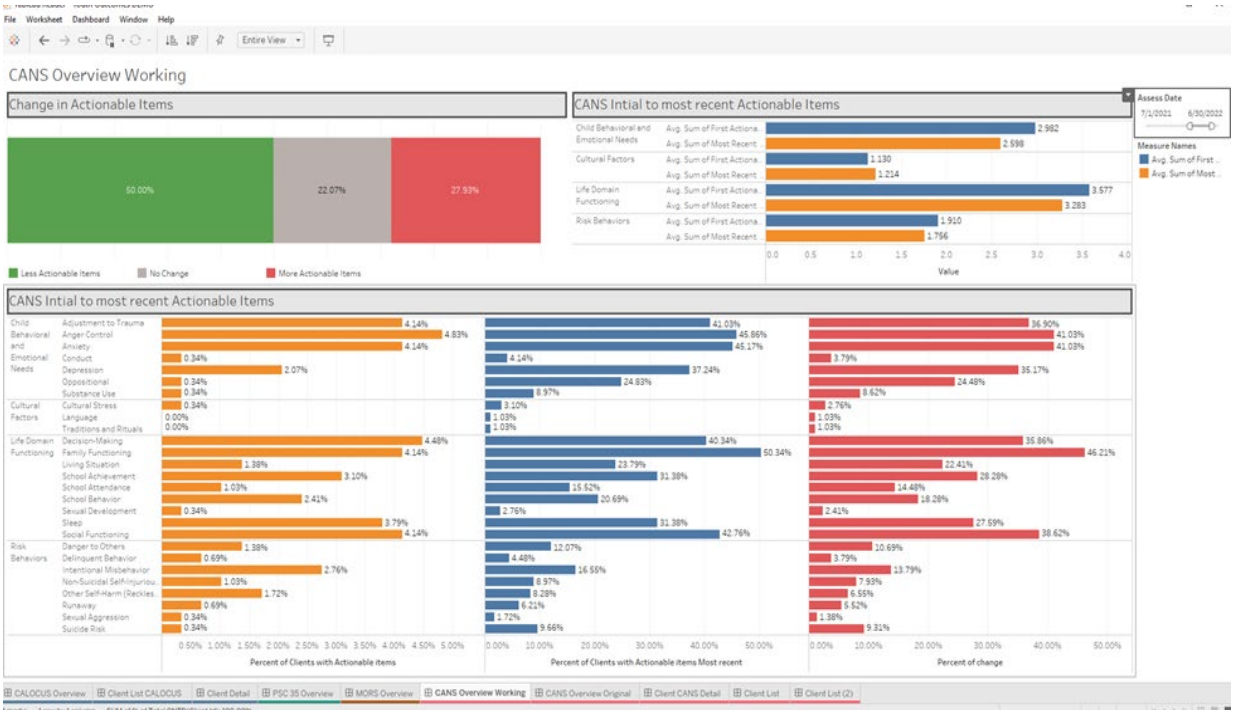
☒ **FULL SERVICE PARTNERSHIP SERVICES**

The population(s) of focus for this program is/are:

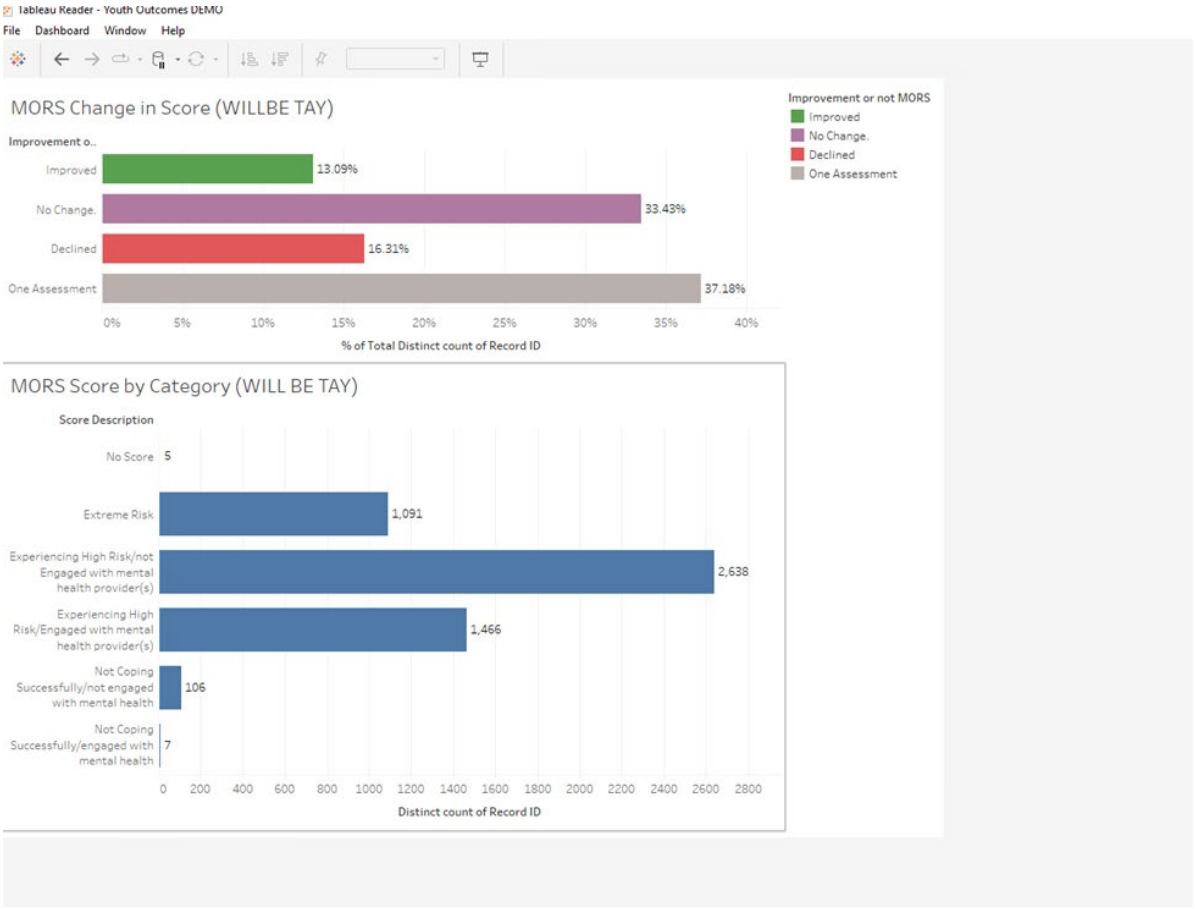
Homeless	✓
Forensic	✓
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	✓
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

CANS Data shows 50% of participants had less actionable items, 22.07% had no change, and 27.93% had more actionable items.



MORS Data Shows 13.09% improved, 33.43% had no change, 16.31% declined, 37.28% had only one assessment:



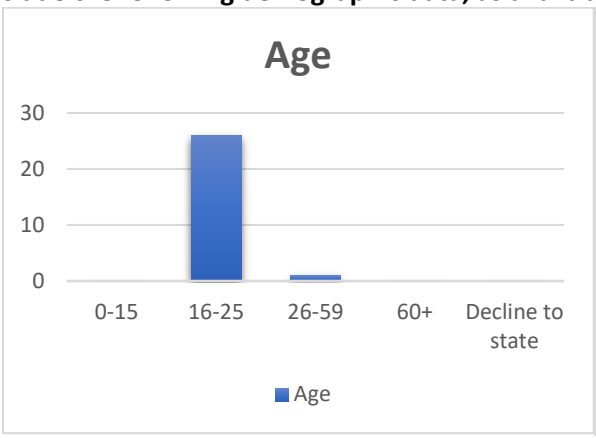
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

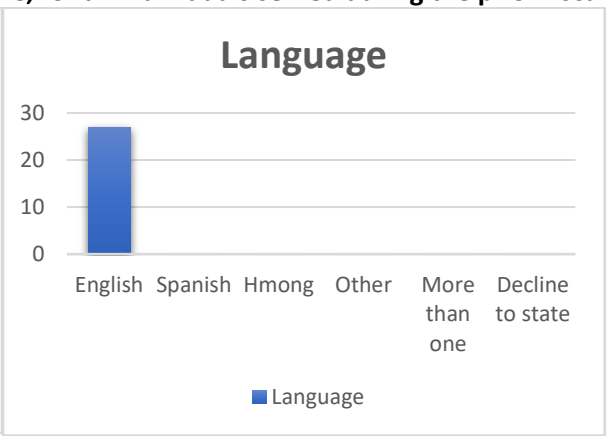
Youth identified as homeless, or forensic, involved in Social Services System, Unserved/Underserved, or with Cultural Population Latino, Black, LGBTQ, Asian, Native along with frequent users of Psychiatric Emergency Services/Hospitalization, and/or First Episode Psychosis youth are prioritized and expedited to program entry once referred.

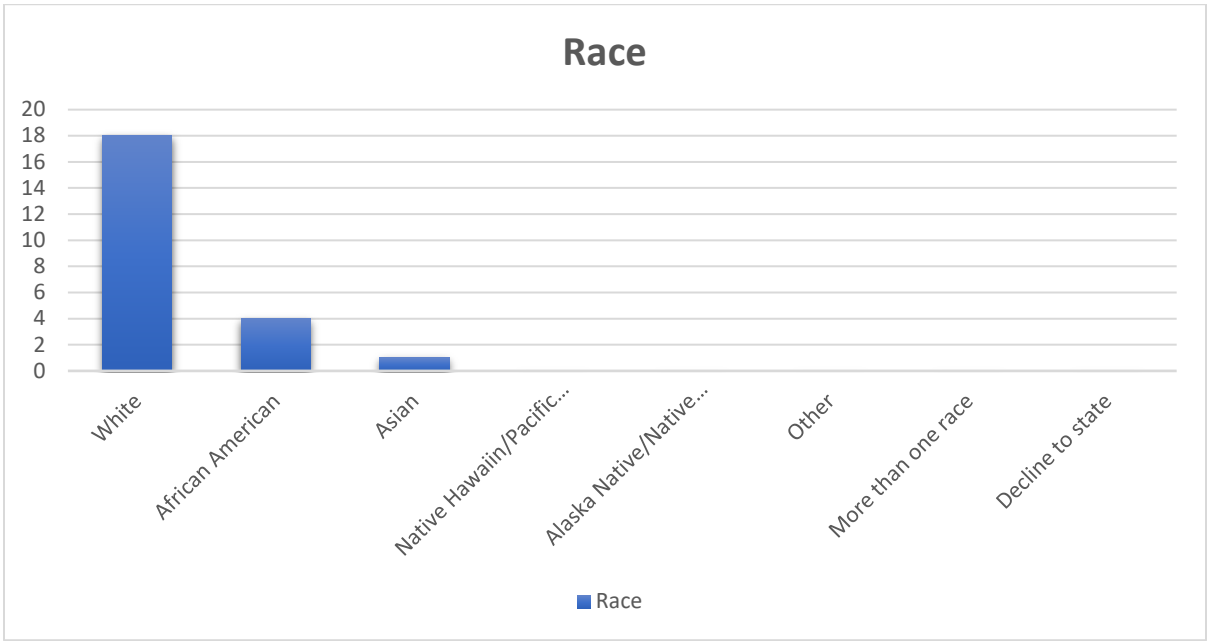
3. Include examples of notable community impact.

Improved health and wellness of program participants

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

FSP outcomes are maintained in the DCR.

We are working to collect and analyze our outcome data; however, we have recently upgraded to a new EHR and the transition has caused a delay in the creation of some outcome dashboards. We are working diligently with our third party vendor on the transfer and creation of these reports. When we can access these reports, we will be providing LOCUS and MORS outcome data.

COMMUNITY SERVICES AND SUPPORTS (CSS) FULL SERVICE PARTNERSHIP (FSP) SERVICES
PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Transition Age Youth - FSP

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

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

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

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

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

2. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2023-24 is:

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15		
TAY 16-25	53	
Adults 26-59	2	
Older Adults 60+		

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

The CPPP identified that the statewide lack of therapists and a wait list for services is the number one issue with access in the area. This is an all-ages issue that affects all programs. Clients also identified that they want better directions for how to get into services, and what specific services can be offered.

Tay also coordinates with the Latino Outreach Center and the Hmong Outreach Center regarding youth clients. Also, PEI's work providing preventative education and groups within K through 12 schools. The Augmented Forensic Youth Program is doing assertive engagement and services to the forensic youth just prior to release and after release from incarceration although AFYP is funded through a mental health block grant and there is no MHSA funding supporting it.

4. Provide the percentage of unserved individuals and underserved clients.

All clients in the TAY FSP fall under this category.

Pre-FSP there were few if any intensive services provided to this population, this program was specifically designed to help meet that need.

5. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
CANS Actionable Items reduce in total number	CANS: Reduce number of needs throughout life domains and increase strengths.	CANS Dashboard Outcomes Data
MORS score increased (improved)	MORS: Development of Meaningful Roles in society.	MORS Dashboard Outcomes Data
Participate in Third Sector FSP Collaboratives and evaluation INN project	Increased effectiveness of FSP programs and understanding of FSP and outcomes amongst staff members	Third Sector Evaluation Data

6. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

Utilize a "whatever it takes" Philosophy of engagement and services delivery and development of partnership with youth and support persons when permitted. Use of Assertive engagement techniques.

7. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

The TAY FSP manager has presented to the Behavioral Health Advisory Board (BHAB) and has received comment and feedback directly from the Board. Additionally, the CPPP put a priority on providing services to youth. This is one example of youth services at SYBH.

8. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:** MHSA stakeholder input and Behavioral Health Advisory Board
- **Cultural Competence:** Staff Training, and Leadership setting tone of dignity and respect for all.
- **Client and Family Driven:** Transition to Independence (TIP) Evidence based model implementation which starts with Strengths Discovery and Needs Assessment
- **Wellness, recovery, and resilience focused:** Staff trained in TIP evidence-based model.
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:** Case Managers assigned to clients at no more than a 15:1 ratio or less to better engage all support persons, agencies, and resources as permitted by the youth/family.

9. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

When fully staffed, the capacity to serve 55 youth is very attainable. However, there have been substantial challenges obtaining licensed or registered therapists during the prior year. The TAY FSP had one vacant Therapist position for a 6-month period despite substantial efforts to fill the position.

10. Describe the criteria for enrollment in FSP services and how enrollment will address the identified disparities.

We prioritize enrolment for youth who have had multiple hospitalizations, youth with first episode of psychosis (FEP) and youth who are homeless (or at serious risk of), aging out of the foster care/juvenile probation systems, gang-involved (or at serious risk of), young people with high-risk self-harming behaviors and youth whose cultural identity places them in underserved populations within our community.

11. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

No Changes anticipated. We will be monitoring all legislative and regulatory changes that may be put into place for MHSA and adjusting our MHSA programs and services accordingly.

12. If this is a consolidation of two or more programs, provide the following information: N/A

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NUMBER/NAME: Youth For Change - FSP

☒ **FULL SERVICE PARTNERSHIP SERVICES**

The population(s) of focus for this program is/are:

Homeless	✓
Forensic	✓
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	✓
Veterans	
Other (Specify below)	

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

To identify and serve underserved population and develop culturally relevant services the following steps are taken (a) needs assessment, crisis stabilization and safety planning for child and family members; (b) peer support from a parent partner who have had similar experiences to navigate systems, engage resources and provide support and advocacy; (c) personal service coordination by a Care coordinator for needed medical, educational, social, vocational, and any other rehabilitative community service; (d) transportation assistance and direct financial support for families to reduce barriers to benefitting from mental health interventions; engagement with housing services to find suitable housing for the family; (f) mental health treatment for the individual and family; (g) child and family team meetings to regularly assess

progress and setbacks, reaffirm client centered approach through engagement and goal setting; (h) a team approach dedicated to working with the child and family to accomplish goals important to health, well-being, safety, and stability; (i) engage respite options from formal and informal supports and ; (j) transition the family to a lower level of care to meet the needs of the individual and family at the least restrictive and most normative level possible. This was during the second year of the COVID-19 pandemic, despite barriers, we were able to quickly adjust our services to telehealth using HIPAA compliant platforms. Youth and their families were engaged in services in the community, office and homes given the proper PPE was in place and continued to be offered 24/7 crisis response services.

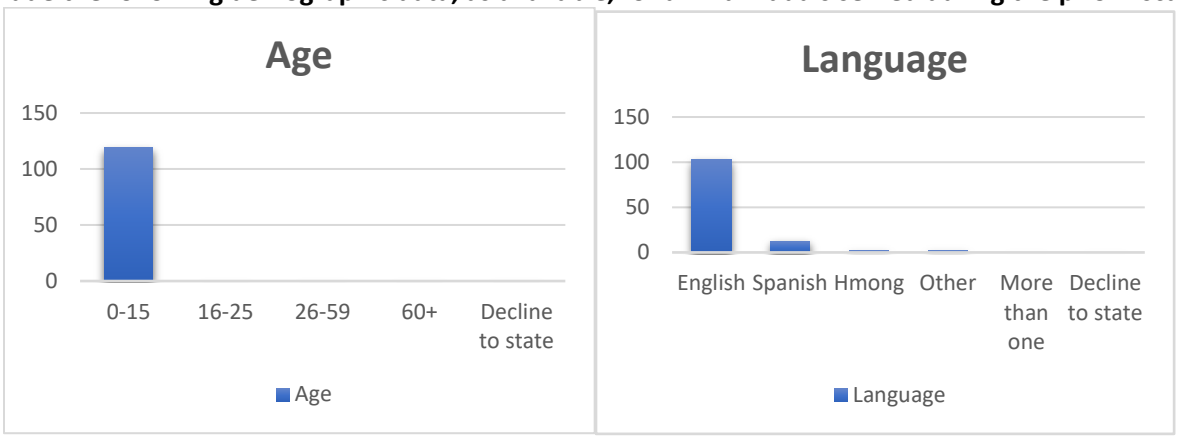
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

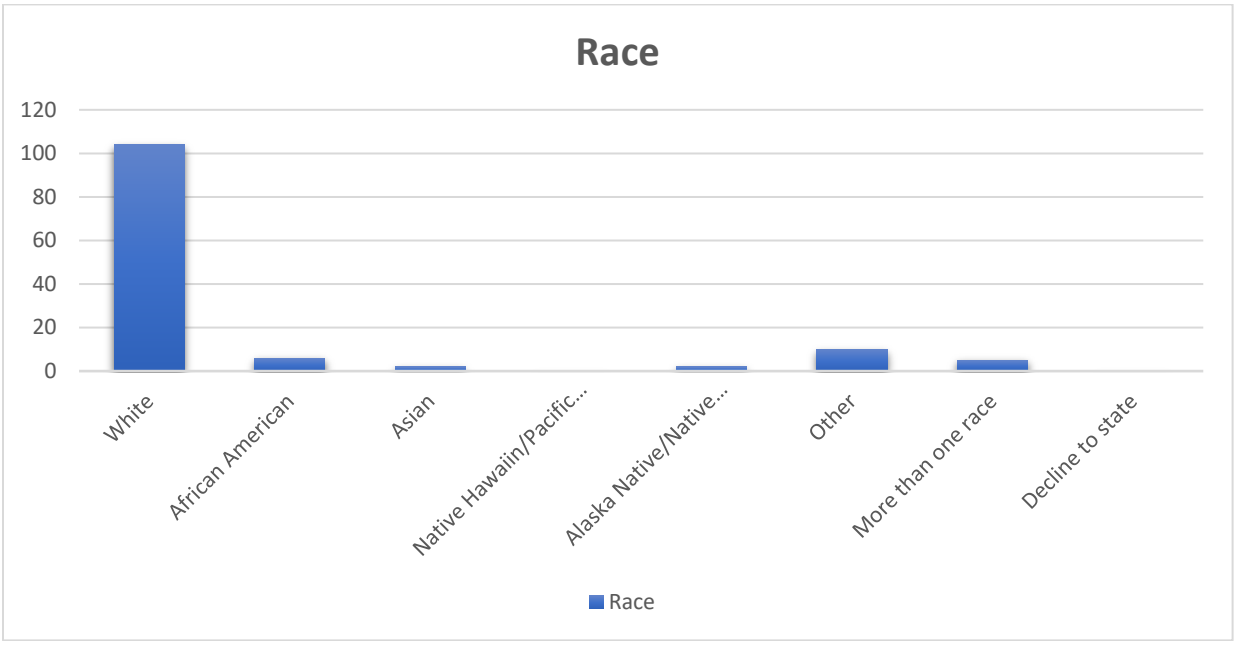
YFC staff strive to develop patterns for reflection and empathy. Staff are specifically trained to recognize pain-based behaviors, respond versus react to emotional outburst, prevent, de-escalate, and manage crisis when it occurs. It is a goal in treatment that a young person will learn safe connections with a trustworthy adult, experience success at managing emotions, use adaptive copy strategies and feel worthwhile and capable. YFC's commitment to care is needs-driven, strength-based, culturally responsive, and client-focused. Services are individualized and tailored to the YFC Client. Staff strive to develop trust and rapport, teach emotional regulation and adaptive behaviors to better respond to stressful events, and develop patterns for reflection, empathy, strengths and needs of each person with voice, choice, and preferences assured throughout the process. Through a trauma-informed lens, staff do "whatever it takes" to work with child and family throughout all phases of the service process: engagement, assessment, care planning, services and interventions, and planning/support during transition/discharge, in the least restrictive and most comfortable settings. We support children, individuals, and families by providing services that promote dignity, self-determination, and well-being. Teaching and modeling co-regulation to reinforce safety, confidence, and predictability. Staff may utilize a combination of approaches depending on presentation, readiness, and willingness to process underlying thoughts, emotions, and triggers to behaviors. A non-partial facilitator conducts the meeting so that the clinician, other services providers, formal and informal supports, the youth, and family members can participate and get the most out of the CFT process developing a plan for Targeted Case Management (TCM), reviewing successes and setbacks, and planning for increased or decreased service provision, monitoring, and scheduling subsequent CFT meetings.

3. Include examples of notable community impact.

FSP participant, age 0 to 15, in FY 21/22 measured 69% increase in identifiable strengths and decreased by 60% in measured Behavioral and Emotional Needs, based on CANS 50 scores. 81% of the participants that discharged from services during that time frame showed significant improvement in one or more of the following areas: Psychosis (Thought Disorder), Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional (Non-Compliance with Authority), Conduct, Anger Control, Substance Use, Adjustment to Trauma, Family Functioning, Living Situation, Social Functioning, Developmental/Intellectual, Decision Making, School Behavior, School Achievement, School Attendance, Medical/Physical, Sexual Development, Sleep, Suicide Risk, Non-Suicidal Self-Injurious Behavior, Other Self Harm (Recklessness), Danger To Others, Sexual Aggression, Delinquent Behavior, Runaway, Intentional Misbehavior, Family Strengths, Interpersonal, Educational Setting, Talents and Interests, Spiritual/Religious, Cultural identity, Community Life, Natural Supports, Resiliency).

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:





5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

FSP outcomes are maintained in the DCR.

We are working to collect and analyze our outcome data; however, we have recently upgraded to a new EHR and the transition has caused a delay in the creation of some outcome dashboards. We are working diligently with our third party vendor on the transfer and creation of these reports. When we can access these reports, we will be providing LOCUS and MORS outcome data.

COMMUNITY SERVICES AND SUPPORTS (CSS) FULL SERVICE PARTNERSHIP (FSP) SERVICES PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Youth For Change - FSP

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide a description of the program that includes the array of services to be provided.

YFC staff strive to develop trust and rapport, teach emotional regulation and adaptive behaviors to better respond to stressful events, and develop patterns for reflection and empathy. Staff are specifically trained to recognize pain-based behaviors, respond versus react to emotional outbursts, prevent, de-escalate, and manage crisis when it occurs. It is a goal in treatment that a young person will learn safe connections with a trustworthy adult, experience success at managing emotions, use adaptive copy strategies and feel worthwhile and capable. YFC's commitment to care is needs-driven, strength-based, culturally responsive, and client-focused. Services are individualized and tailored to the strengths and needs of each person with voice, choice, and preferences assured throughout the process. Through a trauma informed lens, staff do "whatever it takes" to work with child and family throughout all phases of the service process: engagement, assessment, care planning, services and interventions, and planning/support during transition/discharge, in the least restrictive and most comfortable settings. We support children, individuals, and families by providing services that promote dignity, self-determination, and well-being. Teaching and modeling co-regulation to reinforce safety, confidence, and predictability. Staff may utilize a combination of approaches depending on presentation, readiness, and willingness to process underlying thoughts, emotions, and triggers to behaviors. A non-partial facilitator conducts the meeting so that the clinician, other services providers, formal and informal supports, the youth, and family members can participate and get the most out of the CFT process developing a plan for Targeted Case Management (TCM), reviewing successes and setbacks, and planning for increased or decreased service provision, monitoring, and scheduling subsequent CFT meetings.

2. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2023-24 is:

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	125	
TAY 16-25		
Adults 26-59		
Older Adults 60+		

3. Provide a list of community mental health issues resulting from lack of mental health services and supports, as identified through the CPPP, by age group. Identify issues that will be priorities in the CSS component, describe the factors/criteria used to determine that the issue is a priority, and any racial/ethnic and gender disparities.

Some of the community mental health issues identified resulting from lack of mental health services and support include:

- Trauma resulting from out of home placement, neglect, and abuse. Increased hospitalizations due to mental health emergencies including depression, anxiety and suicidal ideation and attempts.
- Drug use and abuse result in school disruption, criminal activity, addiction, and overdose.

4. Provide the percentage of unserved individuals and underserved clients.

All clients in the YFC FSP fall under this category.

5. The following are the performance goals and intended outcomes of the program and what data will be collected and analyzed to assess progress and achievement of goals and outcomes.

Performance Goal	Intended Outcome	Data Source
Increase in Identifiable Strengths in FSP participants	70% increase in identifiable strengths	CANS Core 50
Decrease in Behavioral and Emotional Needs	65% decrease in Behavioral Emotional Needs	CANS Core 50
Participate in Third Sector FSP Collaboratives and Evaluation INN Project	Increased effectiveness of FSP programs and understanding of FSP and outcomes amongst staff members	Third Sector Evaluation Data

6. Briefly describe the strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations.

We will continue to make efforts to reduce barriers that impede with a participant's ability to benefit from mental health intervention by providing transportation, access to needed community resources and trauma informed and culturally responsive services.

7. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

It was identified that continued and increased services for youth is a top priority in the CPPP. This program serves youth and their families.

8. Provide a description of how the proposed program relates to the General Standards of the MHSA.

- **Community Collaboration:**
- **Cultural Competence:**
- **Client and Family Driven:**
- **Wellness, recovery, and resilience focused:**
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:**

For participants in FSP the following are examples of services that we provided: (a) needs assessment, crisis stabilization and safety planning for child and family members; (b) peer support from a parent partner who have had similar experiences to navigate systems, engage resources and provide support and advocacy; (c) personal service coordination by a Care coordinator for needed medical, educational, social, vocational, and any other rehabilitative community services; (d) transportation assistance and direct financial support for families to reduce barriers to be benefitting from mental health interventions; (e) engagement with housing services to find suitable housing for the family; (f) mental health treatment for the individual and family; (g) child and family team meetings to regularly assess progress and setbacks, reaffirm client centered approach through engagement and goal setting; (h) a team approach dedicated to working with the child and family to accomplish goals important to health, well-being, safety, and stability; (i) engage respite options from formal and informal supports and ; (j) transition the family to a lower level of care to meet the needs of the individual and family at the least restrictive and most normative level possible.

9. Describe the County's capacity to serve the proposed number of children, TAY, adults, and seniors as estimated above.

FSP Teams include a clinician, a care coordinator, a Mental Health Rehabilitation Specialist and a parent partner. We have 4 FSP youth teams at YFC. At any given time the program can serve up to 75 families. With this staff ration we anticipate being able to meet the goal of serving 125 in a year. We provide a system of care for Specialty Mental Health Services for youth aged 0-15 with severe emotional disturbances. The services include therapeutic

assessment and interventions to beneficiaries of Medi-Cal that meet access criteria, based on a mental health diagnosis and functional impairment criteria for clients who are referred by Sutter Yuba Behavioral Health.

10. Describe the criteria for enrollment in FSP services and how enrollment will address the identified disparities.

Youth are referred through the open access clinic or by the therapists within the Sutter-Yuba Behavioral Health system. All staff have been trained in implicit bias and equity, diversity and inclusion.

11. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

No changes anticipated.

12. If this is a consolidation of two or more programs, provide the following information: N/A

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Camptonville Community Partnership (CCP)

☒ PREVENTION PROGRAM ☐ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Suicide Prevention
	Program to Improve Timely Access to Services for Underserved Populations
X	**Outreach for Increasing Recognition of Early Signs of Mental Illness**
X	**Stigma and Discrimination Reduction**
	Access and Linkage to Treatment

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	**Other Locally identified Priority:** Rural communities

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Camptonville Community Partnership worked in partnership with county health officials to distribute COVID-19 at-home testing kits, reaching Yuba County families from the Brownsville, Oregon House, and Pike communities in the Yuba County Foothills. These are all sparsely populated communities. Upwards of 300 tests were distributed to more

than 80 families. In addition, 50 test kits were distributed to a Yuba County Nursing Home as access to test kits became difficult. The limited access and availability of COVID-19 test kits extended to the community First Responders; Camptonville Volunteer Firefighters requested 10 test kits.

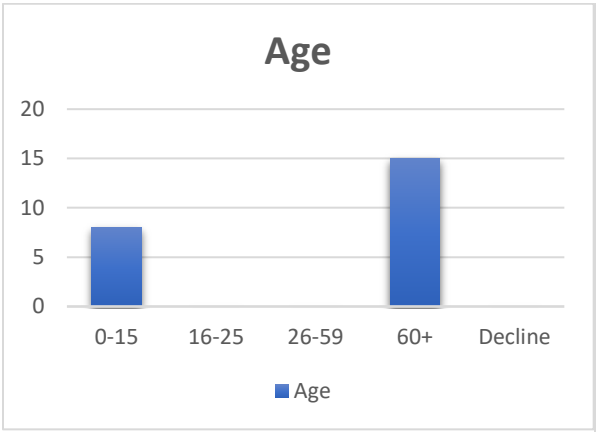
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

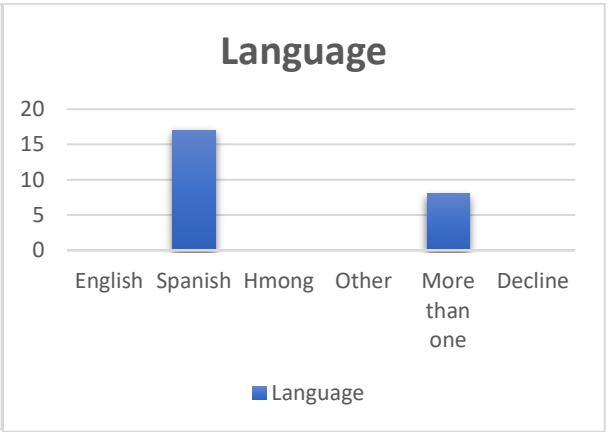
The program is intended for middle to high school students from all backgrounds, races ethnicities, ages (within the appropriate age range for the groups). The indicators noticed or perceived for referral into the programs are decreasing school attendance or low or declining grades. The desired outcomes are an increase in school engagement, decrease in substance use, practicing caring, respecting boundaries, respecting differences, and improving attitudes about health identities.

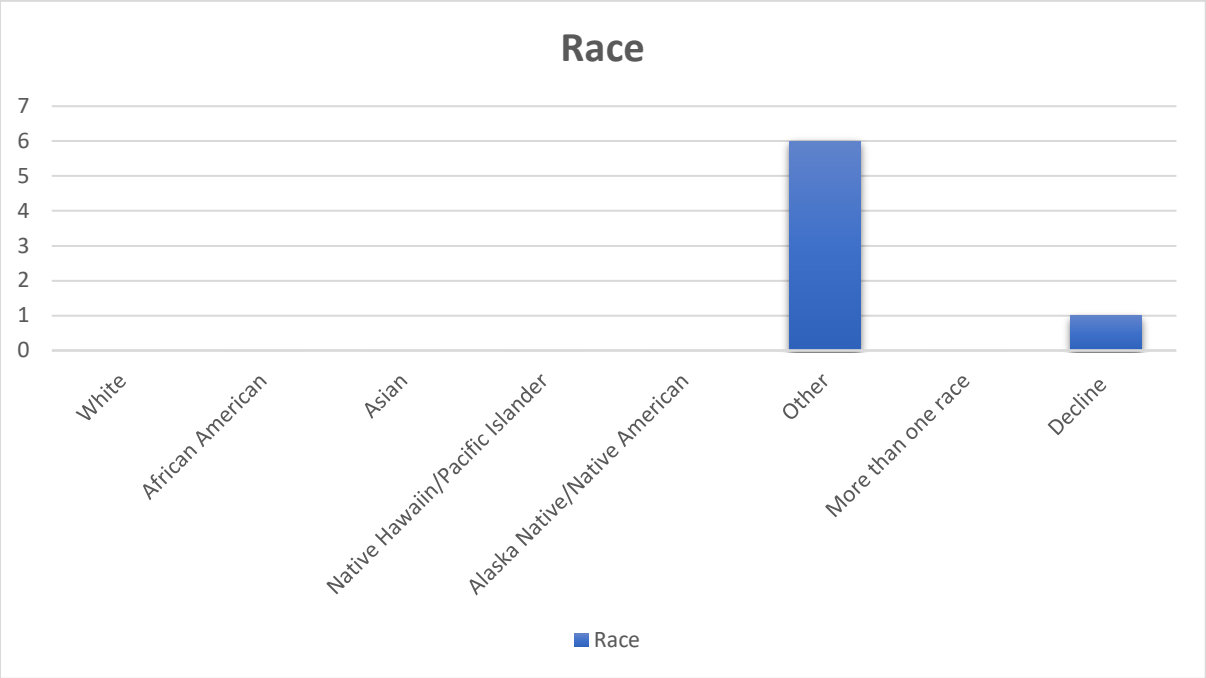
3. Include examples of notable community impact.

A total of 18 students participated in the program. A variety of enrichment and educational after-school activities are offered, such as homework help, creative writing, dance, games, music, gardening, art, etc. No formal evaluation tool was used locally. To streamline evaluation efforts and have them align with the evaluation tools the school uses for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The new evaluation tool will be used in the 22/23 academic year.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Camptonville Community Partnership (CCP)

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

CCP will increase the sparsely populated foothill community's capacity to provide prevention and early intervention opportunities for youth by offering a variety of mentoring and recreational (support) opportunities. This project will serve at least 50 youth in the foothill area.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
A lack of positive peer-to-peer encounters, a need for youth leadership development. Youth need to acknowledge for the powerful impact they can have on the community.	The project will act as a hub for youth advocacy training and teen inspired leadership projects. The CCP program offers a variety of enrichment and educational afterschool activities such as homework help, creative writing, dance, games, music, gardening, and art.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) **List the mental health indicators to be used to measure the reduction of prolonged suffering.**
b) **If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and**
c) **Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.**

The CCP program seeks to offer an innovative approach to address systems to improve health equity and quality of life for isolated, at-risk youth. A key component of this is the Rally Point, a 2-hour event, held 2 evenings a month. Utilizing multi-school partnerships and focusing on 10-15-year-olds from Yuba foothill schools, CCP utilizes food, incentives, career, and advocacy training to offer an innovative approach to address systems to improve health equity and quality of life for these isolated, at-risk youth. The project gives youth direct access to civic engagement and empowers them to develop action plans to make their neighborhoods happier healthier places and have fun doing it.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The CCP creates and supports opportunities in the community for isolated, at-risk youth populations. Participation in positive opportunities fights stigma, builds self-esteem, and enables individuals to "thrive not just survive." Development of these opportunities will provide community involvement/interaction in the creation of a "wellness" positive community.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

CCP worked with 2 foothill community centers (Camptonville and Alcouffe) to bring chaperoned internet access to foothill students aged 5-18. The Camptonville site began this youth process on September 21, 2020, of FY 20/21. It was offered on Mondays and Wednesdays from 9am-noon. The Alcouffe process began in October 2022. Attendance was exceptionally low with only 5 unduplicated students attending with a total attendance of 31 students.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

CCP is also laying the groundwork for the Yuba Watershed & Fire Safe Council (YW&FSC) Outreach team and YES Charter to develop a foothill Youth Taking Action Group. This group will offer a series of take-action workshops where a selected youth team (through an application process) will be trained in a variety of firsthand techniques around fire safety. The Camptonville community is remotely located in the foothills, where forest fires are common, and educating youth about fire safety is essential in preventing and knowing what to do in case of a fire.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

Rally Point is a 2-hour event, held 2 evenings a month. Utilizing multi-school partnerships and focusing on 10-15-year-olds from Yuba foothill schools, CCP utilizes food, incentives, career, and advocacy training to offer an innovative

approach to address systems to improve health equity and quality of life for these isolated, at-risk youth. The project will give them direct access to civic engagement, empower them to develop action plans to make their neighborhoods happier healthier places and have fun doing it.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

The program is intended for school age students elementary and middle school. The program offers regular opportunities for positive peer-to-peer engagement and socialization and access to positive adult role models to create opportunities for youth to participate in fighting stigma, build self-esteem and enable youth to thrive not just survive. The development of these opportunities will provide community involvement in the creating of a wellness positive community.

Yuba County foothill youth will develop life-long leadership skills. Agencies value the youth voice and will align resources to support and sustain community-driven youth programs, enabling pilots like this one to become a model for rural youth engagement. Yuba foothill high school dropout rates will lower because local youth will have more knowledge, resources, and opportunities.

9. For Suicide Prevention Programs:

This is not a suicide prevention program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment Program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Teens will grow to be civically engaged community leaders. AS adults, they will be aware of the value of community-driven processes and initiate other movements to build healthier, happier communities. In turn, rural foothill communities will have strong civic involvement, developing more strategies to foster community-based leadership making their frontier-rural communities happy, healthy places to live. Young families will view their hometowns as healthy places and stay to raise their thriving children and the cycle will continue. Outcomes will be measured by Brief Prevention Program Surveys (BUPPS). Some of the mental health indicators that the BUPPS surveys measure will include “I feel hopeful about the future”, “I know at least one thing I can do to deal with difficult thoughts”, “I know how to get help for myself or someone I care about”. BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

This program is open to all residents in the appropriate ages for the services. Thus, there is no discrimination or stigma surrounding those who can attend.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	50+	
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	50+	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The Camptonville Community Partnership submitted a proposal which identified what they would need in terms of personnel and operating costs to provide this service. The contract that Camptonville and SYBH have to provide this program gives Camptonville the capacity to reach their goals.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for 2023-2024 fiscal year. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Cyberbullying

☐ PREVENTION PROGRAM **☒ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

X	**Childhood Trauma Prevention and Early Intervention**
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

During FY 21/22, 44 unduplicated clients were served. The program is intended for middle to high school students from all backgrounds, races, ethnicities. Groups are arranged with age-appropriate ranges so that a 6th grade middle school student is not in a group with a High School senior.

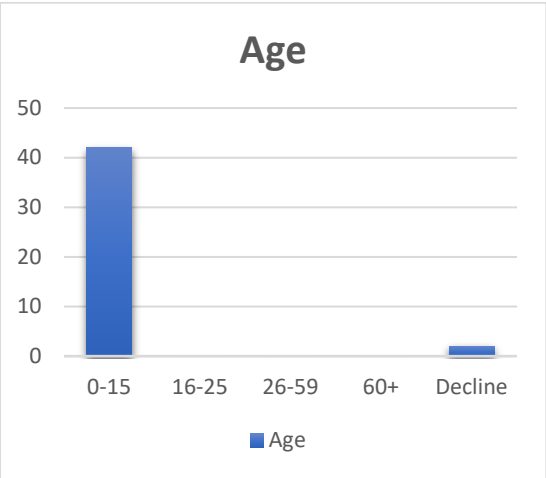
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

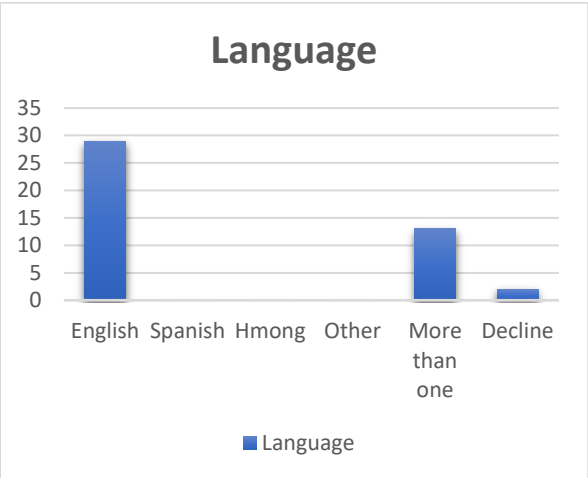
The CPPP process always results in the desire for more youth programs, including programs that address bullying. The desired program outcomes are as follows: Identify the effects of cyberbullying on the student who is bullied, on bystanders and on the students who bully; identify what technology is used and what steps to take if they know someone is being cyberbullied; identify cyberbullying situations and identify how they personally will commit themselves to stop or prevent cyberbullying.

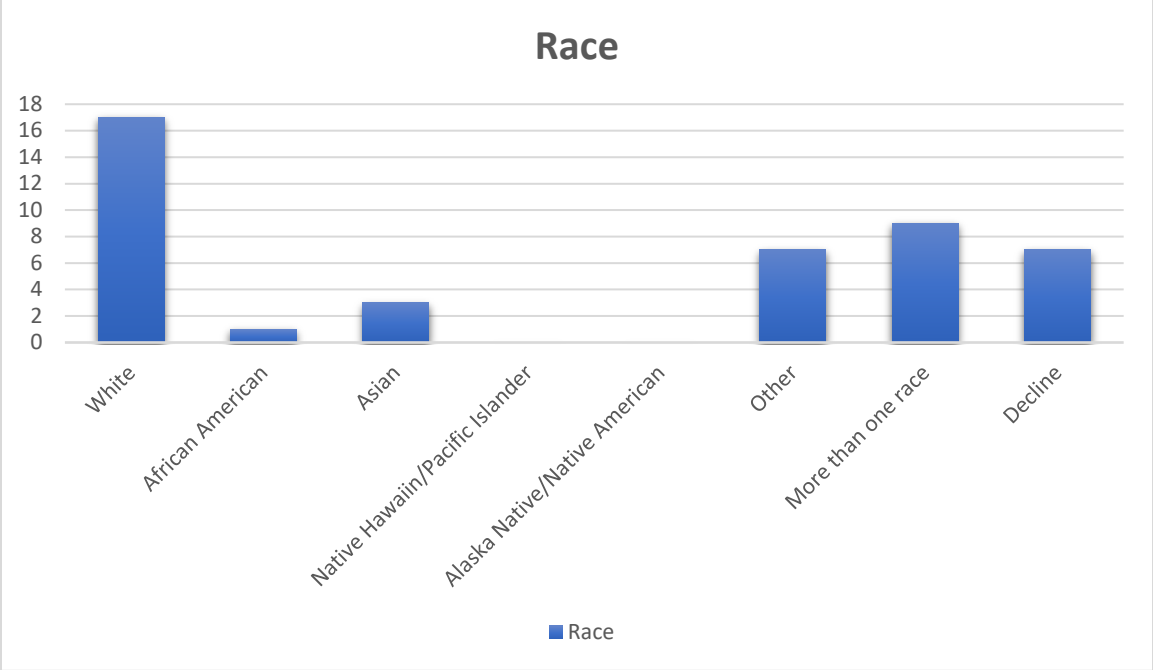
3. Include examples of notable community impact.

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 standardized outcome survey to track and evaluate the effectiveness of PEI programs.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: CyberBullying

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

Middle and High School students. Grades 6-12.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Attitudes and behaviors associated with cyberbullying	Consists of an eight-session curriculum that raise student's awareness of the harmful effects of cyberbullying.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

- **a) List the mental health indicators to be used to measure the reduction of prolonged suffering.**
- **b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and**

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

We have begun measuring outcomes using Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Cyberbullying is an evidence-based program developed by Hazelden Publishing that identifies the following outcomes for students:

- Students will be able to identify the consequences of cyberbullying.
- Students will be able to identify the roles they play in the bullying cycle.
- Students will be able to identify and implement rules against bullying.
- In order to maintain fidelity, the program will be presented in accordance with the guidelines in the manual and will be taught in 8 weekly, 50-minute sessions.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The program is for all students from all background, races, ethnicities, and ages. It can be taught in English and Spanish dependent on the group needs.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be provided in a designated room on school campus using school technology. Using school technology, the program can also be done remotely.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

The program is designed for middle and high school students from 6th grade to 12th grade. All participants will complete the eight-session curriculum.

Each session with specific topics including identifying cyberbullying situations and identifying how they will personally commit themselves to stop or prevent cyberbullying.

9. For Suicide Prevention Programs:

This program does not address suicide, but it raises awareness that cyberbullying can lead to suicidal ideation and even to youth to suicide.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

- Students will learn what cyberbullying is.
- Students will learn how does cyberbullying affect others.
- Students will learn why and how cyberbullying happens.
- Students will learn how people should react to cyberbullying.
- Students will learn how to build a positive social network.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The strategy used is to educate both staff and students which gives them an understanding of how to identify cyberbullying and a language to speak about it. Activities are designed to teach students a positive attitude towards using technology that supports collaborative learning and productivity, while also understanding how to navigate situations of cyberbullying.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	40-60	
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	40-60	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The following SYBH PEI team includes enough staff to provide this service:

- 3 Resource Specialists (2 full time MHSA and one ½ time MHSA/SUD)
- 3 Intervention counselors (2 full time MHSA and one ½ time MHSA/SUD)
- 1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 22/23. During FY 23/24 SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Girl's Circle

☒ **PREVENTION PROGRAM** ☐ **EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Due to the COVID-19 in-person school restrictions, our annual attendance and number of students reached is low. In FY 21/22, 166 unduplicated clients were served.

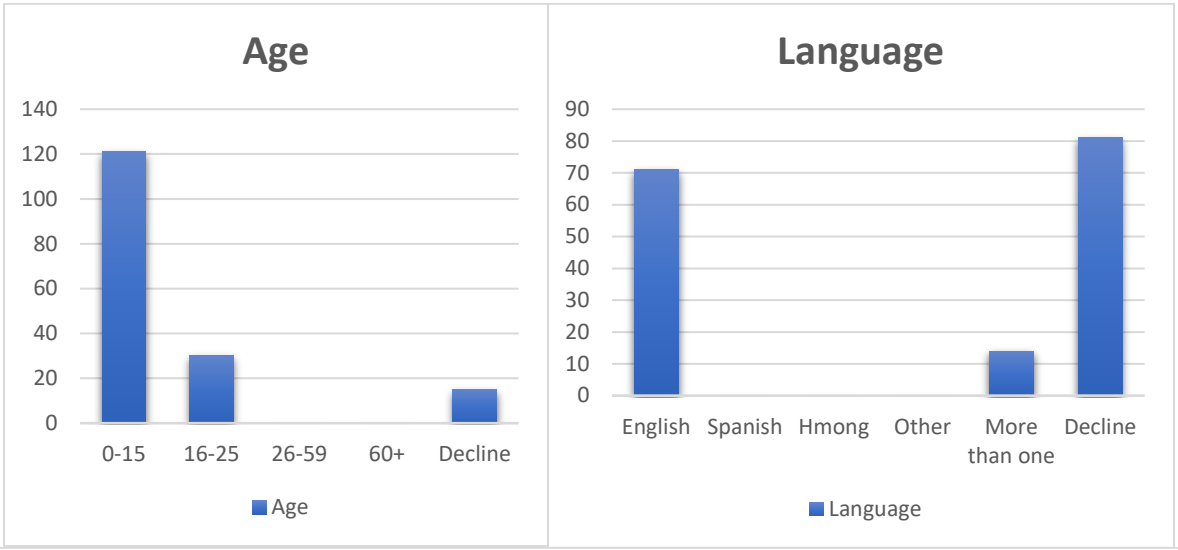
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

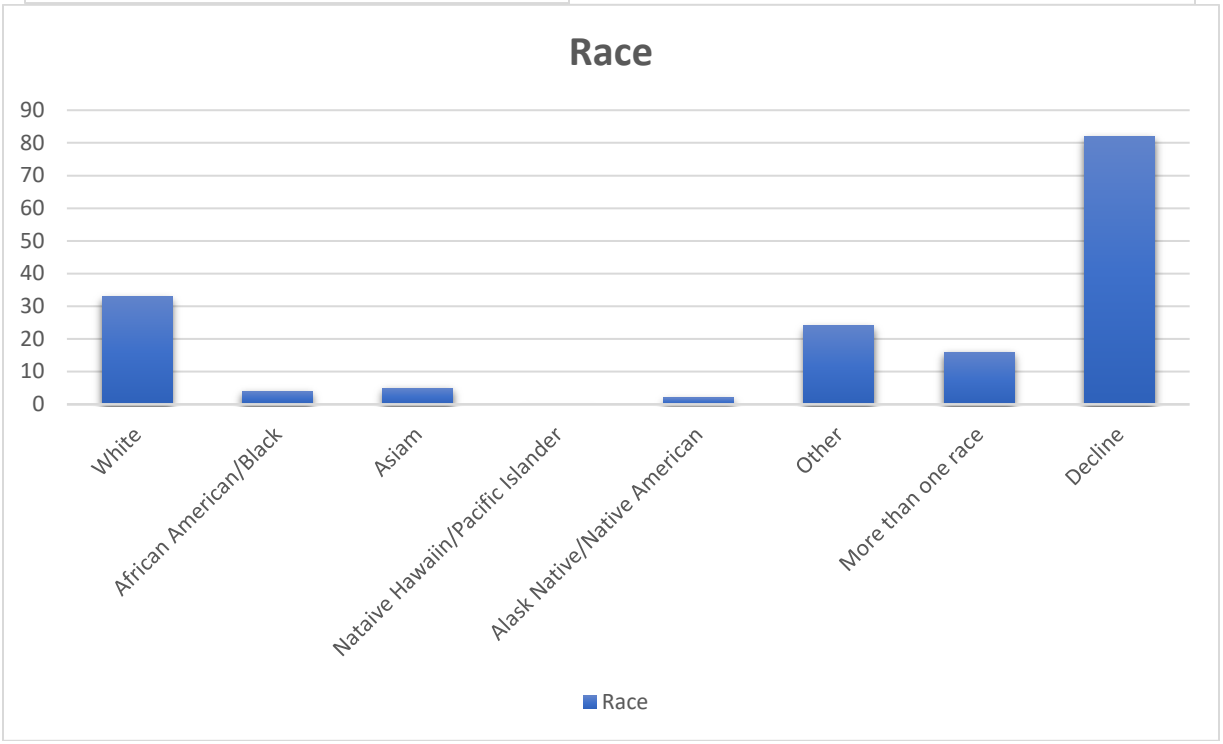
The CPPP process brings forth requests for more Youth Services. This program serves youth and is intended for middle to high school students from all backgrounds, races, and ethnicities. The goal is to reduce negative outcomes of untreated mental illness by counteracting social and interpersonal forces 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.

3. Include examples of notable community impact.

No formal evaluation tool was used locally. Some comments from participants were as follows: "I learned that you must calm yourself before you go and do something you regret.", "I learned to set goals for myself to achieve", "I've learned that I have to take care of myself", "I've learned not to do drugs", "That I should respect myself more".
We have begun measuring outcomes using Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:





5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Girl's Circle

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

Middle and High School girls who would benefit from this program are identified by school counselors.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Middle and High School girls can easily get lost in the myriad of challenges that face them and turn to negative coping skills.	GC is an intervention method for girls with various concerns, including developing trusted relationships with adults/women. Improve peer interactions, self-esteem, developing self-awareness, and explore the impact of mental illness and substance abuse.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

We have begun measuring outcomes using Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Girls Circle is designed to counteract 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. Have a social structure through connecting the students with the school counselor builds a safety net and a path to connecting to services.

The comprehensive tool kit and administrative manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model and integrates a validated self-efficacy instrument. Additional contents which enhance SYBH's ability to maintain fidelity are a step-by-step instruction for program evaluation, consent forms, and information sheets. Spanish language Survey and forms also included.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The program is intended for girls/women from all backgrounds, races, ethnicities, sexual orientations, ages (within the appropriate age range for the groups), geographical locations, religions, etc. Some of the curriculum is available in Spanish.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a room on school campuses that allows for confidentially.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**

b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

The Girl's Circle is not a group that identifies early signs and symptoms of potential serious mental illness.

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**

b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

The evidenced based program uses a variety of activities as described in the implementation manual that help to change attitudes, knowledge, and behavior regarding mental illness.

9. For Suicide Prevention Programs:

This program does not address suicide, but it raises awareness of the possibility of suicidal ideation.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

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 and foster social support's protective factors.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

Girls Circle measure outcomes in conjunction with any combination of the Girls Circle Activity Guides. This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model and integrates a validated self-efficacy instrument.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	40	
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	40 - 60	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The following PEI team includes enough staff to provide this service:

3 Resource Specialists. (2 full time MHSA and one ½ time MHSA/SUD)

3 Intervention counselors. (2 full time MHSA and one ½ time MHSA/SUD)

1 peer mentor.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time, there are no major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: My Journey Grief Support

☒ PREVENTION PROGRAM ☐ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Program will be implemented in FY 22/23

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

THE CPPP process routinely brings forth requests for more youth services. Desired goals include empowering educators and staff to create an empathetic environment in their classroom and preparing students to navigate the adversity and loss in their daily lives. This program is designed for youth, to reduce isolation, improve self-esteem and enhance sense of connectedness.

3. Include examples of notable community impact.

Pending program implementation.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

Program will be implemented in FY 22/23.

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: My Journey Grief Support

☒ NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF SERVICES: FY 22/23

1. Identify the target population for the Program.

Middle School and High School from 6th Grade to 12th Grade.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Support students after the death of an important person in their life.	Build resilience to overcome loss and adversity, breaks down social isolation and stigma associated with grief by completing this 8-10-week session group.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Participants learn to utilize coping, and communication skills to deal with grief and loss.
The support group promotes mental and physical health.
All participants will complete the BUPPS pre and post surveys.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The My Journey Grief model is peer support, which consists of brining grieving people together to form a compassionate and caring community who support and grow alongside one another by creating a space for "kids to be kids" through a variety of methods, including play, music, art, drama, and reflective sharing.
The program will be implemented as the curriculum describes to ensure full fidelity to the model.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The My Journey Grief Support Group can be provided in English and Spanish.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a school setting which provides a confidential space for the group.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,

b) Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.

School counselor refers all participants. All participants will have experienced a loss and exhibit the following indicators:

- Social Isolation.
- Stigma around death and grief.
- Signs of being over stress/overwhelm.
- Student that are Anxious and stressed.
- Students that are affected emotionally by the death of a loved one.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

Empower educators and/or staff to create an empathetic environment in their classroom. Learn how to understand how adversity, loss, and trauma shape the behaviors, learning, relationships, and wellbeing of children and adolescents.

- Prepares students to navigate the adversity and loss in their daily lives-today and in the future.
- Reduces isolation and increase coping skills.
- Improves self-esteem and self-efficacy.
- Feel more connected to the deceased parent or sibling.

9. For Suicide Prevention Programs:

This is not a suicide prevention program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment Program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Participants learn to support each other during and after the group.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The program can be taught in English and Spanish.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	40+	40+
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	40+	40+
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The following PEI team includes enough staff to provide this service:

3 Resource Specialists (2 full time MHSA and one ½ time MHSA/SUD)

3 Intervention Counselors
1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time, we will be discontinuing this group in the schools. We currently do not have the clinical support we need to co-lead or provide appropriate back-up to grief groups. Other groups we offer provide general support for students and referrals to clinical resources.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Hmong IMPACT Youth Program

☒ PREVENTION PROGRAM ☐ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

During FY 21/22 The Hmong Outreach Center (HOC) had some successes outreaching to schools that had a sizable attendance of the targeted Hmong youth/students and were able to go out to some of the schools to do in-person outreach, where information about IMPACT youth program and HOC services were provided. Virtual outreach via ZOOM were also offered but attendance was extremely low HOC also collaborated with partner agency Hmong Cultural Center of butte to host 2 outreach events at the HOC where we had a total of 83 people in attendance. The HOC was able to begin developing a "local community listing" from this even consisting of interested local Hmong community members and phone numbers/contact information to be contacted about future events/information. Successfully collaborated with Hmong American Association (HAA) and restarted IMPACT youth by successfully starting Hmong Cultural Dance Class in May 2022 with 6 families.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

HOC IMPACT Youth Program targets Hmong youths, which is an underserved Community. Providing services to underserved communities and specifically the Hmong community was a desire brought forth in the CPPP process. IMPACT Youth was developed to target Hmong youths due to the low penetration rates, mental health stigma and the Hmong's unique understanding of what they believe about behavioral health. IMPACT Youth aims to increase protective factors that will increase resiliency and reduce negative mental health outcomes, such as reducing suicide risks and school failure/drop out. By having cultural activities at the Hmong Outreach Center that are not linked directly to mental health also helps to reduce mental health stigma attached to the Hmong Outreach Center and allow those who engage in the activities to be more connected to the center/staff and aware of the direct behavioral health services provided by the center. In addition, partnering with community agency to implement outreach events successfully brings in various sections of the Hmong Community that has never been to the HOC or heard of its services, so they can be more familiar with the HOC and its services.

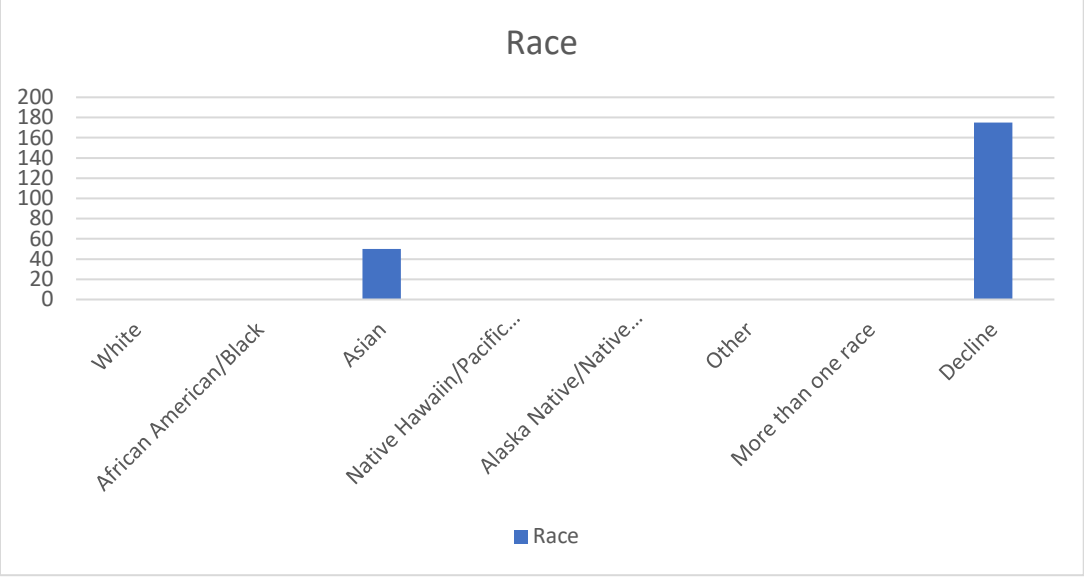
3. Include examples of notable community impact.

During FY 21/22, the HOC successfully planned and began Hmong Cultural Dance classes and engaged 6 youths and their families who expressed gratitude for the availability of cultural activities to their children/youth so they can learn more about their heritage and identity and also be able to engage with other Hmong youths to support their mental wellness.

Collaboration and outreach with partner agency Hmong Cultural Center brought in 51 new Hmong Community members (out of the 83 who attended) who indicated that they had never been to the HOC before and are not familiar with services.

Because many people indicate hearing about the outreach events at the HOC by word of mouth, HOC began developing a "community list" of 68 people who wanted to be contacted by phone about future activities. HOC will keep adding to this listing and this listing will allow the HOC to better disseminate information and reach out to the Hmong community better.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:



5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Hmong IMPACT Youth Program

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

The Hmong Outreach Center was established in 2008 to improve access and provide culturally competent mental health services to the Hmong community of Yuba-Sutter. The Hmong Outreach Center has had successes engaging and serving the Hmong adult/older adult population through the years. IMPACT Youth/Hmong Cultural Dance Class currently serves Hmong children ages 5-12 years old. This age range was determined by the scope of current Hmong cultural dance teacher. IMPACT Youth was developed to target Hmong youths due to the low penetration rates, mental health stigma, and the Hmong's unique understanding of what they believe about behavioral health. The concepts of behavioral health do not exist in the traditional Hmong culture. To traditional culture of the Hmong behavioral health ailments (such as low energy, sadness, auditory and visual hallucinations, nightmares, poor appetites, racing thoughts, etc.) are considered to stem from spiritual causes, such as soul loss, soul wandering, soul imbalance, and ancestor communication mechanisms.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Low Social, and familial connectedness	IMPACT
Stigma around mental health issues	Hmong Cultural Dance Class

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

Being able to identify and being satisfied with being "Hmong"-Cultural Identity.
Being Comfortable with people outside family members-Social connectedness.
Having friends-Social connectedness
Feeling comfortable and having close relationships with parents-Social connectedness
Feeling Happy-Self esteem
Feeling Proud-Self esteem

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

N/A

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Pre-Survey of parents and child.
Post survey 6 months into program.
Survey question measures cultural connectedness and there are also separate questions for comments/suggestions on program improvement.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-

based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

IMPACT Youth activities aims to increase social connectedness, which numerous research has shown is one of the key social determinants of health. When people are social connected, they are more likely to make healthy choices and better able to cope with stress, trauma, adversity, anxiety, and depression.

Activities of IMPACT Youth also aims to increase participant awareness and understanding of being Hmong. Research has shown that knowing one's identity accurately increases self-esteem and reduces depression and anxiety. When people are doing what they think they should be doing, they are happy. When people misrepresent themselves or present themselves in out-of-character ways to impress an audience, the behavior is unnatural and exhausting.

Self-esteem is how a person feels about themselves and often affect their choices and what they do. Numerous research has linked low self-esteem to mental health issues and poor quality-of-life. Impact Youth activities aims to improve participant's self-esteem to reduce risks of mental health illness and negative outcomes.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

Hmong Cultural Dance Classes/IMPACT Youth activities offered at the HOC are familiar to the Hmong community and by having these classes, it helps to being in new sections of the Hmong community and helps to reduce mental health stigma of attached to Hmong Outreach Center and allow those who engage in the activities to be more connected to the center/staff and aware of the direct behavioral health services provided by the center.

The Hmong Center employs activities and interventions that are culturally responsive to the needs of Hmong clients. The HOC continues to be in an area where most of the Hmong population resides and is also located along the bus route, increasing accessibility to those that need it to increase accessibility. To further engage and reach out to the Hmong community, the HOC aims to reduce mental health stigma and increase engagement with the Hmong community by implementing culturally responsive pilot projects, hosting outreach events, and offering cultural activities through a prevention and early intervention perspective.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

Hmong Cultural Dance Classes are hosted at the HOC after school from 5:30-6:30pm, which is a convenient time for parents who are working. The HOC is also located centrally where the majority of Hmong population reside, allowing easier access.

IMPACT Youth Participants will get opportunity to perform at various events to highlight what they have learned and practiced.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This program is not an outreach for increasing recognition of early signs of mental illness.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

The Hmong Outreach Center serves bilingual and Hmong-speaking only adults and families, delivering culturally and linguistically appropriate services. The Hmong Center outpatient behavioral health program is designed to provide a full range of coordinated therapeutic and support services in the form of triages, intake assessments, treatment

planning, diagnosis and treatment of mental health conditions and co-occurring mental health and substance use disorders, and linkage to community resources and supports. Further service linkage and coordination includes medication evaluation/support for mental health conditions, housing assistance, counseling and education on nutrition, primary health care, natural healers, spiritual leaders, and gardening. The Hmong Outreach Center has broadened its access by remaining open until 6:00 PM Mondays, Tues, and Thurs weekly and until 7pm Wednesdays and offering flexible hours to provide resource navigation to the public, which allow the community 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.
The Hmong Center employs activities and interventions that are culturally responsive to the needs of Hmong clients. The HOC continues to be located in an area where the majority of the Hmong population resides and is also located along the bus route, increasing accessibility to those who might have transportation issues. In addition, the HOC program provides transportation to those that need it to increase accessibility. To further engage and reach out to the Hmong community, the HOC aims to reduce mental health stigma and increase engagement with the Hmong Community by implementing culturally responsive pilot projects, hosting outreach events, and offering cultural activities to help reduce risks of negative outcomes and mental illness.
To measure direct mental health service activities, the HOC will implement the HOC Participant satisfaction survey to assess client satisfaction, needs, and perceptions with current clinical services. IMPACT Youth/HOC PEI activities employs surveys to measure perceptions, project effectiveness, and assess outreach efforts. In addition, the HOC services and program has been developed and continues to evolve with ongoing feedback from the clients, family members, and community via surveys, 1:1 feedback, and community meetings. The HOC continues to collaborate with community partners who serve the Hmong population, such as the Hmong American Association, Hmong Cultural Center of Butte, Yuba HHS/Public Health, local school counselors, etc. to monitor and improve services/activities.

9. For Suicide Prevention Programs:

This program is not a suicide prevention program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This program is not an Access and Linkage program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	6	
TAY (16-25 years)		
Adults (26-59 years)	25	
Older Adults (60 years +)	15	
Annual Total # of individuals to be served (estimate)		
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The HOC has capacity to provide direct mental health services to 60 adults and their families in addition to outreach and implementing PEI projects (such as IMPACR Youth).

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

After further review, we will be moving this program under the Hmong Outreach Center and will be removing it from PEI.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Nurtured Heart Approach (NHA)

☒ PREVENTION PROGRAM ☐ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
X	**Program to Improve Timely Access to Services for Underserved Populations**

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

In FY 21/22NHA served 100 unduplicated clients. The PEI staff have adapted this program to a virtual learning environment. This has allowed the program to continue to be taught in school via ZOOM, during the COVID crisis.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

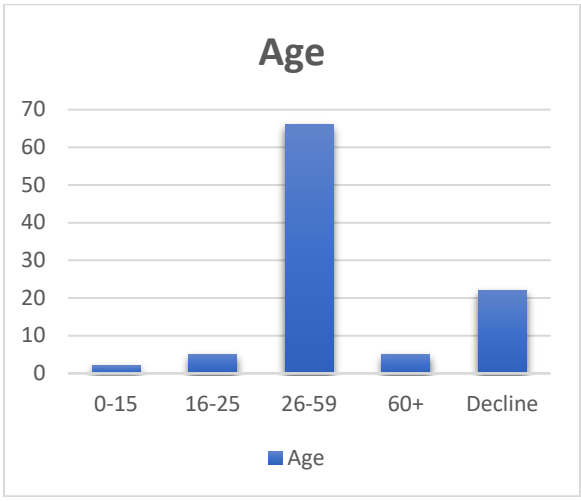
During the CPPP process requests for more youth and family services is consistently brought up. This program aspires to improve family relationships, promote positive behavioral changes in children and improve the child-parent relationship NHA is being successfully implemented through classrooms via ZOOM in Sutter and Yuba counties. The ZOOM platform was requested by community members and participants who felt it was easier to navigate, and more of them had access to it, when compared to TEAMS. When this issue came forward SYBH purchased enough ZOOM

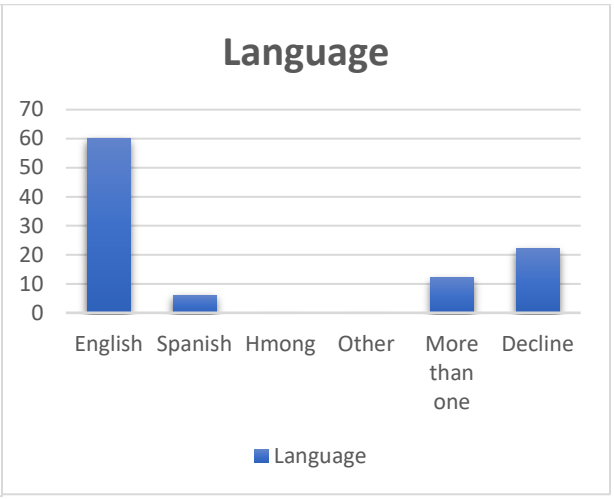
licenses to accommodate these types of groups and out CPPP process.

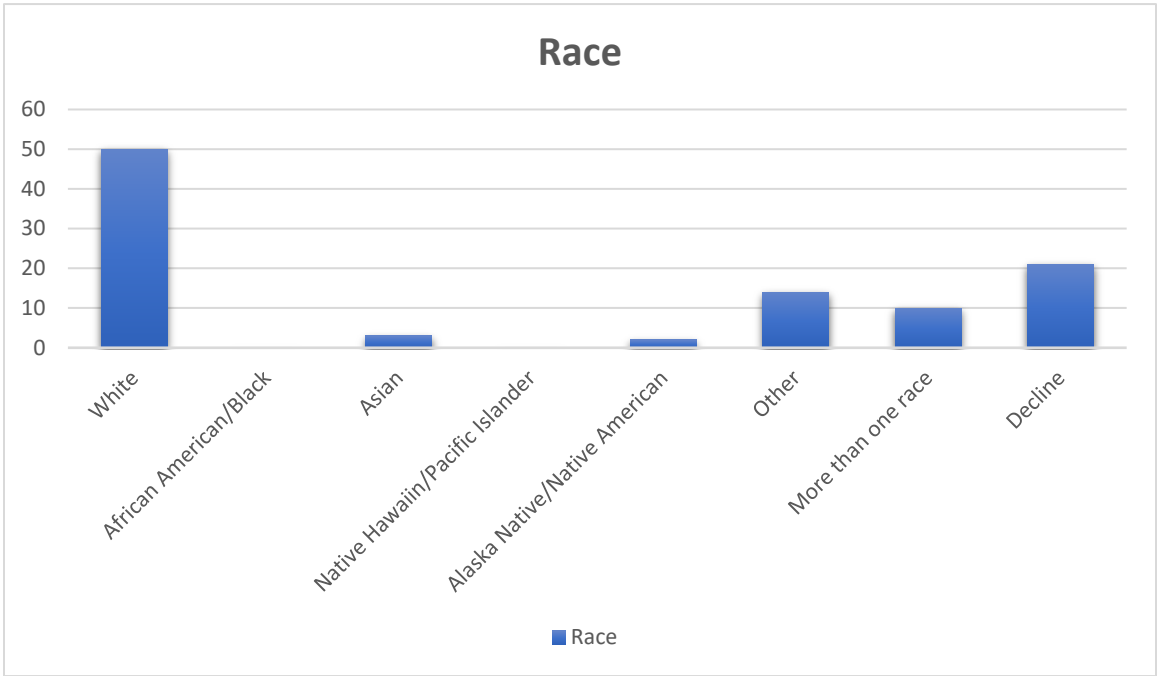
3. Include examples of notable community impact.

The goals of this program are to improve communication between parent and child, manage behavior or teach social skills and target specific realms of problematic actions that children are manifesting.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: The Nurtured Heart Approach (NHA)

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Identify the target population for the Program.

Children identified with ADD, ADHD, ODD, Children with behavioral problems, Parents identified by CWS and/or the courts with a need for parenting classes.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Raising a family is stressful as a result many families experience difficulty communicating with each other and are challenged when trying to change children's behavior when it causes issues in the family dynamics and in the community.	Participants attend a 5-session nurtured heart approach once a week, shared their success in applying the NHA concept at home. The activities are designed to increase positive communication within the family, increase protective factors, and help the family find ways to facilitate changing problematic behaviors in their children.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

- **a) List the mental health indicators to be used to measure the reduction of prolonged suffering.**
- **b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and**
- **c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.**

The Nurtured Heart Approach (NHA) is applicable across many disciplines and successfully used by psychologists, social workers, counselors, other treatment professionals, educators, and parents alike. The NHA is also successfully used to lessen symptoms related to behavior: opposition, defiance, ADHD, ADD, Anxiety, depression, and children on the Autism Spectrum.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The NHA approach shifts the target away from problems and into greatness. It inspires challenging children to use their intensity in great ways, while awakening all children to the greatness of who they are, helping them to take charge in leading passionate and purposeful lives. Furthermore, it empowers the parents to have greater impact on family dynamics.

Fidelity to the model is insured by having staff members who facilitate this group fully trained and maintaining certification by attending trainings as prescribed by NH. All groups are presented following NH guidelines.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

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

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a school setting in a confidential room.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

The Nurtured Heart Approach has been shown to create transformative changes in children diagnosed with ADD, ADHD, Oppositional Defiant Disorder (ODD), Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms, always without the need for long-term mental health treatment.

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**
b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

The Nurtured Heart approach is open to everyone regardless of their parenting skills. It is non-discriminatory. It is culturally appropriate. PEI staff were the first to offer this training in Spanish. The goal is to influence individual parents and families who participate in the group. The group takes a strength-based approach to problematic behaviors in children.

9. For Suicide Prevention Programs:

This program does not address suicide, but it raises awareness of the possibility of suicidal ideation.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

The county Prevention and Early Intervention program staff will continue to reach out to underserved communities that are geographic, social economic and cultural barriers to improve on parenting skills, by advertising our program, community outreach and creating partnership with school representatives.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

Providing knowledge and a new way at looking at challenging behaviors and family dynamics will help to lessen the stigmatizing viewpoint associated with the challenging behaviors.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)		
Adults (26-59 years)	100+	
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	100+	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team has the capacity to provide these services and consists of the following staff:

3 Resource Specialists (2 full time MHSA and one ½ time MHSA/SUD)

3 intervention counselors (2 full time MHSA and one ½ time MHSA/SUD)

1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time, there are no major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Sutter County Superintendent of Schools (SCSOS) Peer Resource Engagement Program (PREP)

☒ PREVENTION PROGRAM **☐ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

SCSOS PREP served 3705 students and provided 26 Activities/Events via 6 different school sites (East Nicolaus High School, Sutter High School, Feather River Academy, Live Oak High School, Live Oak Middle School, Yuba City High School). Mental Health awareness materials were distributed to students during activities/events. 14 students served at Feather River Academy through the Why Try program, a structured support group that integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection. (Complete 8 lessons, 2 more lessons to complete by the end of the semester) 6 students completed the Why Try program (10 lessons) at Sutter Union High School District – Butte View. 26 students served at Yuba College Independent Living Program. SSO Coordinator, Counselor and Specialist presented on Foster Youth Educational Rights and mental Wellness in August 2021 and February 2022. 117 Students served at Robbins Elementary School Through a schoolwide event called “Día de los Niño’s" Children’s Day. SSO Counselor and Intervention and Prevention Support Specialist taught youth how to make homemade stress balls with balloons and other activities to promote children’s mental wellness. 110 school site staff received an SEL Day supply kit as an awareness campaign during the National Social Emotional Learning Day. Included in the kit are school site-specific student SEL data from Panorama and other mental health resources. 5298 people were reached through 41 Social Media Campaigns throughout the school year. In FY 21/22, the unduplicated numbers were 9,276 students & community members.

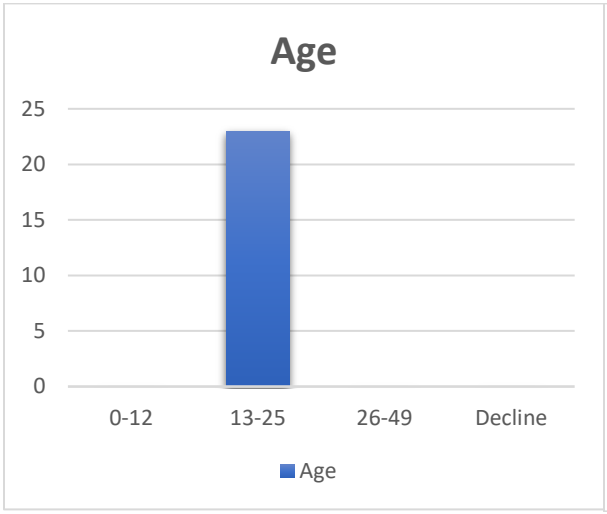
2. Describe how this program is addressing the community issues identified during the County’s Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

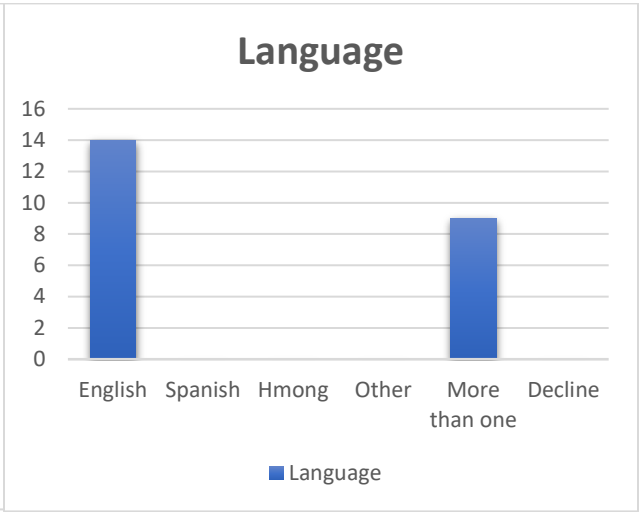
The CPPP process have included the request for more services for our youth, both in the school setting and in other settings. The program is intended for middle to high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups). The indicators noticed or perceived for referral into the program are decreasing school attendance or low or declining grades. The desired outcomes are an increase in school engagement, a decrease in substance use, practicing caring, respecting boundaries, respecting differences, and improving attitudes about health identities.

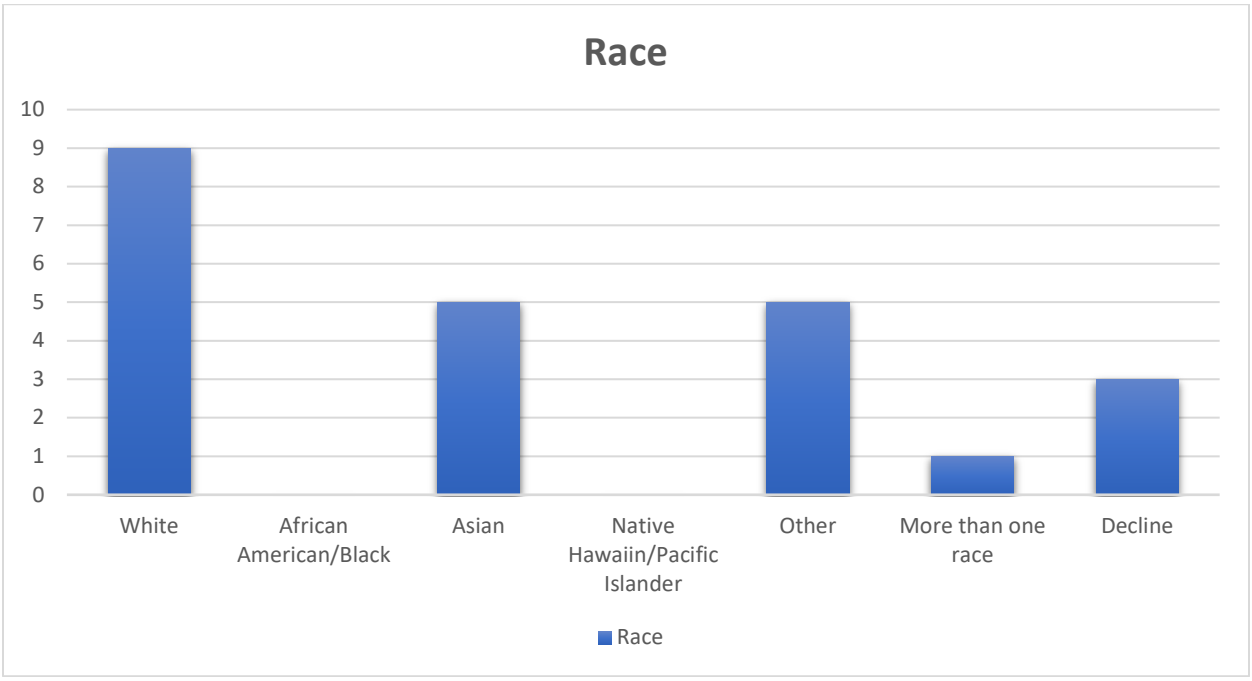
3. Include examples of notable community impact.

No formal evaluation tool was used locally. To streamline evaluation efforts and have them align with the evaluation tools the school uses for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The new evaluation tool will be used in the 22/23 academic year.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







Example of Social Media Campaign:

Sutter County Superintendent of Schools

"It's Mental Health Week! Showing love and kindness to yourself is just as important as showing it to others. "Self-love is considered an important aspect of self-esteem and overall well-being" Try focusing on the things you like about yourself, engaging in positive self-talk, wearing clothes you feel confident in and accepting compliments from others. #mentalhealthweek #mentalhealth #selflove #selfesteem #loveand kindness #scsos"

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Sutter County Superintendent of Schools (SCSOS) Peer Resource Engagement Program (PREP)

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

School aged youth in Sutter County. Feather River Academy was also served, and foster youth served at school sites without School Counselors.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Foster youth in need of support at school that did not have access to school counseling. Youth that are at risk of being expelled from school.	This program targets any youth in Sutter County. Some with risk of potentially serious mental illness, some with lower risks of mental illness and attempts to raise awareness regarding mental health, as well as, to decrease the stigma around mental illnesses, treatment, and mental well-being.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Based on the Target Populations in the PREP Program Proposal, it was identified that Feather River Academy, the Sutter County school for expelled youth would be a good target population since their population meets so many of the identified target groups. In addition, we worked with Sutter County Foster Youth Services to identify foster youth in need of support at school that did not have access to school counseling. In addition, participants were referred via self-reporting by caregivers.

Provided services via counseling staff based upon expressed need and data. Some priority populations were also identified through providing services for the Independent Living Program that serves foster youth, Feather River Academy that serves at-risk youth, and some events to target Spanish and Punjabi speaking students and families and rural communities.

Spread mental health awareness and preventions tools to youth in Sutter County. Provide interventions to students of identified target populations and appropriately connect them to resources.

The program attempted to reach as many students as possible considering the COVID-19 closures, demand for social distancing and need to work from home during these closures. With guidance from the American School Counseling Association (ASCA), programs and practices were used even within the distance learning model.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Sutter County PREP focused on 3 primary goals, reduce the negative stigma with youth mental health in schools, increase awareness of positive coping skills, and increase on campus support for mental health.

The PREP Program trains staff and student leaders in Evidence-Based Programs as well as facilitates Evidence Based Programs. Staff is trained in Mental Health First Aid, LivingWorks START, and Safe Talk They facilitate WhyTry groups, Brief Intervention and individual Forward Thinking Sessions as well as supporting the implementation of Multi-Tiered Systems of Support such as PBIS. The PREP program develops youth leadership sessions based on Strengths-Based Leadership as well as the Peer Leadership training in Peer-to-Peer Support and Conflict Resolution. The PREP Program is inclusive and seeks opportunities to support diverse populations such as presenting in Spanish and Punjabi at community events. Data is collected for these groups using the PEI survey as well as pre and post surveys for measurable outcomes and all output data is collected and monitored using a Google Tracking sheet. Regular Project Monitoring occurs using Improvement Science methodology.

Additionally, staff has been trained to host and implement Trauma-Informed Practices in schools and in August all staff will be trained in Motivational Interviewing.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

Materials chosen to be passed out, as well as the materials provided in the Google class attempt to be culturally competent to various cultures.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

Intended settings for the program are on school campuses. This program is designed to take place on school

campuses, to increase the outreach by meeting the youth where they are.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

The school setting enhances access to all students by meeting students where they physically are. Students are not required to travel or spend time outside of the school day to take part in the activities. In this way, SCSOS PREP can reach as many students as possible and improve access to some of the most underserved populations.

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**
b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

The program is intended to be implemented at the school site to help reach the largest population possible. This also removed the barrier of access to the program while meeting the youth where they are. However, during the recent COVID-19 closures, this has not been possible. The program has reached out to youth and families via phone, ZOOM, social media, website posts and flyers sent to school officials for distribution to raise awareness and reduce stigma about the activities and services the SCSOS Prep program is currently able to offer.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Spread mental health awareness and preventions tools to youth in Sutter County. Provide interventions to students of identified target populations and appropriately connect them to resources; this includes drive-through distributions, virtual counseling, regular family outreach, and Google classroom lessons.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

This program targets any youth in Sutter County. Some with risk potentially serious mental illness, some with lower risks of mental illness and attempts to raise awareness regarding mental health, as well as, to decrease the stigma around mental illnesses treatment, and mental well-being.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	400+	400+
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	400+	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

Sutter County Superintendent of School staff manages this program. They presented a proposal to SYBH, and a contract was completed that provides enough staff and resources to provide these services.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipate change to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Yuba County Office of Education (Peer Resource Engagement Program) PREP

☒ PREVENTION PROGRAM **☐ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
X	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Target populations have been determined by input from school site staff, counselors, employees, administrators, and community groups after identifying various needs in the community. In addition, surveys have been given to large groups of students at various sites to determine the needs and allocation of resources. In addition, student leadership groups have been established at high schools to assist with input on determining needs at the individual sites. In FY 21/22, the unduplicated number of people served: 1412.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The CPPP processes continually request more programs for youth, and specifically more programs for vulnerable populations, including LGBTQ+. The PREP Program activities included to improve mental health and related functional outcomes LGBTQ+ trainings: Videos, participation, and discussion gave practical information and suggestions to support LGBTQ+ youth in the classroom. Participants were educated on the various challenges to mental health that many LGBTQ+ students cope with.

Wheatland High School Adult Anxiety Training-This training covered statistics of anxiety before the pandemic and current rates of anxiety in youth and adults. The training covered practical skills to reduce anxiety and stress in the classroom and as part of self-care regimens for participants.

Monthly Foster Youth Provider Trainings- The trainings offered were guided by foster parent feedback that educated participants on a variety of topics that took a trauma-informed approach. The education and skills presented supported child and adult mental health.

Love and Logic Parenting Classes-This parenting series worked with parents to establish boundaries, healthy communication, and support problem-solving. The series covered an educational piece on mental health, the effects of trauma, and the importance of being a supportive parent. The skills taught in the class emphasized parent selfcare.

Parent Project Parenting Classes- This parenting series is geared towards parents with older children with challenging behaviors. The class provided parents with skills to manage their child's mental health and functioning.

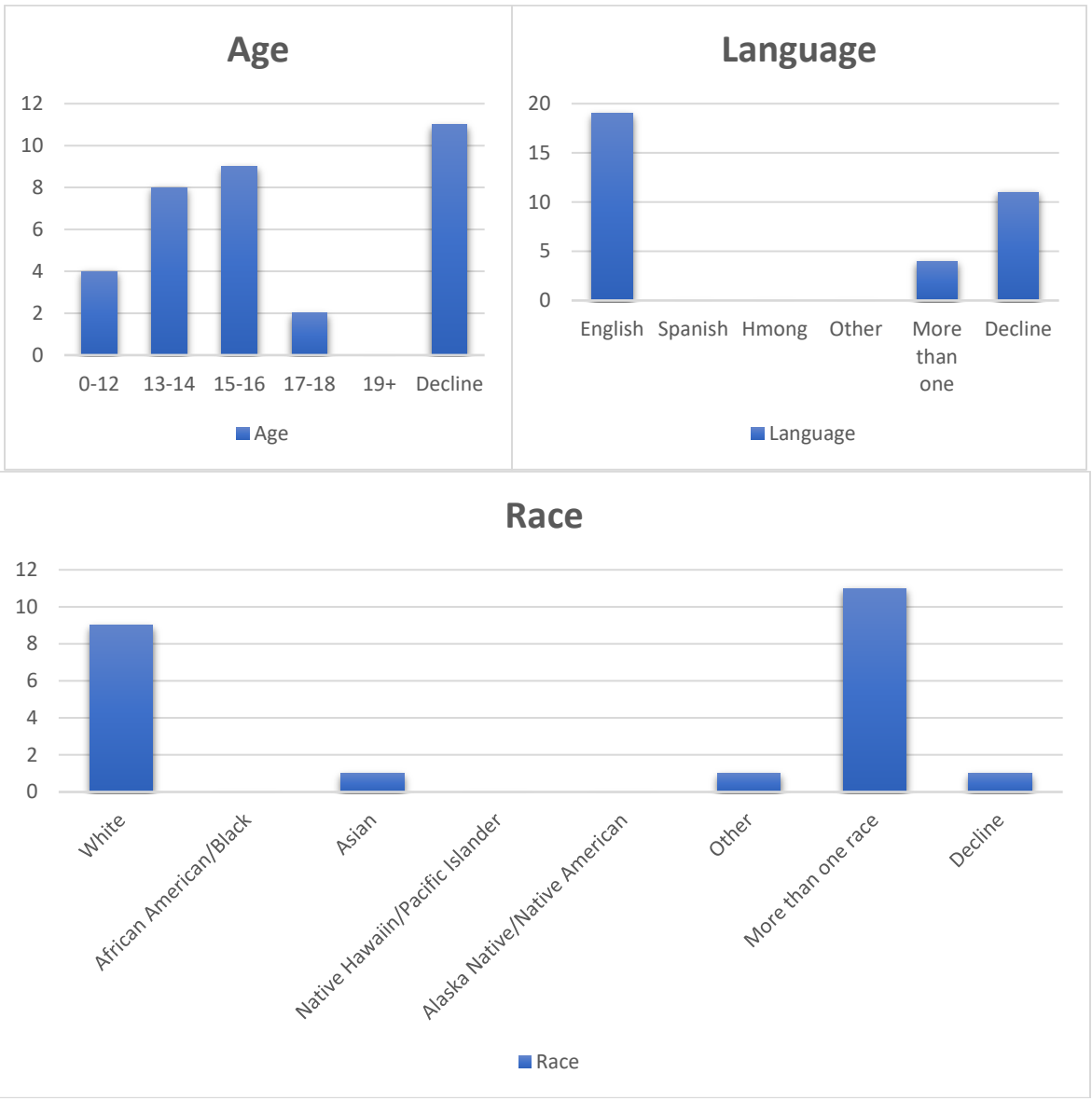
Wellness Tea-This series focused on mindfulness by engaging with staff in a guided meditation and mindful activity.

Yuba County Charter Prep LBGTQ+ Training/Homeless & Foster Youth Training/ Anxiety Training- This training focused on at-promise youth and how to support these students. Talking points resources, videos, local data, Discussions, recommendations for educators, Education Code, and other supportive tools were presented.

3. Include examples of notable community impact.

No formal evaluation tool was used locally. To streamline evaluation efforts and have them align with the evaluation tools the school uses for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The new evaluation tool will be used in the 22/23 academic year. The Riverside Meadows Middle School had three different mental health support groups this year, students responded that the information was easy to understand, that they know how to access mental health services and that they felt supported by other group members.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:



5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Yuba County Peer Resource Engagement Program (PREP)

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

All Yuba County Middle and High School Youth.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related

functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Middle and high school students in Yuba County do not have a deep understanding of general mental health concepts, how to access services for mental health. Additionally, most people, including students have stigma and shame about asking for help with mental health issues.	Provide an increase in general mental health awareness activities to all middle and high school youth in Yuba County, decrease the stigma associated with mental health and increase the knowledge base on how to access mental health services.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Reduction of symptoms of anxiety and an increase in general well-being and functioning, as self-reported by participants. An open discussion occurred at the end of the group sessions regarding participant's perceptions of the groups. Participants were also invited to email the instructors with comments, questions, or suggestions.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Yuba County PREP is likely to reduce MHSA negative outcomes by identifying areas of concerns and populations to target. The program administers interventions to reduce negative mental health outcomes by providing education, referrals, resources and treatment interventions to students and families. Evidence-based programs have been conducted including the Parent Project, Loving Solutions and Love & Logic to promote parenting resources. Pre-test and post-test surveys are administered for the parenting programs to determine the program's effectiveness, which were created by the programs. In the future, Youth Mental Health First Aid will also be offered, which is also an evidence-based program and pre-test, and post-test surveys will also be administered. Mental health Groups are conducted at the middle and high schools using Cognitive Behavioral techniques and surveys are administered pre-test and post-test to determine effectiveness of this promising practice intervention. Multiple promising practice presentations have been presented to sites on various mental health topics to administrators, parents, and teachers (i.e., Trauma Informed Care) and post-test surveys were administered, which is also a promising practice intervention. Large group events have also been conducted at Marysville High School, Wheatland High School, Yuba Gardens, and Riverside Meadows with surveys administered to assist in Planning interventions in the future.

Yuba County PREP has supported Marysville High School and Wheatland High School implement and support Signs of Suicide. Yuba County PREP has also promoted LivingWorks start suicide prevention program. This is a self-guided program that requires information retention and demonstration of acquired knowledge to complete the training.

The practice's effectiveness has been demonstrated through positive results on the surveys by pre-test and post-test scores.

Fidelity to the practice is ensured by administering all evidence-based interventions as intended by the creator of the publication. In addition, all promising practice intervention are completed consistently among different populations to ensure fidelity.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

School counselors and other staff in middle and high schools will determine target populations. It is our goal to educate all students.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

Our programs are occurring through in-person delivery at the school sites. During the current year, most of our programs have been through virtual means (i.e., ZOOM) due to restrictions with the pandemic.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of early signs of Mental Illness Program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

The goal of the coping group is to help students develop and practice coping skills with support of their peers and to challenge mental health stigmas. The group facilitator normalized feelings of stress, anxiety, and depression with statistics and discussion. This helps with the stigma surrounding stress, anxiety, and depression. The group worked together and individually to identify, cope, and prevent feelings of anxiety and depression. Mindfulness, deep breathing exercises, supportive networks, physical exercise, creativity, listening to music, and other coping techniques were encouraged for students to practice on a regular basis even if they were not feeling distressed. Using these practices regularly has shown to reduce stress.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention Program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

The approaches used to select the outcomes were based on community needs, which have been identified by various school sites and literature reviews by staff on mental health needs at the present time. The data for the outcomes was collected by surveys through the program Survey Monkey and GOOGLE Forms. Data was also collected at sites and during the actual presentations.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

Trauma-informed and evidence-based practices will be implemented as a foundation for YCOE PREP. Given the widespread prevalence of Adverse Childhood Experiences (ACES) and reported stress, taking this approach is determined to be best practice. The pandemic has brought on significant challenges and needs that call for interventions that are non-stigmatizing, non-discriminatory, and trauma sensitive. Our strategies will focus on mitigating trauma and

use evidence-based techniques to build resiliency.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	2000+	2000+
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	2000+	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

Yuba County Office of Education Staff Manages this program. They presented a proposal to SYBH, and a contract was completed that provides enough staff and resources to provide these services.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs maya be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: SafeTALK (Tell, Ask, Listen, and Keep Safe)

☐ PREVENTION PROGRAM ☒ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
X	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

SafeTALK trainings are held in venues throughout Sutter and Yuba Counties, including government buildings and community spaces. In FY 21/22, 78 clients were served.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

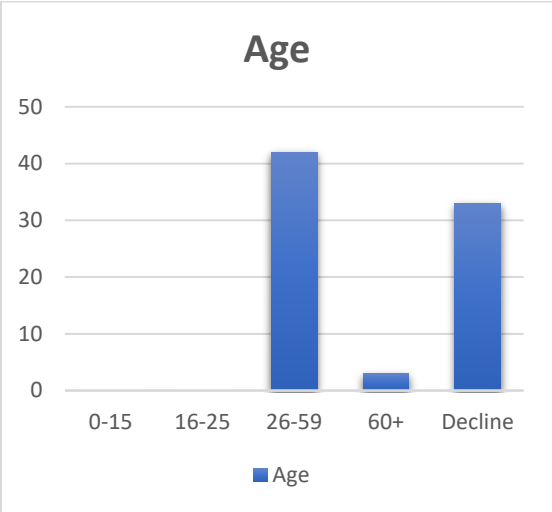
Feedback during the CPPP process regularly sites the needs for suicide prevention services. SafeTALK is a training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and connects them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide.

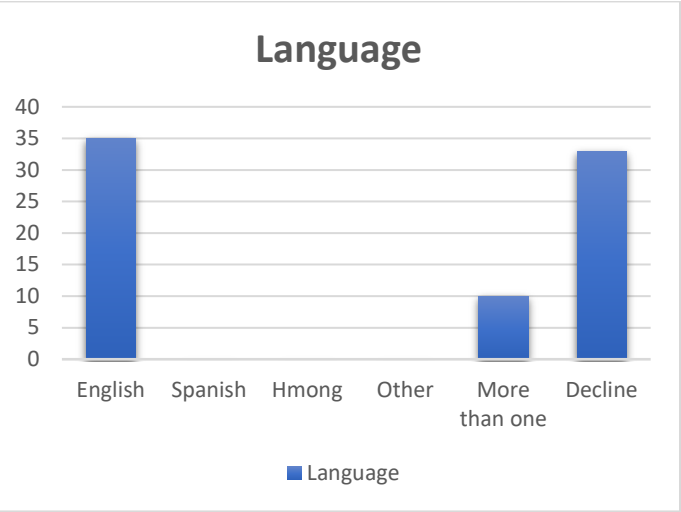
3. Include examples of notable community impact.

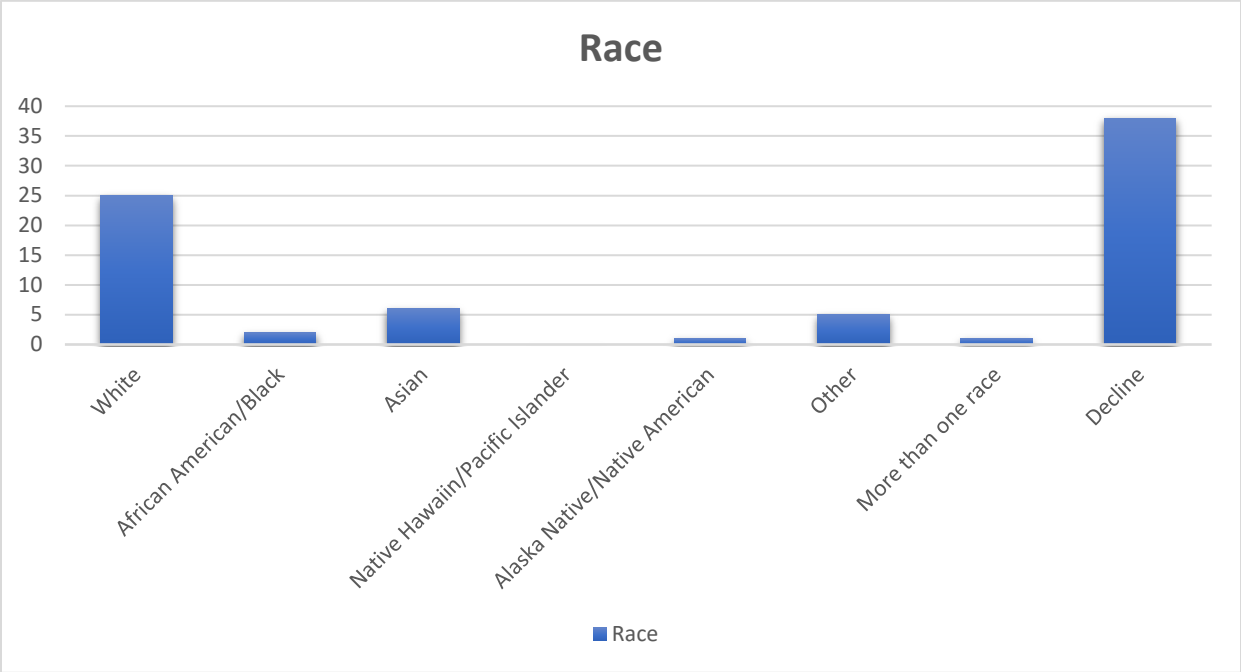
The goals of SafeTALK include learning how to become suicide alert, learning how to identify people who might be having thoughts of suicide and learning how to connect people who might be having thoughts of suicide to persons trained in suicide intervention. Verbal feedback for this program included:

- "Clarity, this is prevention and not intervention training the trainer highlighted the difference between the two and why this step is important."
- "The training was relevant and effective."
- "Trainers were very passionate about the topic and gave good examples."
- "I would like to see this training at local high schools."

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: SafeTalk

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

SafeTALK is designed for any community member 15 years or older.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Individuals who work with youth do not always know how to recognize and engage a person who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention.	SafeTALK training prepares participants to help by using TALK (Tell, Ask, Listen and Keep Safe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

- **a) List the mental health indicators to be used to measure the reduction of prolonged suffering.**
- **b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and**

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Participants complete a feedback form (self-reporting using a Likert Scale) upon completion of the training. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

SafeTALK is designed for any community member 15 years or older, with SafeTALK participants learning to:

- Notice and respond to situations where suicidal thoughts may be present,
- Recognize that invitations for help are often overlooked,
- Move beyond the common tendency to miss, dismiss, and avoid suicide,
- Apply the TALK steps: Tell, Ask, Listen and Keep Safe,
- Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The program can be delivered in both Spanish and English.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a school setting.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

SafeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide.

9. For Suicide Prevention Programs:

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.

b) Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide including timeframes for measurement; and

c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:

i. If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in PEI Regulations, explain how the practice's effectiveness has

been demonstrated and how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

ii. **If the County used the community and/or practice -based standard to determine the Program's effectiveness as referenced in PEI Regulations, describe the evidence that the approach is likely to bring about applicable MHSA outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**

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 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

- 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.

Participants come with some interest in increasing their knowledge about suicide and their ability to help. Many participants leave the training eager to participate in the next level of training, ASIST, so that they can learn intervention skills. All are better prepared to help in some way to make their communities suicide safer.
We are measuring this data with pre/post surveys that are given at the beginning and end of every courts.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

SafeTALK is facilitated by trainers who have completed the two-day SafeTALK Training for Trainers (T4T) course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	**PREVENTION # Individuals to be served annually**	**EARLY INTERVENTION # individuals to be served annually**
Child & Youth (0-15 years)		
TAY (16-25 years)	50+	50+
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)		
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The following PEI team includes enough staff to provide the service.

PEI team includes the following staff:

3 Resource specialists (2 full time MHSA and ½ time MHSA/SUD)

3 Intervention Counselors

1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: The Council

☒ PREVENTION PROGRAM **☐ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:_____

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Due to the COVID-19 in-person school restrictions, our annual attendance and number of students reached is low. During FY 21/22, 47 unduplicated clients were served. During FY 19/20, 75 unduplicated people were served.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The CPPP process regularly receives a request to increase youth programs. This program is intended for middle to high school students from all backgrounds, races, and ethnicities. The indicators noticed or perceived for referral into the program are decreasing school attendance or low or declining grades. The desired outcomes are an increase in

school engagement, decrease in substance use, practicing caring, respecting boundaries, respecting differences, and improving attitudes about health identities.

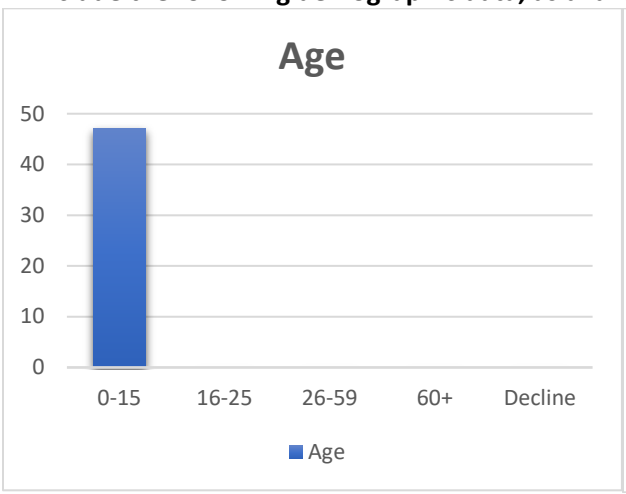
3. Include examples of notable community impact.

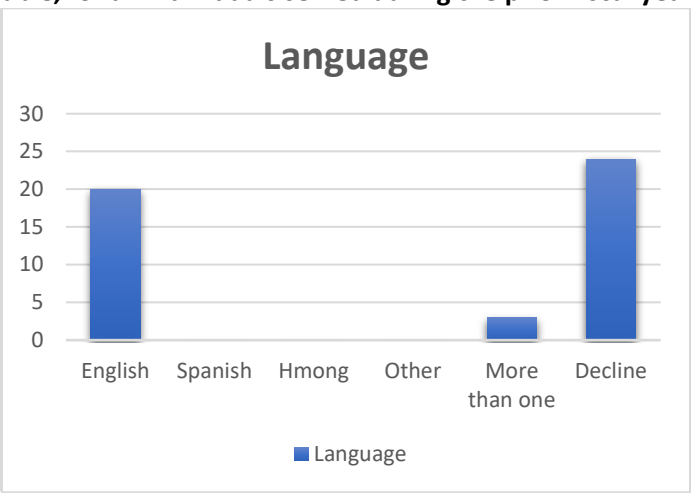
Verbal comments from what participants took away from the program included:

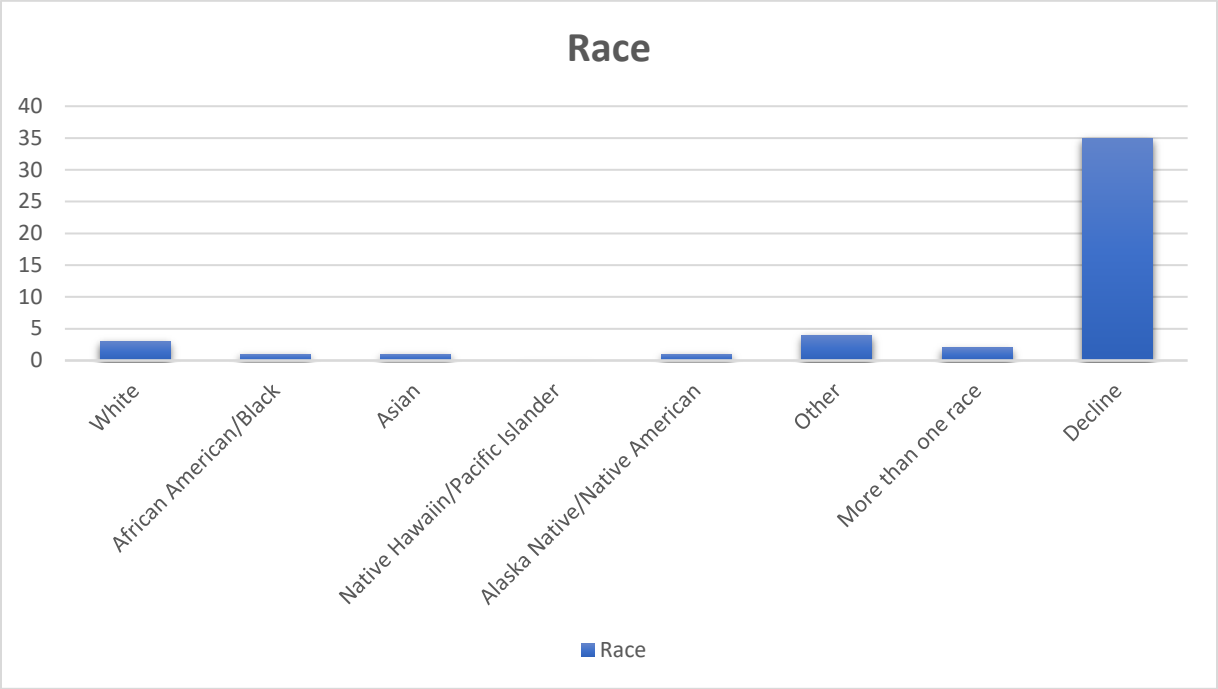
- "Be more responsible"
- "I have more self-control"
- "I learned a lot about myself"
- "Yes, I became a better person"
- "I matured"
- "Yes, I am more open with others"

We are beginning to measure outcomes using the Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: The Council

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

Middle and High School students referred by the school counselor. Students that have attendance problems, low academics or difficulty adjusting to the school environment.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Low attendance, academic or behavioral problems. Difficulty adjusting to the school environment.	The Council is an inclusive, strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. The Council meets a core developmental need in boys for safe, secure, and positive relationships.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

We are beginning to measure outcomes using the Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Motivational Interviewing utilized in the strength-based group for young men set for a 10 to 18-week period. Groups are kept between 6-12 youth. Groups utilize the experiential model to encourage active participation. The council is a trauma responsive model (The Council Facilitator Manual 2012) and seeks to reduce negative outcomes.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The Council provides and inclusive environment that honors cultural, family, and spiritual beliefs and incorporates aspects of cultural practices into the program. Also included is youths' sexual identity and gender identities, recognizing that for many youths who are marginalized from culture there is a need to belong and be authentic while remaining safe and connected within a group that accepts them.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a school setting that provides a confidential space.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness Program.

8. For Stigma and Discrimination Reduction Programs:

This is not a Stigma and Discrimination Reduction Program.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention Program, but it does raise awareness of the possibility of suicidal ideation.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

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 and foster social support's protective factors. Beginning FY 22/23 BUPPS surveys will be used to collect outcome data, along with participants self-reporting.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The Council is open to all interested male youth. All participants need to have a commitment to attend meetings and agree to follow The Council Agreements. Youth are encouraged to recognize cultural differences and societal expectations.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	40+	
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	40 - 60	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The following PEI team includes enough staff to provide this service.

PEI team includes the following staff:
3 Resource Specialist (2 full time MHSA and ½ time MHSA/SUD)
3 Intervention Counselors (2 full time MHSA and ½ time MHSA/SUD)
1 peer mentor.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Tri County Diversity (TCD)

☒ PREVENTION PROGRAM ☐ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	**Other Locally identified Priority:** LGBTQ+ Community

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

TCD is the only LGBTQ+ non-profit in Sutter and Yuba Counties. TCD provides a great service to the community, shown by the success of the growth of the program, the use of social media and program hotlines, and the implementation of peer support meetings and events. TCD meets its goals of LGBTQ+ engagement and community ally by providing education via presentations, visibility through outreach events, and continuing to offer resources and referrals to the community. TCD participates in local community outreach events and in schools when allowed due to the pandemic.

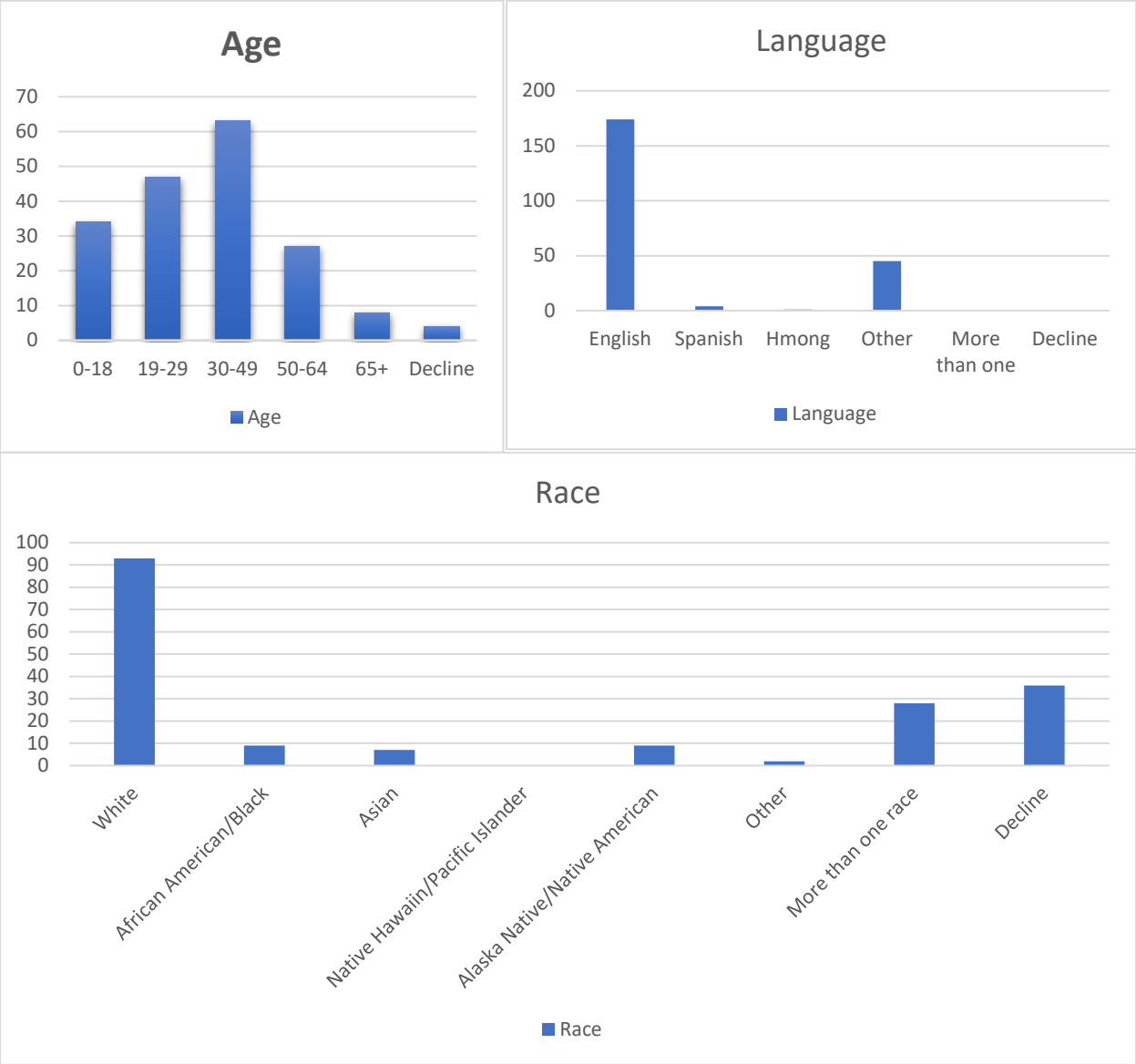
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

During the CPPP process requests were made to have more services for the LGBTQ+ youth population. TCD has a website to help provide access to their services at www.tricountydiversity.org, as well as a Social Media presence (Facebook, Instagram), profiles on Eventbrite.com for the adult and young adult programs. The YOUTH! Program provides a social media presence through Facebook and Instagram, as well as staying connected with school GSA groups for collaboration and is available to school administration as needed. TCD will continue to participate in Community outreach events including United Way Resource Fair, Summer Stroll, Peach Festival, and more to connect with all those interested in obtaining information, and resources, and getting involved with activities for the LGBTQ+ community. TCD has a presence in high schools, reaching out to the LGBTQ+ community and providing outreach and activities.

3. Include examples of notable community impact.

TCD is a needed resource that is providing social interaction, peer support, and resources to the LGBTQ+ community since 2011. TCD will continue to address stigma through outreach, education, and awareness to the local community, including schools, businesses, and organizations. TCD provides a direct link to Sutter-Yuba Behavioral Health services for the LGBTQ+ population in a positive, safe, and affirming manner.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:



5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Tri County Diversity

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

Tri County Diversity is an organization which provides services for lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) community and their straight allies.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related

functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Reduce stigma and discrimination towards the LGBTQ+ community. There is stigma and discrimination towards members of the LGBTQ+ community. This stigma and discrimination can cause individuals to feel isolated. The LGBTQ+ community has a high level of suicide, which is exacerbated in rural communities. LGBTQ+ youth are more than four time more likely to attempt suicide than their peers. (Johns et al., 2020)	To alleviate isolation, Tri County Diversity provides social space, peer support and education to the LGBTQ+ communities in Yuba, Sutter and Colusa Counties, and their straight allies.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

The Tri County Diversity organization provides many opportunities for social interaction through outreach and support events to encourage support, education, and community involvement in a safe and supportive environment for LGBTQ+ individuals in our community.

Increased opportunities for social interaction through outreach and support events to encourage support, education, and community involvement in a safe, supportive environment for the LGBTQ+ community members. The youth program provides facilitation and support at Gay Straight Alliance organizations in the local high schools. Tri County Diversity hosts an adult and youth hotline that is available to provide program and referral service information and support. The main hotline number is 530-763-2116 and is open every day from 10:00AM-6:00PM. The Youth hotline number is 530-763-2413 and is available for calls and texts every day from 10:00AM-10:00PM.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

LGBTQ+ youth have a higher level of depression, anxiety, and suicide when compared to the general population. Providing LGBTQ+ youth with activities that allow them to discuss these issues, and find others like them, and people who accept them for who they are lessens these negative outcomes. Tri County Diversity has been providing these services through this program since 2017. Here are how the services have been utilized.

2017-2018 Tri County Diversity has served a total of 222 people and provided a total of 1 referral for additional mental health services through the hotline services and 8 outreach/support events during the past year.

2018-2019 Tri County Diversity has served a total of 342 people and provided a total of 17 referrals for additional mental health services through the hotline services and 42 outreach/support events during the past year. Tri County Diversity has served a total of 1,000 people and provided a total of 33 referrals for additional mental health services through the hotline services and 93 outreach/support events during FY 18/19. Of note, the COVID-19 pandemic altered our ability to host in-person events, however, we have increased our Social Media presence for our youth population to keep them engaged and supported during these unprecedented times.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The LGBTQ+ community are an underserved population, TCD provides a safe space for LGBTQ+ youth. The program has served a total of 1,000 people and provided a total of 33 referrals for additional mental health services since 2017.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The youth arm of the organization provided bi-weekly peer support meetings during the school year, and monthly support meetings during summer. Every month, the youth were invited to participate in a social activity provided by Tri County Diversity, many of these were at community events and venues.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach of Increasing Recognition of Early Signs of Mental Illness program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

Tri County Diversity is the only LGBTQ+ non-profit in Sutter and Yuba Counties providing a much-needed service to the community. Tri County Diversity participates with the River Vally High School after school events and have a strong presence at Marysville High School. Tri County's education presents non stigmatized information about the LGBTQ+ Community which counters inaccurate stereotypes or myths which leads to improve an understanding of the LGBTQ+ community.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Tri County Diversity has increased opportunities for social interaction to encourage Support, education, and community involvement in a safe, supportive environment for the LGBTQ+ community members through outreach and support events. Tri County Diversity provides quarterly reports on all events and activities and submits them to staff for review.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

Providing a safe place and activities for the LGBTQ+ community is a strategy to decrease stigma that the LGBTQ+ population experiences. Tri County Diversity now has a presence in high schools reaching out to LGBTQ+ students and allies. This provides a safe place for LGBTQ+ students which can decrease stigma and increase school attendance and

participation.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	40	
Adults (26-59 years)	22	
Older Adults (60 years +)	10	
Annual Total # of individuals to be served (estimate)	72	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.
This program is provided by a contract provider who has the capacity to provide these specialized services.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.
At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Unity Circle

☒ PREVENTION PROGRAM **☐ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Unity Circle served 26 unduplicated people in FY 21/22 and provided a safe environment to discuss experiences, express feelings, 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.

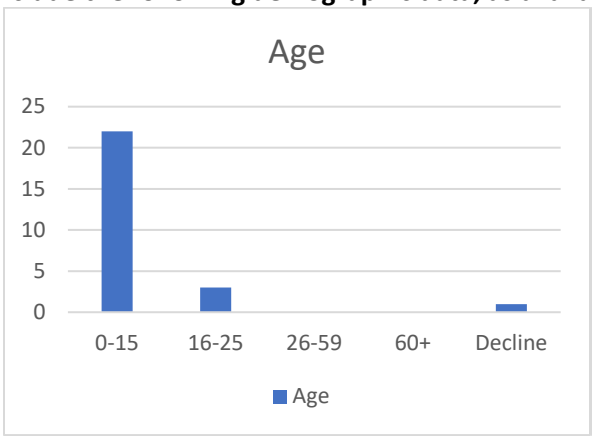
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

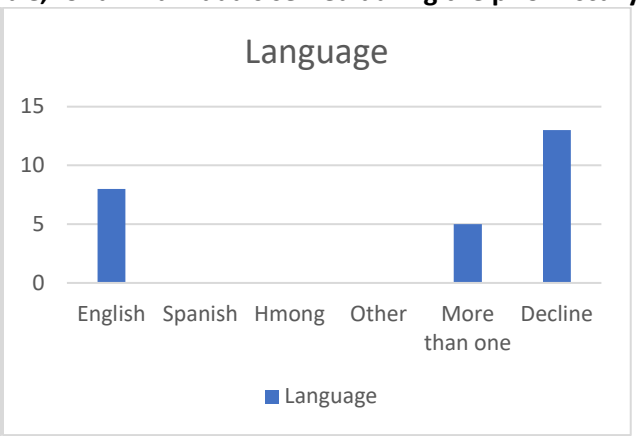
The CPPP process put forth requests for more services for youth, especially those in vulnerable populations including the LGBTQ+ population. Unity Circle is a 10-week session guide for LGBTQ+ youth of all gender identities and sexual orientation and their allies (transgender, cisgender, nonbinary, gender non-conforming, agender, gender fluid, gender questioning, two spirit; gay, bisexual, lesbian, pansexual, and straight). The Pride group provides a safe and supportive environment for all youth with expansive gender identities and sexual orientations and their allies.

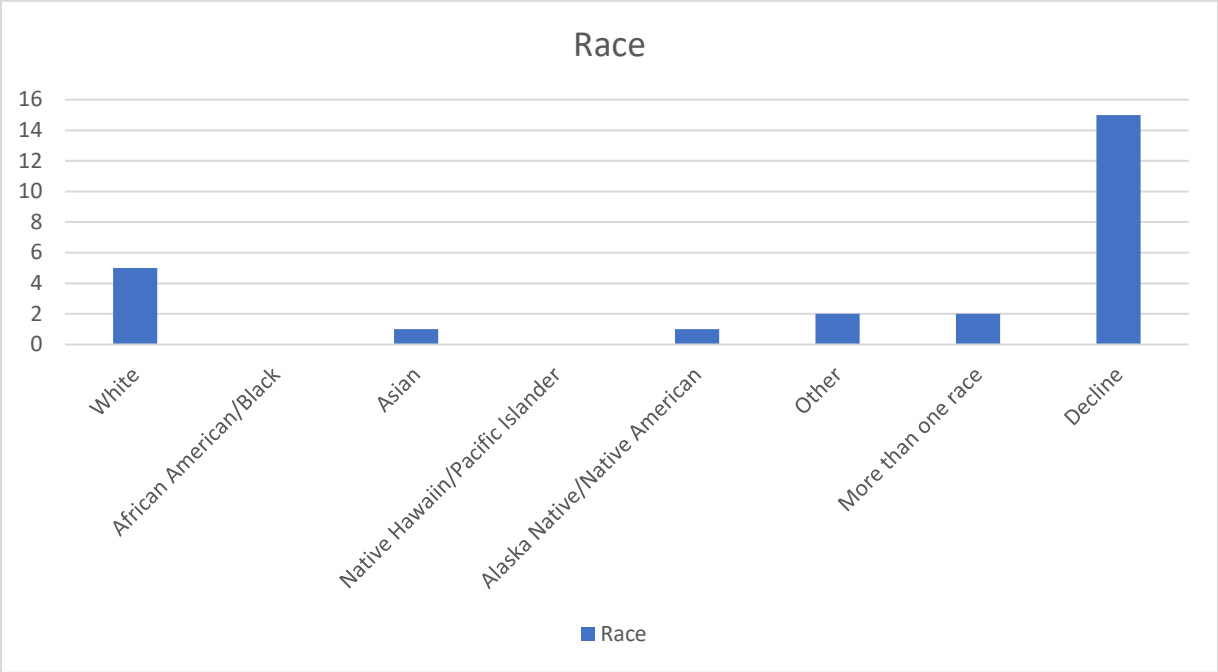
3. Include examples of notable community impact.

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

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: UNITY CIRCLE

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Identify the target population for the Program.

LGBTQ+ youth and their allies.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
LGBTQ+ youth are often discriminated against and feel unsafe in the general community.	The Unity Circle is a support group that offers a safe place for LGBTQ+ youth. It is a 10-week, 1 session per week program that promotes skill building and support for the LGBTQ+ community.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

The program actively counters isolation, internalized self-rejection and other adverse health and mental health effects on the LGBTQ+ youth due to marginalization.

Indicators: Students that isolate because they struggle to find an identity, Students that are bullied because of their LGBTQ+ identity and are many times rejected by their family, religious groups, and other important supports in their lives.

The program uses a pre-test/post-test (BUPPS) that can be conducted before and after implementation of the curriculum to measure student retention and progress.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The program offers respect for individual safety, control, and preference, and with no requirement for self-disclosure, the circle promotes belonging, inherent value, and community resilience.

The program is taught in 10-week 50-minute sessions to maintain fidelity.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The program is for all students from all background, races, ethnicities, and ages. It can be taught in English and Spanish.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a school setting which offers a confidential space.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

The program intends to reach the underserved community of LGBTQ+ Youth.

Reducing stigma and discrimination by offering a safe place surrounded by peers and teaching inherent value and belonging.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention Program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment programs.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

We will begin to measure outcomes using the Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The program actively counters isolation, internalized self-rejection and other adverse health and mental health effects on the LGBTQ+ youth due to marginalization. Additionally, the program teaches participants and community members on how to be allies to reduce the discrimination and stigmatization felt by members of the LGBTQ+ youth.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	40	
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	40 - 60	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The following PEI team includes enough staff to provide this service.

PEI team includes the following staff:
3 Resource Specialist (2 full time MHSA and one ½ time MHSA/SUD)
3 Intervention Counselors (2 full time MHSA and one ½ time MHSA/SUD)
1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Women's Circle

☒ PREVENTION PROGRAM **☐ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

This ran as a pilot program in 21/22 and will be implemented as a program in 22/23. Demographics will be collected at the end of FY 22/23. This program was implemented as a permanent program based on the surveys and verbal responses that were received.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

By participating in meaningful, gender-relevant discussions and capacity-building activities, women reinforce their vital roles within the community and society.

3. Include examples of notable community impact.

The desired outcomes of this program are that women gain self-esteem, confidence, and power to live according to their true values.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

No demographic data for 21/22

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Women's Circle

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Identify the target population for the Program.

The women's circle is a support group for women to share, explore, build skills, and encourage one another to live authentically in mind, body, heart, and spirit.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
The women's support group is for adults and older adults who may have difficulty creating or maintaining relationships and help them reinforce their vital roles in the community and society.	By participating in meaningful, gender-relevant discussions and capacity-building activities, women reinforce their vital roles within the community and society. Women grow through and toward relationships as they share diverse strengths and capabilities that shape their lives communities.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

The women's circle is a support group for women to share, explore, build skills, and encourage one another to live authentically in mind, body, heart, and spirit; through discussions and creative arts activities, women address and build skills in the areas of relationships, self-care, clarifying purpose, goal setting, money, conflicts, skills in work and professional life. This group will help Women who have a tough time making friends. Women who would like to improve their relationship with family. Women who have a challenging time expressing themselves. PEI staff will administer the pre- and post-surveys at the beginning and the end of the 10-session program.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Through discussions and creative arts activities, women address and build skills in the areas of relationships, self-care, clarifying purpose, goal setting, money, conflicts, skills in work and professional life.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The women support group is a program for women in colleges, careers, recovery programs, institutions, job training, military or volunteer service, faith-based setting, homemakers, and caregivers. The women's circle is open to anyone in our community regardless of Race/ethnicity.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught where seniors live and gather. Senior centers in the community. The curriculum can be provided in English and Spanish.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

This program is offered in English and Spanish. Gender relevant discussions, games, surveys, and guided visualizations all assist with changes in attitude and knowledge of mental health services.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access to Linkage and Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those required in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

We distribute a Pre and Post Brief Universal Prevention Program Survey (BUPPS). Some of the indicators that we measure include, "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts" and "I know about resources that might be helpful for me or someone I care about".

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

On our PEI team we have someone that speaks Spanish and someone who speaks Punjabi. We have the BUPPS surveys translated into these languages as well. This program is offered to women of all races, ethnicities, and backgrounds.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)		
Adults (26-59 years)	30+	
Older Adults (60 years +)	10	
Annual Total # of individuals to be served (estimate)	40+	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team has the capacity to provide these services and consists of the following staff:

3 Resource Specialists. (2 full time MHSA and one ½ time MHSA/SUD)

3 Intervention Counselors (2 full time MHSA and one ½ time MHSA/SUD)
1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Adult Early Intervention Program

☐ PREVENTION PROGRAM ☒ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
X	**Access and Linkage to Treatment**
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
X	**Strategies Targeting the Mental Health Needs of Older Adults**
X	**Early Identification Programming of Mental Health Symptoms and Disorders**
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The pandemic and staffing shortages have delayed the startup of this program. SYBH is aiming for a 23/24 implementation.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The goal of this program is to provide education, support, and therapeutic tools for mental health recovery.

3. Include examples of notable community impact.

Adult Therapists will combine education with tools from the following evidence-base treatments for early

intervention: Cognitive Behavioral Therapy for anxiety and depression, Dialectical Behavior Therapy for personality disorder, emotion regulation disorders and co-occurring trauma and substance use, NAVIGATE for psychotic disorders, and Motivational Interviewing for engagement across diagnostic categories.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:
Pending program implementation.

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Adult Early Intervention Program

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

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.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Program is still in planning stages.	

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Program is still in the planning stages.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Program is still in the planning stages.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

Program is still in the planning stages.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

Program is still in the planning stages.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

Program is still in the planning stages.

8. For Stigma and Discrimination Reduction Programs:

Program is still in the planning stages.

9. For Suicide Prevention Programs:

Program is still in the planning stages.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment Program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Program is still in the planning stages.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

Program is still in the planning stages.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)		
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)		
Cost per Person	Program still in planning stage, this data has not been identified.	

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

Program is still in the planning stages.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

Program is still in the planning stages.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Aggression Replacement Training (ART)

☐ PREVENTION PROGRAM **☒ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

X	**Childhood Trauma Prevention and Early Intervention**
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

This activity specifically targets children and adolescents ages 12-17 who chronically exhibit aggressive behavior. FY 21/22, 6 unduplicated clients were served.

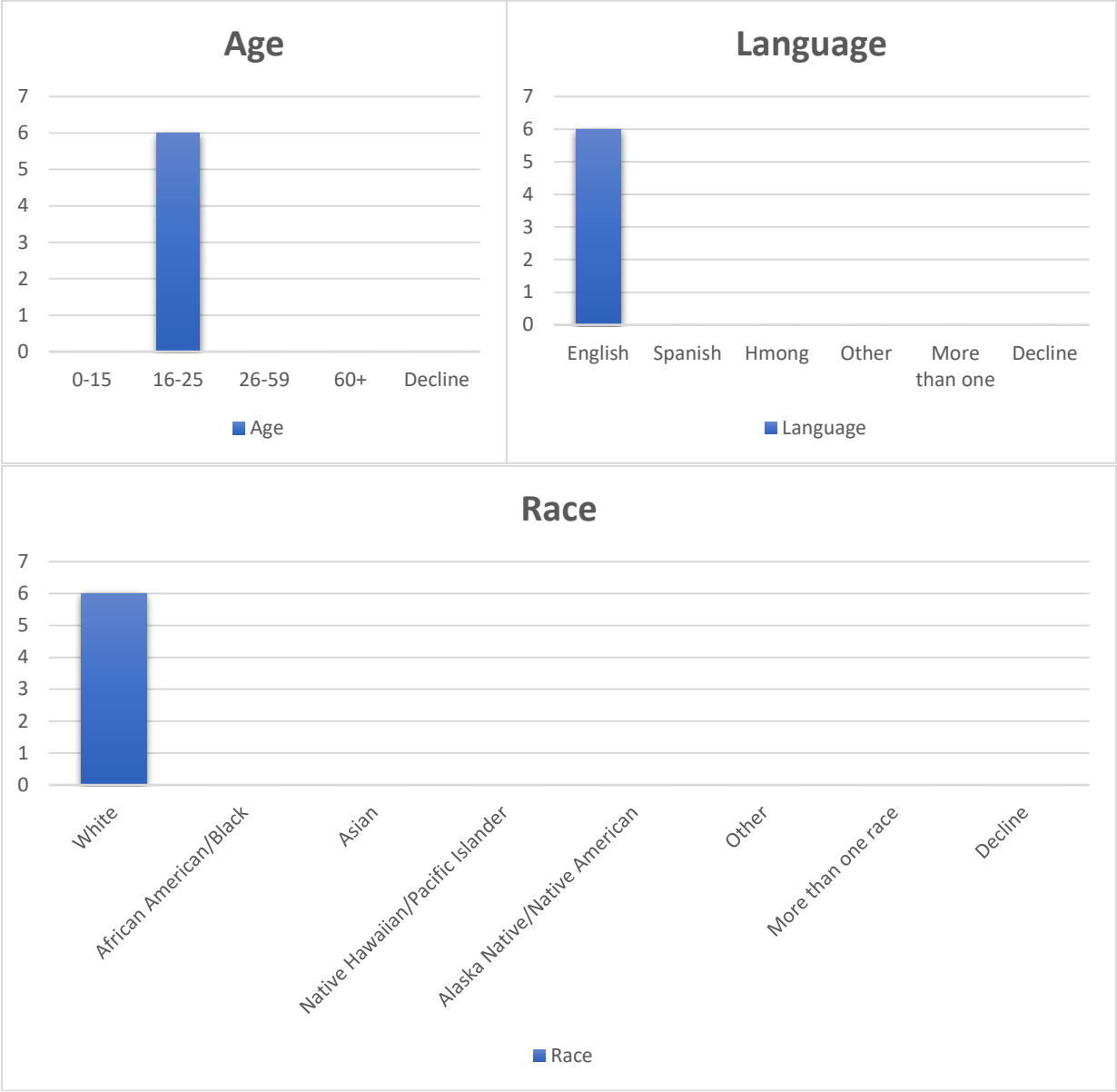
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Continued and increased services for youth are regularly requested during the CPPP process. This program is intended for youth ages 10-14 from all backgrounds, races, ethnicities, and ages.

3. Include examples of notable community impact.

The outcomes predicated from this standardized curriculum are increased ability to identify anger behavior cycle elements and control, increase in social skills, increase in moral reasoning capacity, and decrease in felony recidivism rates. PEI staff have plans to incorporate new outcome measures for the school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:



5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Aggression Replacement Training (ART)

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

High School students 9 to 12 grades. Trauma exposed children and youth (including transition age youth – TAY): Exposure to traumatic events or prolonged traumatic conditions. Stressed families: placed out of home, or in a family where there is substance abuse or violence, depression, or other mental illness, or a lack of caregiving adults (serious health conditions or incarceration).

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Chronic aggressive behavior exhibited by children and adolescents ages 12-17.	10 weeks, 3 session per week. The program focuses on social skills, anger control and moral reasoning. Activities included are intended to improve mental health and related functional outcomes, improve functional outcomes in the classroom setting.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Participants learn to utilize coping, and communication skills to deal with anger.
The support group promotes mental and physical health.
We are beginning to measure outcomes using the Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

It is a cognitive behavioral intervention that trains participants to cope with their aggressive and/or violent behaviors. The program increases the ability to identify and manage anger behavior, increase social skills, and increase moral reasoning.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The "ART support group" can be provided in English and Spanish.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a school setting with a confidential space.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness Program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

This is not a Stigma and Discrimination Reduction Program.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention Program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program.

c) How individuals, and, as applicable, their parents, caregivers, or other family members will be linked to county mental health services, a primary care provider, or other mental health treatment; and

d) How the Program will follow up with the referral to support engagement in treatment.

All student identified as needing additional support will be referred to Sutter-Yuba Behavioral Health for additional services.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Participants learn to support each other during and after the group.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

This is an evidenced based early intervention modality. It uses strategies that are non-stigmatizing and non-discriminatory. Data related to this evidenced based program shows that the intended outcomes are met when the program is implemented with fidelity to the model. SYBH will implement this program with fidelity to the model.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	**PREVENTION # Individuals to be served annually**	**EARLY INTERVENTION # individuals to be served annually**
Child & Youth (0-15 years)		
TAY (16-25 years)	10+	10+
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	10+	10+
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team includes the following staff:

3 Resource Specialist (2 full time MHSA and one ½ time MHSA/SUD)

3 Intervention Counselor I's.

One peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

Due to low attendance rates, we are choosing not to offer this program during the FY 23/24.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Applied Suicide Intervention Skills Training (ASIST)

☐ PREVENTION PROGRAM ☒ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
X	**Suicide Prevention**
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	**Early Identification Programming of Mental Health Symptoms and Disorders**
X	**Other Locally identified Priority:** Suicide Intervention

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The ASIST workshop is for community members who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. In FY 21/22, 20 unduplicated clients were served.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

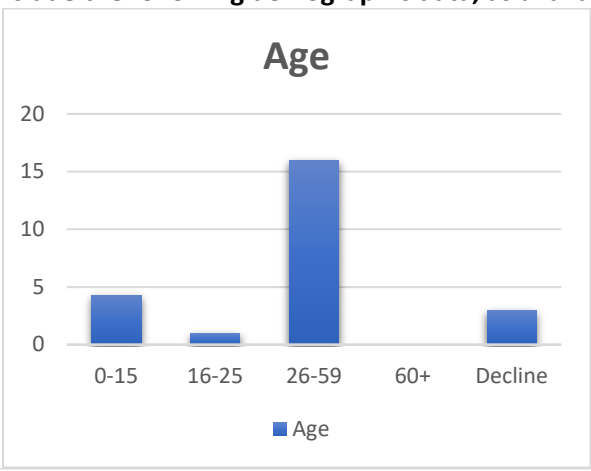
The CPPP process regularly brings forward requests for increased youth services, including suicide prevention services. Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" IN 22/23 SYBH will begin using the Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness,

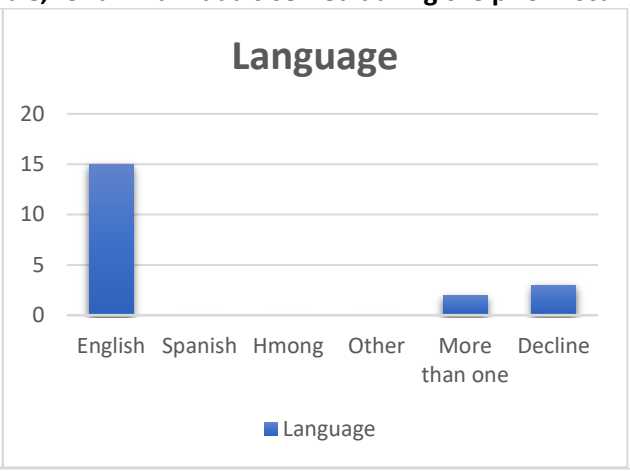
good coping skills and emotional self-regulation.

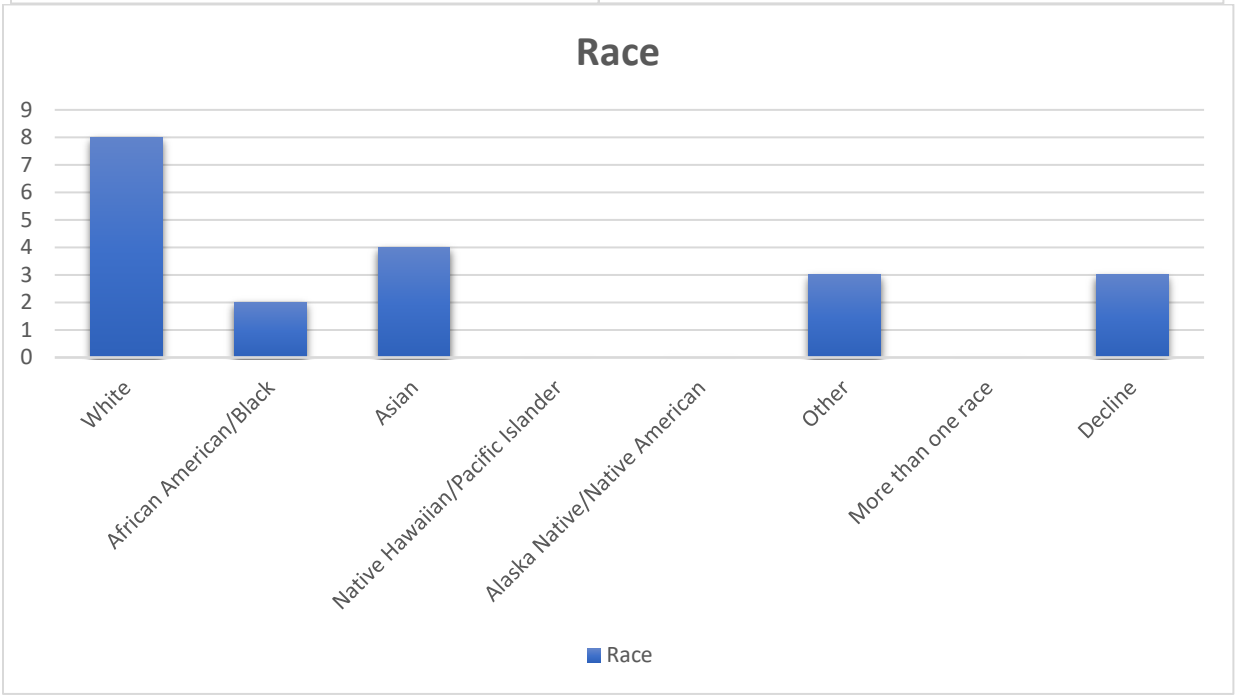
3. Include examples of notable community impact.

Goals of the ASIST workshop includes improving trainee skills and readiness, utilizing interventions shown to increase hope and reduce suicidality and increase general counseling and listening skills.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Applied Suicide Intervention Skills Training (ASIST)

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Identify the target population for the Program.

ASIST is for all community members in Sutter and Yuba Counties.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Suicide is a community health problem in which all community members should be involved in the prevention of suicide.	To provide training for as many community members as possible, in a safe environment that increases the opportunities for those participants to offer help to others and to seek help for themselves. Decrease the stigma and taboo of talking about suicide.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

- Recognize that community members and persons at risk are affected by personal and societal attitudes about suicide.
- Provide Life-assisting guidance to person at risk in a flexible manner.
- Identify what needs to be in a persons at risk's plan for safety.
- Demonstrate the skills required to provide suicide first aid to a person at risk of suicide.
- Outcomes will be measured by specific course surveys.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

- ASIST is an evidence-based program that is used over the world to prevent suicide.
- Nationwide over 1,000,000 people received this training.
- The course Is interactive and intense that focus on helping participants to recognize risk and learn how to intervene to prevent the immediate risk of suicide.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The ASIST training can be taught in English and Spanish. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed.

Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved

population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a classroom setting.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

ASIST trainings are advertised to staff within Behavioral Health, nonprofits, other county agencies, schools, as well as to the general community. The training goal is to provide training for as many community members as possible, in a safe environment that increases the opportunities for those participants to offer help to others and to seek help for themselves. The ASIST program decreases the stigma and taboo of talking about suicide. 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.

8. For Stigma and Discrimination Reduction Programs:

This is not a Stigma and Discrimination Reduction Program.

9. For Suicide Prevention Programs:

a) **Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.**
b) **Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide including timeframes for measurement; and**
c) **Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:**
    i. **If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in PEI Regulations, explain how the practice's effectiveness has been demonstrated and how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**
    ii. **If the County used the community and/or practice -based standard to determine the Program's effectiveness as referenced in PEI Regulations, describe the evidence that the approach is likely to bring about applicable MHSA outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**

The learning process is based on adult learning principles and highly participatory. Graduated skills development occurs through mini lectures, facilitated to discussions, group simulations, and role plays.
Self-reported, anonymous data regarding firsthand experiences with suicide, and who would help, as well as attitudes about suicide are discussed and collected early in the workshop. An evaluation with questions related to how willing, ready, and able to participants feel about helping a person at risk after the workshop, compared to before, is completed at the end of the workshop, again without participant names attached.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Outcomes are 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.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The ASIST program has its own evaluation and are culturally competent. Pre & Post Likert Scale Questionnaires Evaluations are written in Spanish and English. The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)		
Adults (26-59 years)	50+	50+
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)		
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The following PEI team includes enough staff to provide this service.

PEI team includes the following staff:

3 Resource Specialist (2 full time MHSA and one ½ time MHSA/SUD)

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time, there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Second Step Bullying Prevention

☐ PREVENTION PROGRAM **☒ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

X	**Childhood Trauma Prevention and Early Intervention**
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

This program is intended for Elementary School and Middle School students from all backgrounds, races, ethnicities, and grades up to 8th grade. What are these age ranges? We need to state what ages we provide this for). The curriculum is also available in Spanish. The annual goal of individuals to serve was 800+. In FY 21/22, this goal was met, and 808 unduplicated individuals were served.

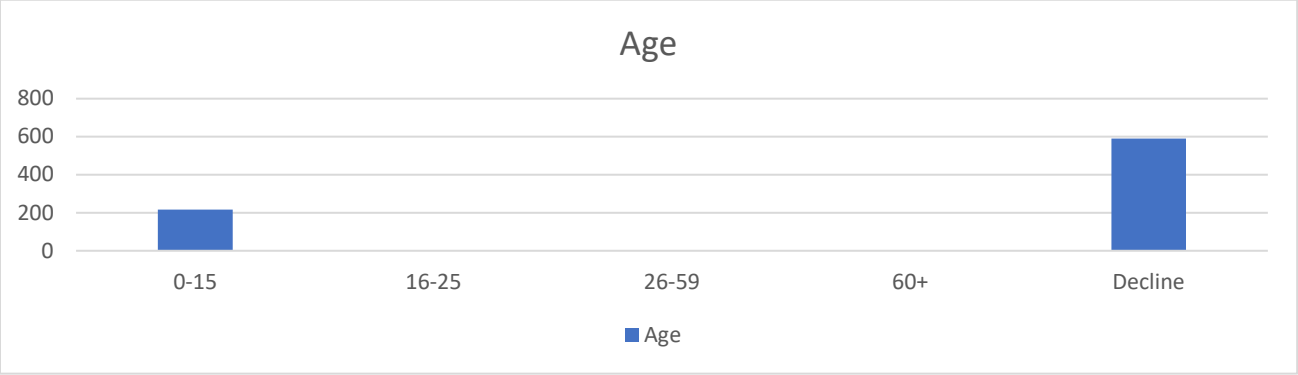
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The CPPP process brought forth requests for more youth services. The outcomes predicted from this standardized curriculum are friendships, socially responsible behavior, conflict resolutions, emotion management skills, academic improvement, and reduction of truancy. No data will be collected from the bullying prevention program for elementary school students. Beginning FY 22/23 BUPPS surveys will be given to students who participate in the training.

3. Include examples of notable community impact.

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.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:



5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Second Step Bullying Prevention

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Identify the target population for the Program.

Kindergarten – 8th Grade.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Far too many students experience bullying at schools. Students and teachers can witness bullying behavior but not known how to effectively intervene.	Consists of an eight-session curriculum that raise student's awareness of the harmful effects of bullying. Teaches students how to recognize, report and refuse bullying.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

The program strives to raise awareness of negative consequences of bullying.

Indicators: Social isolation, low grades, defiant behavior, emotional distress etc. We are beginning to measure outcomes using the Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include "I feel hopeful about the future", "I know at least one thing I can do to deal with difficult thoughts", "I know how to get help for myself or someone I care about". BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation. The program uses a pre-test/post-test (BUPPS) that can be conducted before and after implementation of the curriculum to measure student retention and progress.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

- Students will be able to identify the consequences of bullying.
- Identify the roles students play in the bullying circle.
- Identify and implement rules against bullying.
- The bullying program has been implemented across the USA in Elementary and Middle schools.
- Teaches students how to recognize, report and refuse bullying.
- In order to maintain fidelity, the program is taught in 4-week 45 minute sessions.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The program is for all students from all backgrounds, races, ethnicities, and ages. It can be taught in English and

Spanish.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

This program can be taught in a school setting.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness program.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

The program is designed for elementary through middle school students.
All participants will complete the eight-session curriculum. Each session with specific topics which includes what is cyberbullying and how bullying affects others.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention Program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

We are beginning to measure outcomes using the Brief Universal Prevention Program Surveys (BUPPS). The surveys are given at the beginning and conclusion of each group. Some of the mental health indicators that will be used include “I feel hopeful about the future”, “I know at least one thing I can do to deal with difficult thoughts”, “I know how to get help for myself or someone I care about”. BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

Bullying prevention includes training and resources for school staff, classroom lessons, and activities designed to teach students a positive attitude towards using technology that supports collaborative learning and productivity. SYBH believes that providing this information and increasing the knowledge regarding the negative effects of bullying will work to meeting our intended outcomes.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	800+	800+
TAY (16-25 years)		
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	800+	800+
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team has the capacity to provide these services and consists of the following staff:

3 Resource Specialists (2 full time MHSA and one ½ time MHSA/SUD)

3 Intervention counselors (2 full time MHSA and one ½ time MHSA/SUD)

1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Homeless Engagement and Resolution Team (HEaRT)

☐ PREVENTION PROGRAM ☒ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
X	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The HEaRT team engaged with 235 unhoused individuals in FY 21/22, completing triage assessments for everyone to determine vulnerability and needs based off assessment outcomes and referring to coordinated entry sites for further linkage to services.

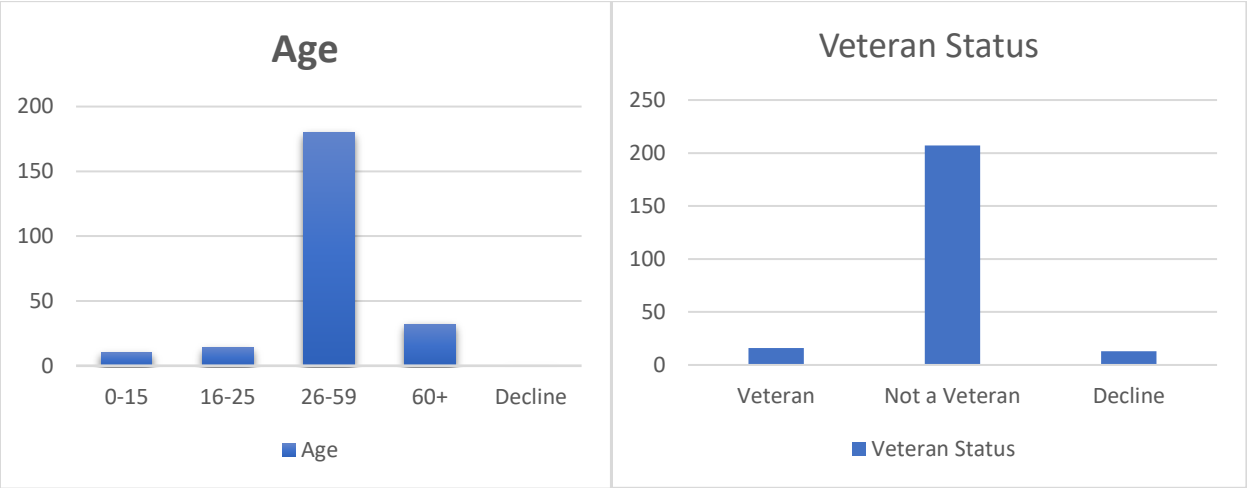
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

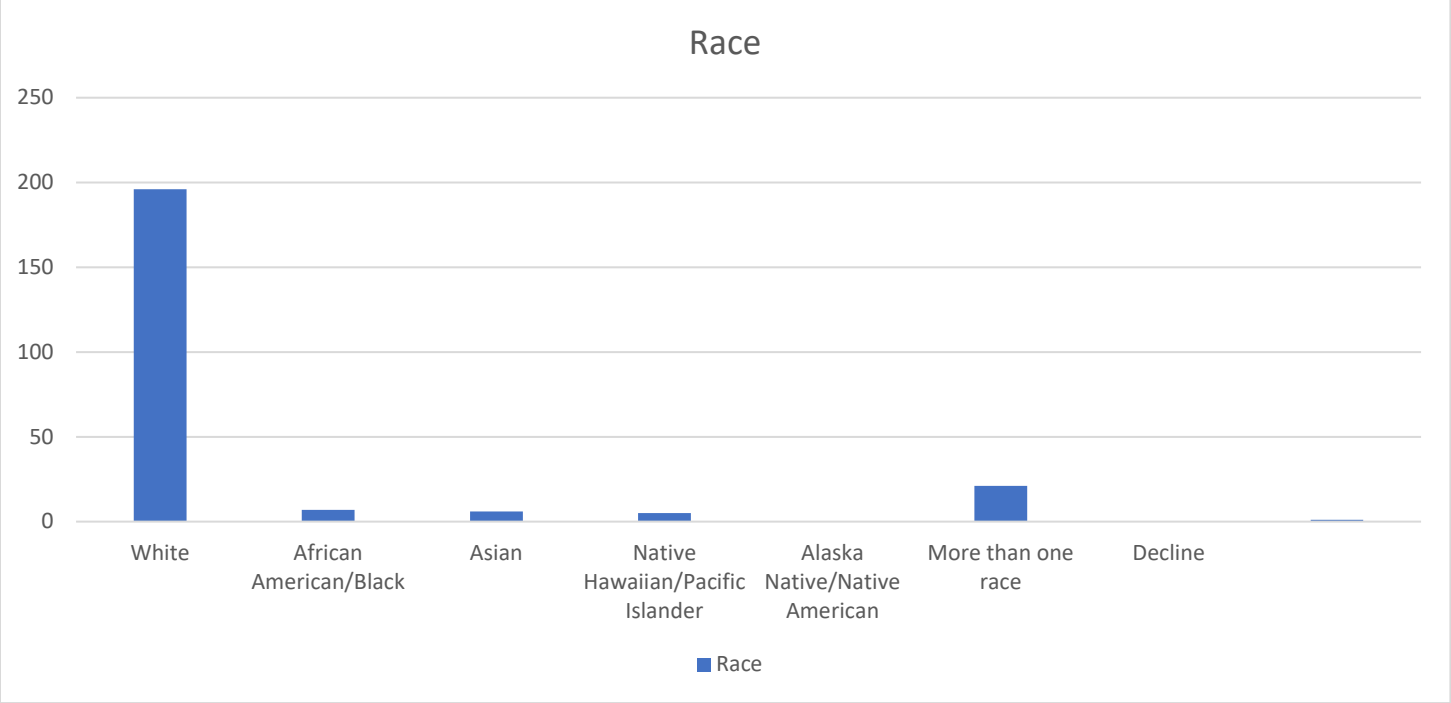
Through outreach efforts, unhoused residents are connected to medical, behavioral health, substance use, and housing resources including referral to case management and more intensive (FSP) services.

3. Include examples of notable community impact.

The program is designed to engage and build relationships to connect people to services, with the goal of ending their homelessness. The team is a multidisciplinary team which is supervised by a Prevention Services Coordinator. The team consists of an Intervention Counselor, Peer Mentor, and an Outreach Worker. The team partners with Law Enforcement, Code Enforcement officers and the street nurse team during outreach activities.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:





5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Homeless Engagement and Resolution Team (HEaRT)

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

The HEaRT program is a street outreach program that was designed to engage with homeless clients.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Substance use and untreated mental health issues in the unhoused communities.	HEaRT team members involvement of treatment initiation and discharge planning for clients in treatment.
Barriers that the unhoused population have when trying to engage in services.	Continuous outreach to members of the unhoused community. Continue to develop effective working relationships with county law enforcement so there is consistent combined outreach with HEaRT team and law enforcement.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

There are many negative outcomes of non-treatment that members of the unhoused community experience. It is harder for them to consistently access healthcare, including mental health care. This makes it more likely that they are unable to provide ongoing regular management of chronic mental health issues as well as chronic physical health conditions that may impact their mental health. Additionally, it is more likely that members of the unhoused community use emergency departments, PHF's, and contact with law enforcement to get their health needs met. Chronic conditions that are managed in this way tend to get worse and be harder to manage.

Currently data is being collected in the Homeless Management Information System (HMIS) for all individuals in this program.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The program will reduce negative outcomes by repeat and endless efforts towards engagement of difficult to engage populations of people who experience low supportive services and are unable to gain access to these services on their own or without support. The intended population includes those who are unhoused who struggle with mental health and substance use and are not developing or maintaining adherence to medical care. In our recent experience, we have found that it takes several attempts to engage prior to a chronically homeless and mentally ill person to engage in supportive services.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The program will offer continuous outreach efforts utilizing motivational interviewing and other engagement strategies. The team provides many supportive services such as transportation, case management and assessment to connect this population with services necessary for their health.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

In the community, wherever the homeless individuals are.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

This is not an Outreach for Increasing Recognition of Early Signs of Mental Illness.

8. For Stigma and Discrimination Reduction Programs:

This is not a Stigma and Discrimination Reduction Program.

9. For Suicide Prevention Programs:

This is not a Suicide Prevention Program.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

a) **How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness.**
b) **How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program.**
c) **How individuals, and, as applicable, their parents, caregivers, or other family members will be linked to county mental health services, a primary care provider, or other mental health treatment; and**
d) **How the Program will follow up with the referral to support engagement in treatment.**

Outreach to encampments and other locations.
Transportation to community services.
Initial triage and connection to mental health professionals through invitation of outreach or transporting clients(s) to Behavioral Health center or crisis services.
Following their intake, the person is linked to other homeless resources.
These resources offer case management and other supportive services which enhance the individual's ability to sustain mental health treatment.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

N/A

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The providers within this program have real life experience and can connect and engage with participants in a unique way. This enables them to create a supportive, non-judgmental experience which creates an environment of trust to sustain relationships with professionals.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		10
TAY (16-25 years)		40
Adults (26-59 years)		160
Older Adults (60 years +)		40
Annual Total # of individuals to be served (estimate)		250
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

The HEaRT team has become essential in providing services, and the team has been growing. A supervisor has been added for this team and other new positions are a possibility with a variety of new funding streams that are becoming available to help alleviate homelessness. Having a supervisor allows the team to increase support and engagement and advocacy for clients and frees up line staff to complete other complex tasks. To increase the team's ability to effectively provide services to those with substance abuse issues, an Intervention Counselor II has been added to the team to increase coordination of treatment options for clients.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

A supervisor was added to the HEaRT team to improve oversight and guidance to team members. Additionally, a SUDS IC II has begun to link clients to treatment programs and discharge planning with the goal of developing sustainable reduction in use and relapse. We plan on continuing with those changes. No other major changes are anticipated to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Implicit Bias and Diversity, Equity, and inclusion (DEI) in Mental Health

☐ PREVENTION PROGRAM ☒ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

X	**Outreach for Increasing Recognition of Early Signs of Mental Illness**
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	**Other Locally identified Priority:** Workforce Development

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

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 organization in general. In FY 21/22, 444 individuals participated and were trained.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

During the CPPP process the Latino Outreach, Hmong Outreach and Punjabi Outreach requested more services

that are culturally competent. This program is meant to increase community awareness of mental health issues as it pertains to DEI and educate the community on DEI-related issues in the mental health system.

3. **Include examples of notable community impact.**
Greater reach and impact of mental health awareness in the community through outreach and education.

4. **Include the following demographic data, as available, for all individuals served during the prior fiscal year:**
N/A

5. **The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.**

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Implicit Bias and Diversity, Equity, and inclusion (DEI) in Mental Health

☒ **NOT CONTINUED**

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Behavioral Health Educational Videos

☐ **PREVENTION PROGRAM** ☒ **EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

X	**Outreach for Increasing Recognition of Early Signs of Mental Illness**
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

This project launched in May 2021 and SYBH is in the process of conducting research, content development and identifying case members.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The community planning process that took place last year provided consistent feedback indicating that community members want to be provided with consistent, current, and timely information about MHSA programs, general mental health services, and means for accessing services. This included a recommendation that teachers, school districts and counselors are proactively outreached to and have easy access to this information when seeking it. Furthermore, it was recommended that SYBH provide better navigation services to assist individuals new to services who have been attempting to access behavioral health services but are struggling with many barriers and complexities encountered in the system.

3. Include examples of notable community impact.

During FY 22/23, we will explore and, if fiscally possible, implement additional PEI funded staffing to increase outreach, public information sharing and navigation services.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

N/A

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Behavioral Health Educational Videos

☒ NOT CONTINUED

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Mental Health First Aid (MHFA)

☐ PREVENTION PROGRAM **☒ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

X	**Outreach for Increasing Recognition of Early Signs of Mental Illness**
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	**Early Identification Programming of Mental Health Symptoms and Disorders**
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

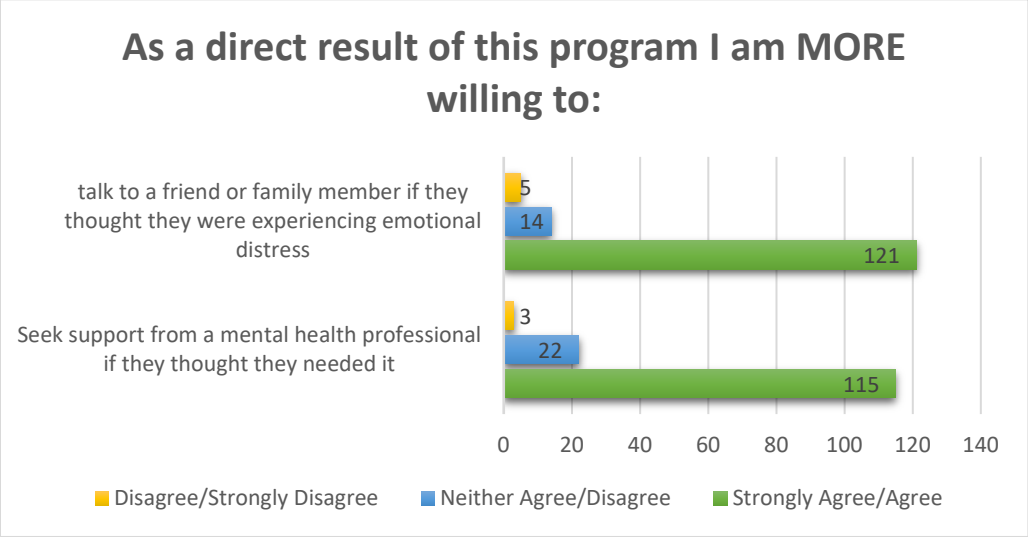
Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) is an interactive 8-hour course designed to present an overview of mental illness and substance use disorders. In FY 21/22, 324 unduplicated clients were served.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

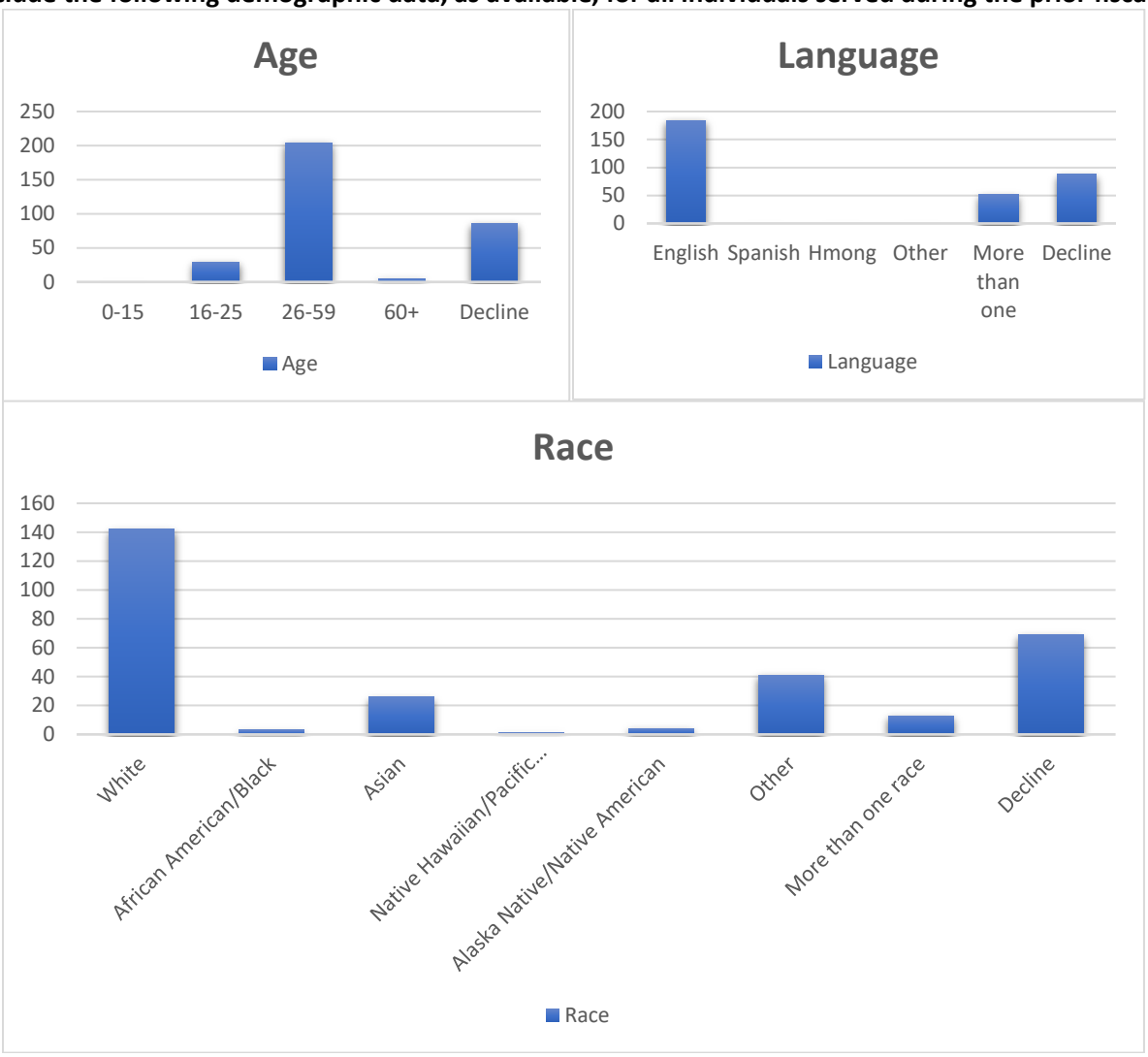
During the CPPP there were requests for more community education regarding mental health. The MHFA/YNHFA program is intended for adults 18+ from all backgrounds, races, ethnicities, and ages. The curriculum is also available in Spanish. The Teen Mental Health First Aid is intended for high school students from all backgrounds, races, and ethnicities.

3. Include examples of notable community impact.

Program Outcomes are measured by collecting the pre and post surveys. As evidence by one of the Pre and Post survey questions, the training proves successful in educating and correcting common misconceptions the public may have heard somewhere.



4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:



5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Mental Health First Aid and Youth Mental Health First Aid

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

California Highway Patrol, Yuba County Jail Staff, and Sutter and Yuba County Probation, Behavioral Health staff, all school staff and community members.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Understanding mental health issues	Learn about risk factors and warning signs of mental health.
Stigma associated with mental health issues.	Understanding how stigma prevents community members from seeking help.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

The goal of mental health first aid is to increase participants awareness of metal health issue, stigma against mental health, and to listen to those in need and help them get to the services they need. In order to help reduce negative outcomes that come with ignorance and unawareness participants use the following method to remember how to help people.

Participants learn to utilize the YMHFA & MHFA action plan "ALGEE, "consisting of the steps below:

- Assess for Risk of Suicide or harm.
- Listen non-judgmentally.
- Give reassurance and information.
- Encourage appropriate professional help.
- Encourage self-help and other support group.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The MHFA and YMHFA are evidenced based programs. The MHFA and YMHFA programs developed and evaluation tool which uses a Likert Scale format incorporated into the Pre- and Post- Mental Health Opinion Quiz and Course Evaluation to identify whether each participant has achieved the following:

- Increased mental Health awareness.
- Increased knowledge of early signs of mental illness.
- Ability to recognize the symptoms of common mental illnesses and substance use disorders.
- Ability to de-escalate crisis situations safely.
- Initiate timely referral to mental health and substance abuse resources available in the community.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The MHFA and YMHFA curriculum core competencies provide cultural humility by addressing stigma and by training the trainers on how to resent using cultural humility.

MHFA and YMHFA are presented in English and Spanish.

MHFA and YMHFA has a goal to educate participants on Mental Health Illnesses and reduce the associated stigma.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program can be taught in a school or community setting. This program can also be taught remotely via ZOOM.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

All participants learn to recognize basic signs and symptoms of mental health issues, and suicidal ideation. They are then taught about community resources to that they have the knowledge to know where to refer people who are having these issues. They are taught to utilize the YMHFA & MHFA action plan "ALGEE, "consisting of the steps below:

- Assess for Risk of Suicide or harm.
- Listen non-judgmentally.
- Give reassurance and information.
- Encourage appropriate professional help.
- Encourage self-help and other support groups.

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**
b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

The MHFA and YMHFA are evidenced based programs that ensure that their method and delivery of material, by trained trainers, are effective in helping to change attitudes, knowledge, and behavior around how they approach individuals with mental health issues. The training further reduces participants negative feelings and discrimination regarding mental health issues as a whole, and those experiencing mental health issues.

Programs are evaluated using a Likert Scale format incorporated into the Pre- and Post- Mental Health Opinion Quiz and Course Evaluation to identify whether each participant has achieved the following:

- Increased mental health awareness.
- Increased knowledge of early signs of mental illness.
- Ability to recognize the symptoms of common mental illnesses and substance use disorders.
- Ability to de-escalate crisis situations safely.
- Initiate timely referral to mental health and substance abuse resources available in the community.

9. For Suicide Prevention Programs:

a) **Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.**
b) **Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide including timeframes for measurement; and**
c) **Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:**
    i. **If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in PEI Regulations, explain how the practice's effectiveness has**

been demonstrated and how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

ii. **If the County used the community and/or practice -based standard to determine the Program's effectiveness as referenced in PEI Regulations, describe the evidence that the approach is likely to bring about applicable MHSA outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adults and adolescents, including basic risk signs for suicidal behavior and how to find help for someone exhibiting these risks.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Participants learn to support someone developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The MHFA and YMHFA curriculum is evidence based and the core competencies include cultural humility. The focus of MHFA and YMHFA training is to educate participants on Mental Health Illnesses and reduce the stigma associated with mental illness. MHFA and YMHFA can be taught in English and Spanish.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)		
Adults (26-59 years)	350+	350+
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	350+	350+
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team has the capacity to provide these services and consists of the following staff:

3 resource specialists (2 full time MHSA and one ½ time MHSA/SUD)

3 Intervention Counselors (2 full time MHSA and one ½ time MHSA/SUD)

1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be

reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Positive Adverse Childhood Experiences (PACES)

☒ PREVENTION PROGRAM **☒ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

X	**Childhood Trauma Prevention and Early Intervention**
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

MHSA funding is being used to provide one full time position under PEI programs to maintain and monitor the PACES website. The position is responsible creating content, networking, and increasing provider members and posting blog posts to the website.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The target population is all Yuba-Sutter families with children at risk of adverse childhood experiences, growing up in a family with mental health, or substance use problems.

3. Include examples of notable community impact.

Goals include a decrease in risk factors or indicators, to create safe and nurturing relationships and increase in Community Protective Factors. Full Time PEI staff has increased member providers listed on the website from 4 members to 92.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

N/A

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Positive Adverse Childhood Experiences (PACES)

☒ NOT CONTINUED

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Promotores Project

☒ PREVENTION PROGRAM **☐ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
X	**Stigma and Discrimination Reduction**
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Promotores provided community outreach regarding Mental Health Awareness, Each Mind Matters, and Knowing the Signs of Suicide to the Latino Community. During FY 21/22, 948 unduplicated community members were served. The COVID pandemic limited the outreach events in 21/22.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The CPPP process brings forth requests for more culturally dynamic services. The role of Promotores is to provide adequate resources and prevention services to our diverse community in Sutter – Yuba Counties in their primary language. Outcomes desired include eliminating cultural barriers such as language, stigma, and mistrust to increase access and awareness to community services, specifically behavioral health services.

3. Include examples of notable community impact.

The goals of Promotores include improving access to behavioral health and related community services in the local Latino community, providing the opportunity for peer mentors to educate community members that may be experiencing behavioral health concerns. And, to develop a simple demographic form that can be utilized in massive community outreach.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:
Demographics are not collected during community outreach.

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Promotores

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.
Leaders in our community to help improve outreach regarding and access to behavioral health and related community services in the local Latino Community.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Language barriers for many members of the Latino community who are mono-lingual.	Use community leaders who speak Spanish to improve knowledge about and access to MH services.
Lack of knowledge in the Latino community regarding mental health issues and suicide prevention and awareness.	Have materials in Spanish, and have Spanish speakers participate in community outreach events such as Each mind matters and Suicide prevention in the months of May and September.
Lack of mental health trainings in Spanish.	Use of Promotores provide training in Spanish, with materials in the Spanish language to train community members in Signs of Suicide, MHFA, YMHFA, and other training related to mental health.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
This program does not collect outcomes.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will

ensure fidelity to the practice when implementing the Program.

This program does not use an evidence-based program.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

Promotores are community leaders doing community outreach to reduce the MH stigma and increase suicide prevention awareness.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

Community Outreach.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

Promotores will do community outreach in May (each Mind Matters) and September (Suicide awareness month)

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**
b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

The Promotores program intends to inform the Latino community about MH services and other community services that benefit the Latino community through outreach and connecting the community with services.

9. For Suicide Prevention Programs:

a) **Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.**
b) **Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide including timeframes for measurement; and**
c) **Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:**
    i. **If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in PEI Regulations, explain how the practice's effectiveness has been demonstrated and how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**
    ii. **If the County used the community and/or practice -based standard to determine the Program's effectiveness as referenced in PEI Regulations, describe the evidence that the approach is likely to bring about applicable MHSA outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**

Through outreach and training that are offered to the Latino community in their native language. Such as MHFA/YMHFA/Signs of Suicide and other community presentations on suicide awareness.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		200+
TAY (16-25 years)		200+
Adults (26-59 years)		200+
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)		600+
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

Our prevention program utilizes community members and staff to promote community outreach on mental health and suicide prevention.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Stopping the Pain

☒ PREVENTION PROGRAM ☐ EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
X	**Suicide Prevention**
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

During FY 21/22, 22 unduplicated clients were served. The program is intended for high school students from all backgrounds, races, ethnicities, ages (within appropriate age range for the groups).

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The CPPP process brought forth many requests to increase services for youth. The outcomes predicted from this standardized curriculum are as follows: Stop self-harm and become aware of feelings, find new ways to cope with self-harm and build a positive plan, build better relationships with parents, and find positive things in life that make people happy and have stronger self-esteem.

3. Include examples of notable community impact.

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 these new outcome measures for school year 22/23. We are developing a broader outcome survey to track ad evaluate the effectiveness of the program.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

The 22 unduplicated clients declined to answer the demographic questions.

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Stopping the Pain

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

Middle School and High School population.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Students that are self-injuring.	Group discussion and completion of workbook.
Unhealthy coping skills.	Develop new coping skills to better handle difficult feelings in order to control or manage the desire to hurt oneself.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

Students are referred by school staff as students are identified with negative coping skills.
The program uses the BUPPS pre and post surveys as indicators to progress.
All surveys are collected by the group facilitators at the beginning and at the end of the group.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The program uses the "Stopping the Pain" evidence-base curriculum.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

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

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

This program can be conducted in a school with a classroom discussion and workbook completion.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,

b) Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.

School staff refers all participants.
The Stopping the Pain group is open to everyone who has been identified as self-harming.
All participants will have the opportunity to participate and receive additional support if needed through county behavioral health.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

This program is intended for Middle and High school students who have self-injured. The focus of the program is to teach new coping strategies and seek additional support or MH treatment if necessary.

9. For Suicide Prevention Programs:

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.

b) Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide including timeframes for measurement; and

c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:

i. If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in PEI Regulations, explain how the practice's effectiveness has been demonstrated and how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

ii. If the County used the community and/or practice -based standard to determine the Program's effectiveness as referenced in PEI Regulations, describe the evidence that the approach is likely to bring about applicable MHSA outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

Although self-injury is not necessarily a sign of suicide—identifying students that engaged in self-harm is a form of suicide prevention. The early intervention potentially reduces the possibility of youth suicide.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Desired outcomes include stopping self-harm, finding new ways to cope with self-harm, build positive relationships with parents, build a positive plan for the future, and promote strong self-esteem. Evaluations will be given at the end of the program.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The program is intended for high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the group). The Stopping the Pain (SI) program includes a workbook designed to teach students a positive attitude toward self, build self-esteem and find healthier coping mechanism to prevent self-harm.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	10+ *The group is available for middle school students who meet criteria.	10+ *The group is available for middle school students who meet criteria.
TAY (16-25 years)	10+	10+
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)		
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI Team has the capacity to provide these services and consists of the following staff:

3 Resource Specialists (2 full time MHSA and one ½ time MHSA/SUD)

3 Intervention Counselor (2 full time MHSA and one ½ time MHSA/SUD)

1 peer mentor.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

This program will be discontinued as a PEI program. SYBH does not have the clinical support to offer the program in this manner. However, the curriculum has been shared with youth clinicians and they have shown interest in adding the group to other groups they provide.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Signs of Suicide Prevention (SOS)

☐ PREVENTION PROGRAM **☒ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
X	**Suicide Prevention**
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

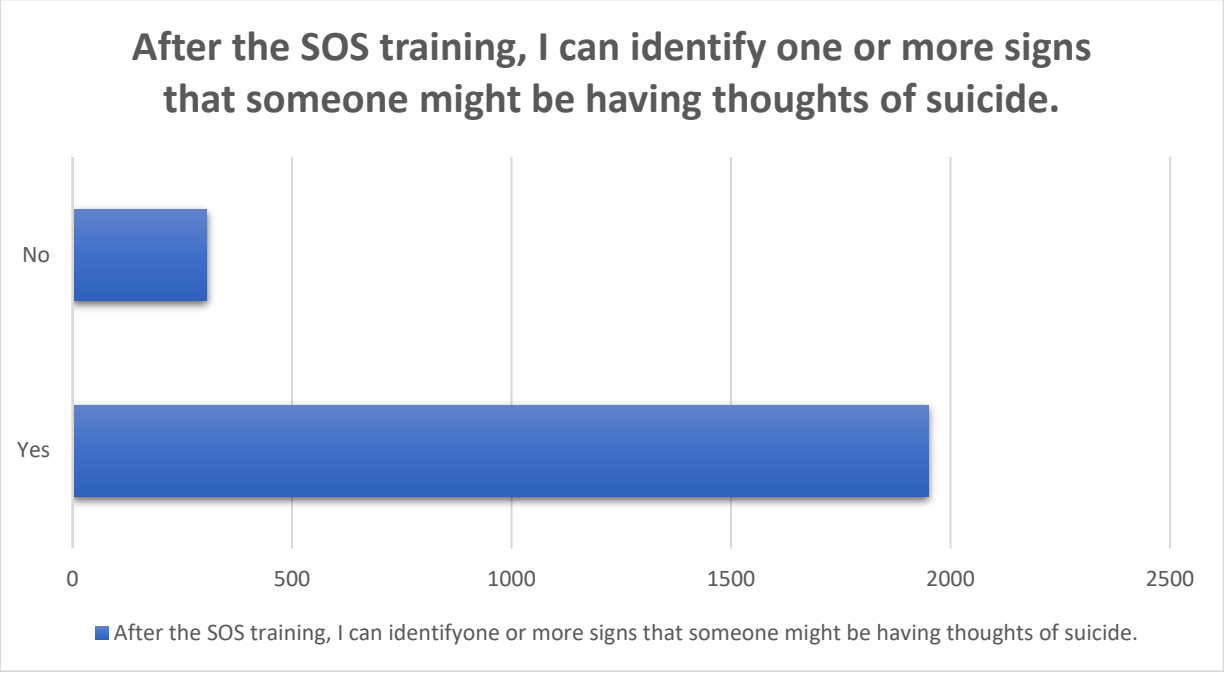
Sign of Suicide (SOS) is a middle school prevention and risk awareness training. In FY 21/22, 2433 unduplicated clients were served.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The CPPP put forth requests for suicide prevention services. 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.

3. Include examples of notable community impact.

The goals of SOS include a decrease in suicide and suicide attempts by increasing student knowledge about depression, encourage personal help-seeking and/or help-seeking on behalf of a friend, to reduce the stigma of mental illness and encourage schools to develop community-based partnerships to support student mental health.



4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:
SOS is done in large groups; therefore, demographics are not collected.

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Signs of Suicide Prevention (SOS)

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Identify the target population for the Program.
Signs of Suicide (SOS) is a middle and high school suicide prevention and risk awareness training.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
The number of suicide attempts and suicides in Sutter and Yuba Counties. Lack of student knowledge and adaptive attitudes about depression or other MH disorders.	Using and 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.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

The goals of the SOS 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 school to develop community-based partnerships to support student mental health.
Informal data collection at the beginning of the presentation, optional screening at the end of the presentation. The screening tool shows risk factors for students to give an opportunity to ask for help indirectly.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The program is offered as a universal, school-based approach to the selected grade levels.

Ideally, and frequently, it is presented in classrooms, but occasionally, in larger, assembly-style presentations. To Ensure fidelity to the practice model, trainers follow the guidelines provided by the program for implementation.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

Presentations can be scheduled throughout the year at schools that serve students grades 6-8. The training uses presentation, group discussion, and videos to engage participants with the material and increase their comfort with seeking and offering help. The program can be presented in English and Spanish to all participants.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

This program can be taught in a school setting.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

This program includes an optional student screening that assesses for depression and suicide risk and identifies students to refer for professional help as indicated. The program also includes a video, Training Trusted Adults, to engage staff, parents, or community members in the program's objectives and prevention efforts.

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**
b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

The program is intended for middle and high school students (defined by some schools as 7th to 12th grades), their families, and the staff at their schools. Participating Schools are determined by School District requests to our Prevention and Early Intervention Team.

9. For Suicide Prevention Programs:

a) **Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.**
b) **Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide including timeframes for measurement; and**
c) **Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:**
    i. **If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in PEI Regulations, explain how the practice's effectiveness has been demonstrated and how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**
    ii. **If the County used the community and/or practice -based standard to determine the Program's effectiveness as referenced in PEI Regulations, describe the evidence that the approach is likely to bring about applicable MHSA outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**

The Suicide Prevention Resource Center classifies the program as a "program with evidence of effectiveness"

because it was included in the SAMHSA National Registry for Evidence-Based Programs and Practices. For the outcome of reducing suicidal thoughts and behaviors, the program is promising. The review of the program yielded sufficient evidence of a favorable effect based on three studies and six measures.
For the outcome of improving knowledge, attitudes, and beliefs about mental health, the program is promising. The review of the program yielded sufficient evidence of a favorable effect based on two studies and four measures. Aseltine et al. (2007) found that participating in the SOS Program resulted in statistical improvements in:

- Knowledge about depression and suicide
- Attitudes about depression and suicide, which were statistically significant.
- Schilling et al. (2016) found that participating in the SOS Program also resulted in greater knowledge and improved attitudes about depression and suicide; however, the group differences were only statistically significant for knowledge about depression and suicide.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

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

- Informal data collection occurs at the beginning of the presentation, optional screening at the end of the presentation.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The SOS program was designed to recognize signs of suicide and to encourage students to talk to a trusted adult. The SOS program can be presented in English and Spanish.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	1000+	1000+
TAY (16-25 years)	1000+	1000+
Adults (26-59 years)	20+	20+
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	2000+	2000+
Cost per Person	0.0	

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team has the capacity to provide these services and consists of the following staff:
3 Resource specialists (2 full time MHSA and one ½ time MHSA/SUD)
3 Intervention counselors (2 full time MHSA and one ½ time MHSA/SUD)
1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Strengthening Families

☐ PREVENTION PROGRAM **☒ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Due to the COVID-19 in-person school restrictions, our annual attendance and number of students reached is low. During FY 21/22, 0 unduplicated clients were served.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The CPPP process has brought forth requests for services that have a positive impact on parents and their children. This program is intended for youth ages 10-14 from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

3. Include examples of notable community impact.

The outcomes predicted from this standardized curriculum include increased protective factors and family interactions, learned nurturing skills that support their children, effective discipline, and guidance for children during their teen years.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

During FY 21/22, 0 unduplicated clients were served.

5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Strengthening Families Program (SFP)

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

Strengthening Families is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families.

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Lack of communication within families. Parents that are struggling with children who are exhibiting negative behaviors. Children and youth exhibiting behaviors that are problematic at school. Children and youth using alcohol and drugs.	The SFP curriculum is divided into three different sessions. 1. Hour family dinner 2. Parent group and youth group meet separately. 3. Parents and youth come together for family activities.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

a) List the mental health indicators to be used to measure the reduction of prolonged suffering.

b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and

c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children, and to improve social competencies and school performance.

Measurements for type of program: Increase protective factors and family interactions, helps parents learn to nurture skills that support their children, and how to effectively discipline and guide them. Youth learn to appreciate their parents and teach them how to deal with stress and peer pressure.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Evidence-based: Strengthening Families program for youth 10 to 14 years old, focuses on increasing protective factors, improving family relations, reducing family conflicts, and reducing levels of substance use and involvement with law enforcement.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

Families are provided with dinner, then parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion. Families reunite to work together in a family class. Childcare is provided for younger children. Each session is two and a half hours long, including the family dinner.
Families or youth that need additional support will be referred to Sutter-Yuba Behavioral Health.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

This program can be taught in a school setting using classrooms and the school cafeteria.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

PEI staff conducted outreach events at different schools in both counties. Most referrals were made by school personnel. The approach used to select indicators: Strengthening Families parent and youth surveys completed at the beginning and at the end of 7 sessions. Prevention & Early intervention staff offer a booster session 7 months after completing the program. Surveys are completed at the beginning and the end of each booster session.

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**
b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

The program is intended for families with youth ages 10 to 14.
The SFP is presented during evening hours at participating schools to increase parent participation. The program is advertised as a parent family curriculum that is not stigmatizing. The approach used to select indicators: Strengthening Families parent and youth surveys completed at the beginning and at the end of 7 sessions. Prevention & Early Intervention staff offer a booster session 6 months After completing the program.

9. For Suicide Prevention Programs:

The SFP does not address suicide awareness or intervention.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

- Increase protective factors and family interactions.
- Learn nurturing skills that support their children.
- Effectively discipline and guide their children during their teen years.
- Learn to appreciate parent's efforts.
- Parents learn to appreciate and understand their child's behaviors.

- Parents and youth learn to set limits.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The SFP is advertised as a parenting class that help families improve relationships.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	12+	
Adults (26-59 years)	12+	
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	24+	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team has the capacity to provide these services and consists of the following staff:

3 Resource specialist (2 full time MHSA and one ½ time MHSA/SUD)
3 Intervention counselors (2full time MHSA and one ½ time MHSA/SUD)
1 peer mentor

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

Strengthening families is a good program, but one SYBH has decided to discontinue as a PEI program. Input from stakeholders and requests for different types of PEI services has led to this decision.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROGRAM NAME: Yellow Ribbon Suicide Prevention

☒ PREVENTION PROGRAM **☐ EARLY INTERVENTION PROGRAM**

PROGRAM TYPE(S):

	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
X	**Suicide Prevention**
	Access and Linkage to Treatment
	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

During FY 21/22, 22 unduplicated clients were served. Due to the COVID-19 pandemic, restrictions around outreach events and gatherings limited the activities SYBH was able to hold.

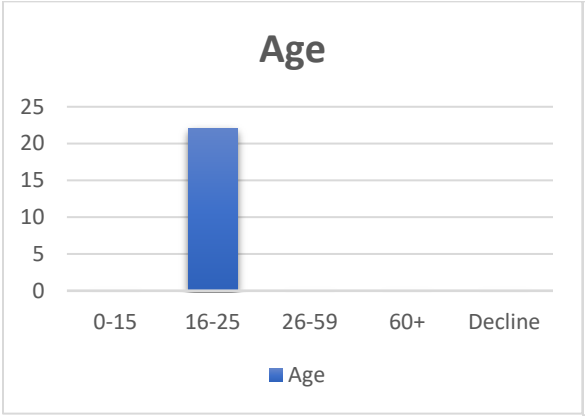
2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

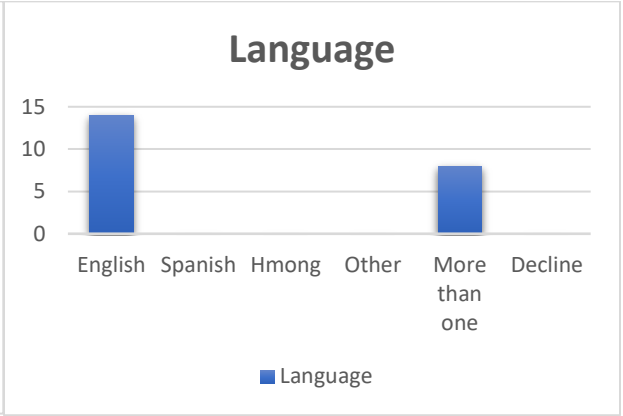
The CPPP process has brought forth for increased services for youth and suicide prevention services. This activity is intended for high school students, their families, and the staff at their schools. Yellow Ribbon Suicide Prevention trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school.

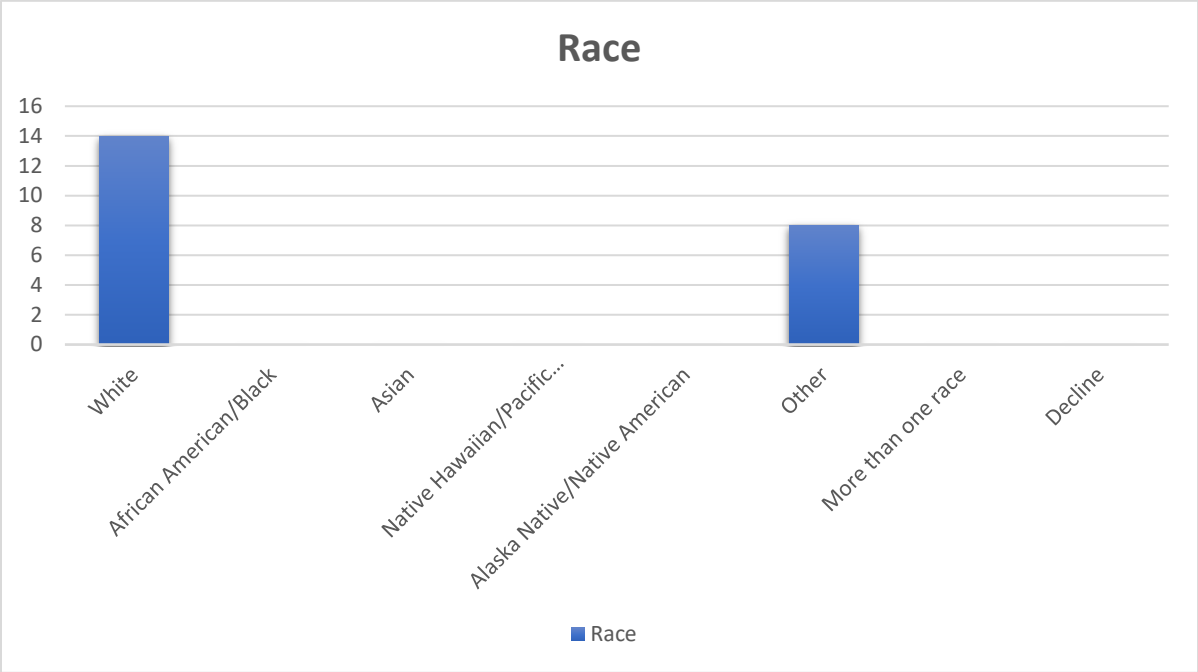
3. Include examples of notable community impact.

Goals include reducing stigma around mental health and suicide, engage parents and school staff as partners in prevention through "gatekeeper" education, increase knowledge about community resources for getting help and encourage schools to develop community-based partnerships.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:







5. The 22/23 Annual PEI Evaluation Report is included on page 173 of the appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 23/24

PROGRAM NUMBER/NAME: Yellow Ribbon Suicide Awareness

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

1. Identify the target population for the Program.

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

2. Specify the type(s) of problem(s) and need(s) for which the Prevention or Early Intervention Program will be directed; and the activities to be included in the program that are intended to bring about mental health related functional outcomes including reduction of the negative outcomes for individuals with early onset of potentially serious mental illness.

Problem/Community Need	Activities
Youth suicide, youth suicidal ideation, lack of youth awareness of suicide amongst their age groups, and the general population.	Yellow Ribbon Ask 4 Help program that is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others.

3. Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including the reduction of prolonged suffering, and:

- **a) List the mental health indicators to be used to measure the reduction of prolonged suffering.**
- **b) If this Program is intended to reduce any other specified MHSA negative outcomes as a consequence of untreated mental illness, list the indicators to be used to measure the intended reductions; and**
- **c) Explain the evaluation methodology, including how and when outcomes will be measured, how data will be**

collected and analyzed, and how the evaluation will reflect cultural competence.

The Yellow Ribbon Suicide Prevention Program trains a variety of potential responders including families, employers, health providers, nurses, school personnel, law enforcement, students, teachers, and parents. In Sutter and Yuba Counties, the Yellow Ribbon Suicide Prevention Program trainings are taught in the school setting and target School Administrators, Teachers, Parents, and Students to learn how to be a link and save a life, understanding that anyone is at risk of suicide.

The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). The program addresses crucial steps for providing help to a person who is having thoughts of suicide: stay with the person, listen to the person, and get help for the person. It also includes information on risk factors and warning signs for suicide, school and community referral organizations for help, and information on the National Suicide Prevention Lifeline.

4. Specify how the Program is likely to reduce the relevant MHSA negative outcomes, as well as what evidence-based, promising practice, community-based or practice-based standard will be used to determine the Program's effectiveness. Explain how the practice's effectiveness has been demonstrated for the intended population or describe the evidence that the approach is likely to bring about the desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

Developed by Yellow Ribbon, Ask 4 Help! Is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, and get help for the person).

Teachers or representatives of Yellow Ribbon can provide training. In addition to information about how to use the card, the curriculum includes information on risk factors and warning signs of suicide. School and community referral points are provided for those who may need help, including the National Suicide Prevention Lifeline phone number.

5. Explain how the Program will be implemented to help improve access to services for underserved population.

The program is offered as a universal, school-based approach to the selected grade levels. It is provided in classroom presentations.

6. Describe the intended setting(s) and why the setting enhances access for specific, designated underserved population in the country. If the program will be located in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

The program is designed to be presented in a school setting.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) **Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,**
b) **Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.**

This is not a program for increasing recognition of Early Signs of Mental Illness Program.

8. For Stigma and Discrimination Reduction Programs:

a) **Identify whom the Program intends to influence; and**
b) **Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.**

This is not a Stigma and Discrimination Reduction Program.

9. For Suicide Prevention Programs:

a) **Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.**

b) **Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide including timeframes for measurement; and**

c) **Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:**

i. **If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in PEI Regulations, explain how the practice's effectiveness has been demonstrated and how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.**

SYBH will ensure fidelity to the model by presenting this program as outlined in the instruction manual.

10. For Access and Linkage to Treatment Programs and Strategy with each PEI Program, provide and explanation for the following:

This is not an Access and Linkage to Treatment program.

11. Indicate if the County intends to measure outcomes *in addition to those requires in Section 3750 (g)* and if so, what outcome(s) and how it/they will be measured, including timelines for measurement.

Developed by Yellow Ribbon, Ask 4 Help! is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others.

After completing the Yellow Ribbon curriculum, all students should have:

- Increased knowledge of warning signs of suicide and depression in youth.
- Increased knowledge of how to respond to those at risk.
- Increased knowledge of local and community referral points and local resources.

12. Explain how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

The presentations are provided to the entire school where the program is being implemented. This program is offered in English and Spanish. Trainings happen in the school classroom using trained students to participate presenting the materials to the students enhancing the setting creating learning environment.

13. Provide the estimated annual total number of individuals to be served by the program and annual cost per person.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	800+	
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	800+	
Cost per Person		

14. Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.

PEI team has the capacity to provide these services and consists of the following staff:

3 resource specialist (2 full time MHSA and one ½ time MHSA/SUD).
3 Intervention counselors (2 full time MHSA and one ½ time MHSA/SUD).
1 peer mentor.

15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes.

At this point in time there are not major anticipated changes to the program for FY 23/24. SYBH will be reviewing all PEI programs to ensure adherence to newer MHSA requirements, and to see how programs may be reorganized to allow for simplified reporting and increased ability to respond to input from stakeholders.

WORKFORCE EDUCATION AND TRAINING (WET) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

PROJECT NO./NAME: CalMHSA / WET Central Region Partnership

1. During the prior fiscal year, the County conducted the following activities and major accomplishments in the following areas:

Financial Incentive Programs.
SYBH participated in Round 1 of the Central Region partnership for Loan Repayment and Hiring incentives.

In Round 1 we awarded $130,000.00 in Loan Repayment awards to the following positions here at Sutter-Yuba Behavioral Health

Mental Health Therapist I	Mental Health Therapist II	Mental Health Therapist III	Forensic Mental Health Specialist II
6	2	4	1

WORKFORCE EDUCATION AND TRAINING (WET) PROGRAM PLAN FOR FY 2023-2024

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment included in the Appendices.

The Board of Supervisors approved promoting a loan repayment hiring incentive, using the WET funding from our CalMHSA Participation Agreement. We hope to see a greater increase in the number of applicants that apply to our current and future hard to fill open positions.

2. Describe how this program/activity will achieve any or all the following outcomes:
Promote job retention.

A loan repayment hiring incentive has been offered on new positions that fit the hard to retain criteria, as defined by the program planning guide designed with CalMHSA. By offering a Loan Repayment for 12 months of continuous service to SYBH, we hope to draw in new applicants to our understaffed positions.

3. The following are the languages in which staff (County and contract providers) proficiency is required.

County Threshold Languages
English

4. In the Appendices, the WET Coordinator position description/duty statement is included. N/A

WORKFORCE EDUCATION AND TRAINING (WET) PROGRAM PLAN FOR FY 2023-2024

☒ **NEW**

1. Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment included in the Appendices.

The Board of Supervisors approved promoting a retention hiring incentive, using the WET funding from our CalMHSA Participation Agreement. We are in the process of adding in the **Retention Program** option of our participation agreement to offer a cash sign on bonus as not all new hires will have an existing student loan.

2. Describe how this program/activity will achieve any or all the following outcomes:
Promote job retention.

A hiring incentive has been offered on new positions that fit the hard to retain criteria, as defined by the program planning guide designed with CalMHSA. We have not seen as high an increase as we would have liked from the Loan Repayment incentive so, we hope to draw in new applicants to our understaffed positions with the incentive of a cash offer for the same 12 month offer of continuous service.

3. The following are the languages in which staff (County and contract providers) proficiency is required.

County Threshold Languages
English

4. In the Appendices, the WET Coordinator position description/duty statement is included. N/A

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN) PRIOR FISCAL YEAR ACTIVITIES FY 21/22

There was No Allocation for CFTN

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN) PROGRAM PLAN FOR FY 2023-2024

Currently there is no Allocation for the FY 23/24 for CFTN.

INNOVATION (INN) PRIOR FISCAL YEAR ACTIVITIES FY 22/23

PROJECT NUMBER/NAME: iCARE Mobile Engagement

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. Provide an analysis/status update of how the project is meeting its learning goals to date. The analysis shall include, but not be limited to:

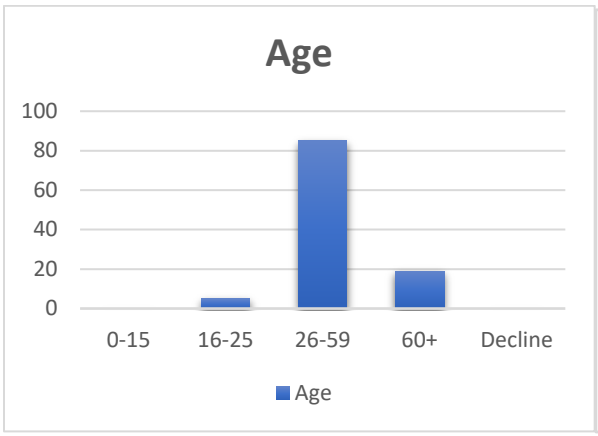
a) A summary of what has been learned from the project, to date, including how the project affected participants, if applicable.

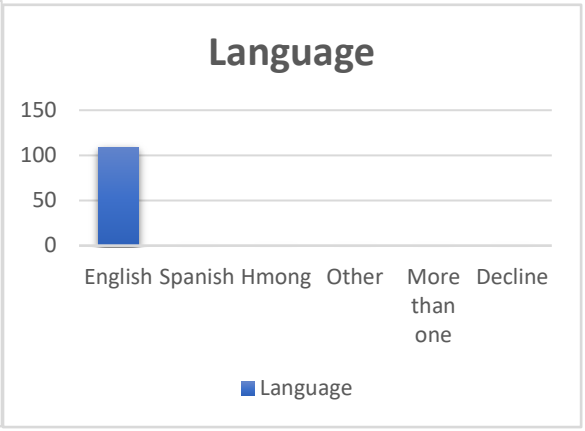
- iCARE staff participated in LEAP(T) and COACH training throughout FY 22/23. Staff's experience is that use of these models has helped establish trust with program participants.
- iCARE continued development and implementation of a Trust Scale to quantify staff's perceived level of trust with program participants. Staff have experienced wide variation in how quickly trust is established.
- The iCARE team has developed processes that appear to have increased the likelihood of continued engagement after the program participant has been in the hospital, another emergency or "secure" setting.
- A "warm handoff" from another community partner or stakeholder also appears to increase longer-term engagement success.
- Program participants also are more willing to engage and build rapport when iCARE staff are helping meet basic needs (such as help accessing food, shelter, access to heating/ cooling centers, etc.).
- Staff are engaging program participants with the use of the mobile vans. (Pros- Able to reach difficult areas in the community such as riverbeds, multiple teams in vans helps cover a wider geographic area, vans can be deployed to help with urgent community needs. Cons- Staff had some difficulty doing concentrated work inside the vans. Some program participants do not want to be approached in a van).
- Community education has occurred through presentations at stakeholder meetings, participation in weekly multiple multidisciplinary team meetings, and participation in emergency response.

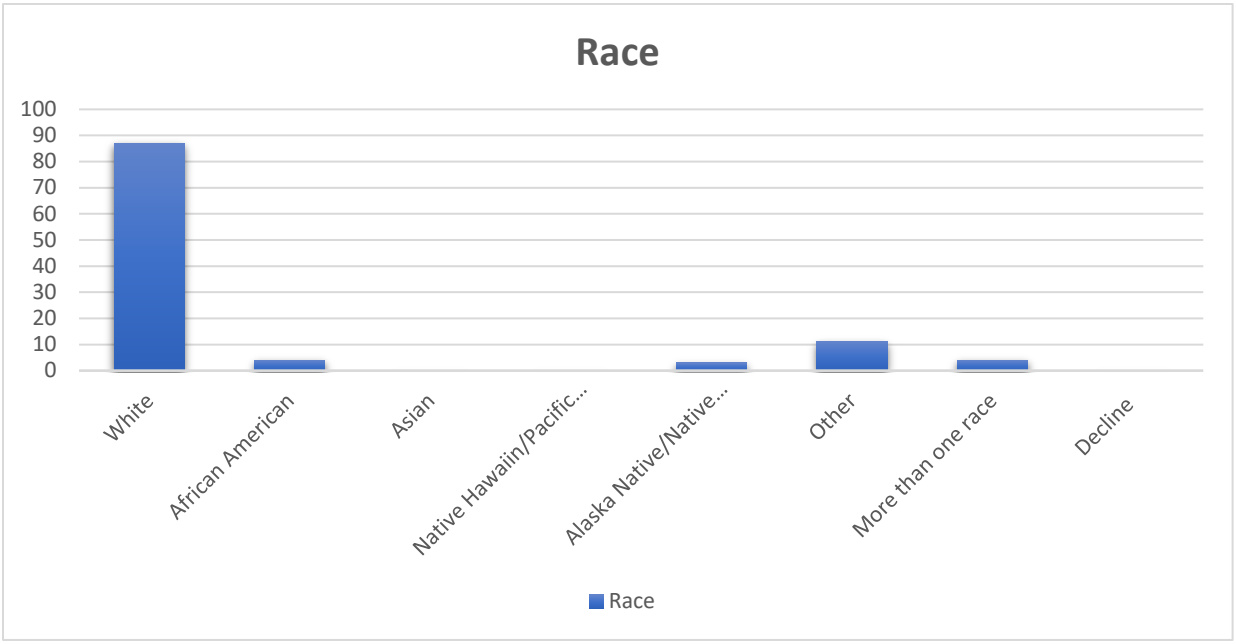
b) Primary methods used to determine how the Innovation project is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders.

- Documenting using the LEAP(T) Model
- Use of the Trust Scale
- Monthly COACH training
- Consultation by a field expert
- Monthly reporting to contract evaluator

c) Data collected, including data available on project outcomes and elements of the project that contributed to successful outcomes. If applicable, include the number of project participants served by age group, gender, race, ethnicity, and primary language spoken.







d) Changes and modifications made during the project's implementation, if any, and the reason(s) for the changes.

- A modification to the staff pattern has occurred. Original design included 2 LVNs. Staff (2 LVNs) reported that their expertise was not fully realized in the context of the work. They suggested program participant's needs might be better met by a medical assistant and in collaboration with the nurse street team that is more linked to the hospital**.**

INNOVATION (INN) PROGRAM PLAN FOR FY 2023-2024

PROJECT NUMBER/NAME: iCARE Mobile Engagement

☒ **CONTINUED FROM PRIOR YEAR PLAN OR UPDATE**

1. PROJECT OVERVIEW

a) Primary Problem

Provide a narrative summary of the challenge or problem identified and why it is important to solve for the community. Describe what led to the development of the idea for this INN Project and the reasons this project has been prioritized over alternative challenges identified during the Community Program Planning Process.

Less than 2 percent of those served in emergency services and inpatient care at elevated levels of utilization were enrolled in Full-Service Partnerships or receiving regular outpatient care.

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.

b) Project Description

Provide a narrative overview description of the Project, how the Project is being/will be implemented, the relevant participants/roles within the project, what participants typically experience, and any other key activities associated with Project development and implementation.

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 program participant's 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, alcohol and drug counselors, and a clinician (LCSW, MFT, or LPCC) to help assess risk.

Another key activity is participation in a variety of MDT meetings with stakeholders throughout the community.

Challenge/Problem	Potential Solution
Need to evaluate program indicators/ outcomes	Evaluation through Third Sector scheduled to start soon
Need for periodic LEAP and COACH initial training and re-training to reinforce the program model over time. Annual or bi-annual training.	Explore "train the trainer" options for LEAP and COACH
Documentation in multiple systems since not all program participants are involved with SYBH (documentation in ANASAZI, HMIS, paper charts)	Explore documentation options in SYBH's new EHR. Pre-engagement documenting in Credible
Some confusion between the role of iCARE, the HEART team, and other Telecare programs.	Continue to educate the community through MDTs and stakeholder presentations. Review roles and responsibilities of iCARE and compare with the HEaRT team and other Telecare programs.

i. Identify which of the three INN project General Requirements the project is/will be implementing.

a. Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.

ii. **Briefly explain how the selected approach has been determined to be appropriate.**

iii. **If applicable, estimate the total number of individuals expected to be served annually, cost per person and how these estimates were developed.**

# of individuals to be Served (estimate)	Cost per Person
170	

2. LEARNING GOALS/PROJECT AIMS

a) **Describe the Project's learning goals/specific aims and what potential contributions will be made to the expansion of effective practices.**

Specific outcomes that are expected (1) include increased utilization of outpatient behavioral health (BH) care for underserved groups (2) increased consumer engagement (3) decreased hospitalizations (4) decreased ER visits (5) increased community awareness of BH services.

b) **What does the County want to learn or better understand over the course of the INN Project, and why have these goals been prioritized?**

For consumers that are accessing mental health through emergency services, the County would like to understand what barriers and opportunities exist to help consumers utilize mental health and other support services.

c) **How do the learning goals relate to the key elements/approaches that are new, changed or adapted in this Project?**

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.

d) **For continuing projects, include any modifications to the project learning goals/specific aims in response to lessons learned during project implementation.**

No changes currently

3. ADDITIONAL INFORMATION

a) **Explain how the Project is consistent with the priorities identified in the Community Program Planning Process.**

Input from the CPPP continually suggests mental health services are needed for those who need them. Discussion of hard-to-reach clients tends to center around the homeless at these meetings, though many who will be served by iCARE are homeless, not all will be homeless.

b) **Provide a description of how the current/proposed project relates to the General Standards of the MHSA.**

- **Community Collaboration:**
- **Cultural Competence:**
- **Client and Family Driven:**
- **Wellness, recovery, and resilience focused:**
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:**

The general standards of MHSA have been followed in the planning, implementation, and soon the evaluation process. The program has a prominent level of community collaboration amongst a variety of service providers, law

enforcement, the homeless collaborative, and others. The program is client driven, it is the client who decides what services to receive, and when they might want more than a relationship with the iCARE team. The iCARE team is the beginning of an integrated service array, waiting until the client is ready and willing to be moved from engagement to treatment services.

c) Explain how the Project evaluation is/will be culturally competent and includes/will include meaningful stakeholder participation.

An outside vendor has been selected to evaluate the program and are expected to provide inclusive, meaningful participation from stakeholders.

d) Describe how community stakeholders are meaningfully involved in all phases of INN projects, including evaluation of INN projects and decision-making regarding whether to continue INN projects.

iCARE team attends a variety of MDTs weekly to coordinate and respond to community needs related to intended population.

e) If individuals with serious mental illness receive/will receive services from the continued/proposed project, describe the County's plan to protect and provide continuity of care for these individuals upon project completion.

When the INN portion of this project is ended SYBH will determine if iCARE warrants continuation. For any clients who would be currently involved in the engagement services staff would connect with them and help them move to treatment services as appropriate.

Future Updates to current Innovation plan:

Currently SYBH is seeking to extend out the iCARE Mobile Engagement Innovation Plan. Our plan was initially approved with the MHSOAC in 2019, but our first expenditure did not take place until late 2021 due to COVID-19. We were successful in bringing on a third party consultant in 2023, and with their help and guidance we feel that we need additional time to gather reliable data surrounding the effectiveness of our Mobile Engagement Team.

INNOVATION (INN) PROGRAM PLAN FOR FY 2023-2024

PROJECT NUMBER/NAME: Multi County FSP Innovation Plan

☒ **NEW**

1. PROJECT OVERVIEW

a) Primary Problem

Provide a narrative summary of the challenge or problem identified and why it is important to solve for the community. Describe what led to the development of the idea for this INN Project and the reasons this project has been prioritized over alternative challenges identified during the Community Program Planning Process.

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. In many counties, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Despite the positive impact of FSP, the program has yet to reach its full potential. Many Californians with serious mental illness still struggle to achieve fuller, more independent lives and achieve the outcomes that MHSA prioritizes (i.e., reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness).

b) Project Description

Provide a narrative overview description of the Project, how the Project is being/will be implemented, the relevant participants/roles within the project, what participants typically experience, and any other key activities associated with Project development and implementation.

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This Multi-County FSP Innovation Project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

Challenge/Problem	Potential Solution
Need to evaluate program indicators/ outcomes	Collaboration with a Statewide FSP Outcomes-Driven FSP Learning Community:
Increase consistency in FSP practices	Introducing New Practices for Encouraging Continuous Improvement and Learning

ii. Identify which of the three INN project General Requirements the project is/will be implementing.

X Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

iii. **Briefly explain how the selected approach has been determined to be appropriate**.

iv. If applicable, estimate the total number of individuals expected to be served annually, cost per person and how these estimates were developed.

We have not estimated the number of individuals that will be served or identified specific subpopulations of focus.

2. LEARNING GOALS/PROJECT AIMS

a) Describe the Project's learning goals/specific aims and what potential contributions will be made to the expansion of effective practices.

Increases the quality of mental health services, including measured outcomes.
Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

b) What does the County want to learn or better understand over the course of the INN Project, and why have these goals been prioritized?

Through participation in this Multi-County FSP Innovation Project, we can implement new data-informed strategies to program design continuous improvement for our FSP programs, supported by county-specific implementation and evaluation technical assistance. Staff will examine what matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive FSP programs.

c) How do the learning goals relate to the key elements/approaches that are new, changed or adapted in this Project?

Increase the clarity and consistency of enrollment criteria, referral, and graduation processes through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners.

d) For continuing projects, include any modifications to the project learning goals/specific aims in response to lessons learned during project implementation.

No changes currently

3. ADDITIONAL INFORMATION

a) Explain how the Project is consistent with the priorities identified in the Community Program Planning Process.

Input from the CPPP continually suggests that more mental health services are needed for those who need them.

b) Provide a description of how the current/proposed project relates to the General Standards of the MHSA.

- **Community Collaboration:**
- **Cultural Competence:**
- **Client and Family Driven:**
- **Wellness, recovery, and resilience focused:**
- **Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive manner:**

The general standards of MHSA have been followed in the planning, implementation, and soon the evaluation process. In addition to the county-specific implementation technical assistance (TA) proposed in this Innovation Project, counties participating in this Innovation Project have co-developed and will participate in a concurrent, statewide Outcomes-Driven FSP Learning Community that Third Sector is leading with funding from the MHSOAC.

c) Explain how the Project evaluation is/will be culturally competent and includes/will include meaningful stakeholder participation.

An outside vendor has been selected to evaluate the program and are expected to provide inclusive, meaningful participation from stakeholders.

d) Describe how community stakeholders are meaningfully involved in all phases of INN projects, including evaluation of INN projects and decision-making regarding whether to continue INN projects.

This project intends to engage county stakeholders—including program participants, frontline staff, and other key community partners—throughout its duration. In the implementation stage, engagement activities may include consulting and soliciting feedback from stakeholders when defining the outcome goals, metrics, service components, and referral and graduation criteria. Counties may choose to do this through focus groups, interviews, and working group discussions. Counties may also invite participants or community representatives to participate in statewide Outcomes-Driven FSP Learning Community events. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future county meetings that are open to the public.

e) If individuals with serious mental illness receive/will receive services from the continued/proposed project, describe the County's plan to protect and provide continuity of care for these individuals upon project completion.

This project expects to contribute new learnings and capacities for participating counties throughout the county-specific TA and evaluation activities involved. Specifically, this project will seek to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to current FSP practices and program administration ("systems-level impacts"), and (B) the overall improvements for FSP client outcomes ("client-level impacts"). These two types of measures will help determine whether the practices developed by this project simplify

and improve the usefulness of data collection and management and cross-county collaboration, and whether these practices support the project's ultimate goal of improving FSP client outcomes.

This Multi-County FSP Innovation Project will be posted for public review and comment on September 12, 2023 HERE and a Public Hearing will be held October 12th, 2023 at the Behavioral Health Advisory Board for comments.

Estimated Budget: FY 2023/2024

The following figures reflect budget forecasts. These numbers were accurate as of the March 2023 budget projections, and include carryover projections. Note that it is typical for programs to have additional revenue streams in their budget (i.e., Medi-Cal, Realignment).

As a public funded agency the department is dedicated to being a responsible steward of public funds. Agencies often have an indirect cost for administrative responsibilities when providing services. The indirect cost is applied to all revenue sources including MHSA. Up to 15% of allocated funds may be allowable for administrative costs.

Overall Funding Summary

County: Sutter-Yuba Date: 9/01/2023

	MHSA Funding- Fiscal Year 2023/24						
	A	B	C	D	E	F	G
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	MHSA Planning	Capital Facilities/Technological Needs	Prudent Reserve
C. Estimated FY2023/24 Funding							
1 Estimated Unspent Funds from Prior Fiscal Years	-1,192,869	5,575,935	3,490,483	0	0	0	
2 Estimated New FY2023/24 Funding	16,361,068	4,090,153	1,076,384				
3 Transfer in FY2023/24[a/]	-239,794			239,794	0	0	0
4 Access Local Prudent Reserve in FY2023/24	0	0					0
5 Estimated Available Funding for FY2023/24	14,928,405	9,666,088	4,566,867	239,794	0	0	
D. Estimated FY2023/24 Expenditures	12,755,952	3,140,000	2,364,617	239,794	0	0	
G. Estimated FY2023/24 Unspent Fund Balance	2,172,453	6,526,088	2,202,250	0	0	0	

H. Estimated Local Prudent Reserve Balance

1. Estimated Local Prudent Reserve Balance on June 30, 2024	521,836
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	521,836

Community Services and Supports (CSS) Funding

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1 Full Service Partnership (FSP)	6,719,853	5,339,553	1,310,300			70,000
Non-FSP Programs						
1 Youth & Families Urgent Services	683,937	683,937				
2 Adult Urgent Services	2,305,928	1,716,428	546,500			43,000
3 Bi-County Elderly Services Team (BEST)	98,386	98,386				
4 Wellness and Recovery	975,854	975,854				
5 Supportive Housing (not separate in plan)	825,931	825,931				
6 Hmong Outreach Center	289,983	289,983				
7 Latino Outreach Center	1,378,061	1,378,061				
CSS Administration	1,446,238	1,446,238				
CSS MHSA Housing Program Assigned Funds	1,581	1,581				
Total CSS Program Estimated Expenditures	14,725,752	12,755,952	1,856,800			113,000
FSP Programs as Percent of Total	51%					

Prevention and Early Intervention (PEI) Funding Worksheet

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention	2,778,900	2,778,900				
PEI Programs - Early Intervention						
PEI Administration	361,100	361,100				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	3,140,000	3,140,000				

Innovations (INN) Funding Worksheet

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs	2,364,617	2,364,617				
INN Administration						
Total INN Program Estimated Expenditures	2,364,617	2,364,617				

Workforce, Education and Training (WET) Funding Worksheet

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1 Project Cultivate	239,794	239,794				
WET Administration						
Total WET Program Estimated Expenditures	239,794	239,794				

Planning Funding Worksheet

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Planning Program						
Planning Administration						
Total Planning Program Estimated Expenditures						

Capital Facilities/Technological Needs (CFTN) Funding Worksheet

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
CFTN Programs - Technological Needs Projects						
CFTN Administration			0	0	0	0
Total CFTN Program Estimated Expenditures						

State of California
Health and Human Services Agency Department of Health Care Services

MENTAL HEALTH SERVICES ACT

PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Sutter County/Yuba City

Fiscal Year: 2023-24

Local Mental Health Director

Name: Rick Bingham

Telephone: (530) 632-8544

Email: rbingham@co.sutter.ca.us

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Rick Bingham

Rick Bingham Digitally signed by Rick Bingham Date: 2024.01.23 16:00:40 -08'00'

Local Mental Health Director (PRINT NAME) Signature Date

[1] Welfare and Institutions Code section 5892 (b)(2)