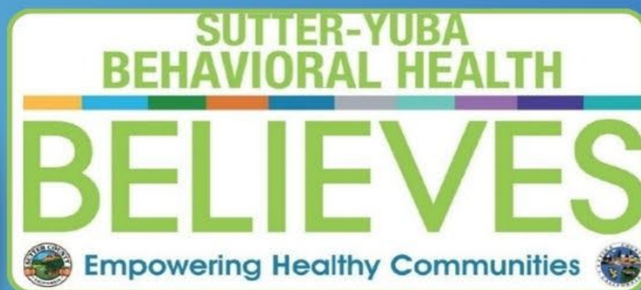
Sutter-Yuba County

Mental Health Services Act Two Year Program And Expenditure Plan FY 24-26



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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sutter-Yuba Behavioral Health

☒ Two-Year Program and Expenditure Plan
☐ Annual Update

Local Mental Health Director	Program Lead
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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 Two-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 Two-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________ ____________________________________ ___________________
Mental Health Director Signature Date
(PRINT)

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 1 3 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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MHSA FY 24-26 – TWO YEAR PROGRAM AND EXPENDTURE PLAN FISCAL ACCOUNTABILITY CERTIFICATION

County: Sutter-Yuba Behavioral Health

☒ Two-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	

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

Rick Bingham, LMFT	______________________	______________
Mental Health Director (PRINT)	Signature	Date

I hereby certify that for the fiscal year ended June 30, 2023, 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, 2023. I further certify that for the fiscal year ended June 30, 2023, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC Section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Nathan M. Black, CPA	______________________	______________
County Auditor-Controller (PRINT)	Signature	Date

Introduction

The Sutter Yuba Behavioral Health (SYBH) Mental Health Services Act (MHSA) 2-year program and expenditure plan FY 24/25 and FY 25/26 is different than past plans that were 3 years in length. During the height of the COVID pandemic the California Department of Health Care Services (DHCS) gave counties the option of delaying submission of reports and plans. SYBH delayed submission and submitted a three-year program and expenditure plan for FY 21/22, FY 22/23, and FY 23/24. This put SYBH and the other counties that delayed submission on a new time frame for submitting subsequent reports. DCHS wanted all counties turning in MHSA program and expenditure plans on the same schedule. Thus, DCHS assigned all counties that had used the option to delay submission during the COVID pandemic to develop and submit a two-year program and expenditure plan, which is this plan covering 24/25 and FY 25/26. This achieves the DHCS goal of all county MHSA program and expenditure plan submissions being aligned. SYBH's next program and expenditure plan will be a three-year plan covering, FY 26/27, FY27/28, and FY28/29, in accordance with current reporting requirements.

This two-year program and expenditure plan covering FY 24/25 and FY 25/26 has been developed in an unprecedented atmosphere for county behavioral health in California and specifically for MHSA services. There has been much legislation regarding county behavioral health services. In addition to this, as of July 1, 2023, payment reform has become a reality for California County behavioral health. Payment reform has been worked on for years and is much needed. However, as implemented, it brings changes to the core of behavioral health planning and funding. There is great hope about how it will work, but there is always an adjustment period when implementing a new payment process.

Listing all the legislative changes that have impacted county behavioral health is not necessary for this report. The report will focus on the key pieces of legislation that impact MHSA services.

AB 2242 was signed into law in September of 2022. This bill does a variety of things and includes amendments and additions to the Lanterman Petris Short Act (LPS). The LPS Act is a law that regulates involuntary civil commitments in the state of California. It was passed in 1967 and named after its authors, State Assemblyman Frank Lanterman and State Senators Nicholas Petris and Alan Short. The LPS Act provides criteria and procedures for different types of involuntary treatment, such as 72-hour holds, 14-day holds, and conservatorships. Prior to the approval of AB 2242 use of MHSA funds for conserved clients was controversial due to the involuntary nature of conservatorship. AB 2242 explicitly permits counties to pay for the provision of mental health services under the LPS Act using MHSA funding.

SB 1338 was signed into law on September 14, 2022. SB 1338 is known as the Community Assistance, Recovery, and Empowerment (CARE) Act. The CARE Act creates a process, called the CARE process, in California's civil courts to provide earlier action, support, and accountability for both individuals with untreated schizophrenia spectrum and psychotic disorders, and the local governments responsible for providing behavioral health services to these individuals. A person is eligible for CARE court jurisdiction if they are 18 years of age or older; diagnosed with schizophrenia or another psychotic disorder; are not currently stabilized and in treatment with a county behavioral health agency; and currently lack medical decision-making capacity. An individual may be referred to the CARE court through a petition from specified medical and

county professionals, specified peace officers, and specified persons in the individual's life, such as a family member or roommate. An individual can also be referred from misdemeanor trial proceedings if they have been found incompetent to stand trial, or from conservatorship or AOT proceedings. Once a petition is filed, counsel and a "support person" are appointed to assist the individual with the evaluation process. Care Court implementation depends on intensive outpatient services such as FSP services to be successful.

Both AB 2242 and SB 1338 increase the number of individuals that need intensive FSP like services. In the case of SB 1338 it creates a new group of individuals that will need this level of care.

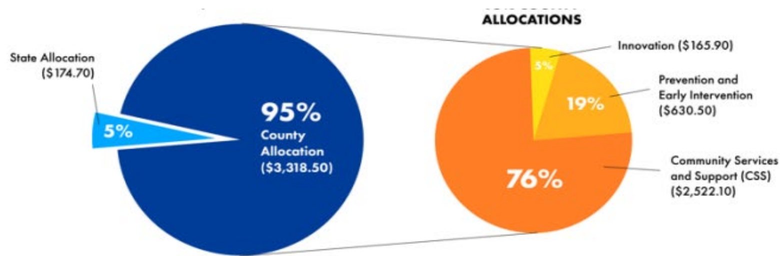
SB 326, The Behavioral Health Services Act and AB 531, The Behavioral Health Infrastructure Bond Act of 2023 are being packaged together as the Behavioral Health Reform package and will be on the March 2024 ballot for voters to decide upon.

AB 531 is bond funding that is intended to build more than 10,000 new treatment beds and supportive housing in California. AB 531 will dedicate funding for veterans experiencing challenges with mental health or substance use and homelessness.

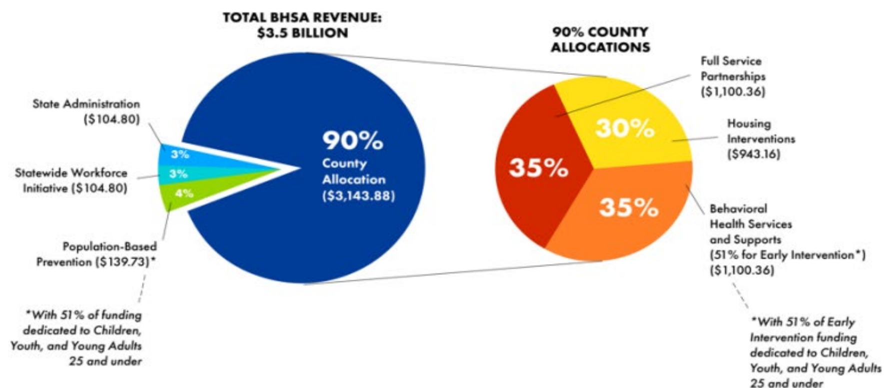
SB 326 will significantly change how MHSA funding is allocated and the amount of local decision making that will be involved in services.

The Chart below illustrates how the current MHSA allocation is distributed and requirements for spending and how the MHSA allocation will be distributed and requirements for spending if the Behavioral Health Reform package is approved by voters.

Current Allocation:



Proposed Allocation:



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As you can see the following changes will take place.

- The county allocation of MHSA will drop from 95% to 90% of the funds going directly to counties. The state will keep an additional 5%. The additional funding will be used for statewide prevention campaigns and a statewide workforce initiative.
- The funding categories will change. Currently the categories are Community Services and Supports (with the ability to fund Workforce Education and Training (WET), and Capital and Technology (CAPIT) with a defined % of CSS funds), Prevention Early Intervention (PEI), and Innovation (INN). The new categories will be Full-Service Partnerships (FSP), Behavioral Health Services and Supports (BHSS), and Housing Interventions (HI).
- The FSP category at 35% will be hard pressed to cover the FSP services that will be needed.
- The BHSS category will not provide coverage for all the CSS and PEI programs that we currently provide. The BHSS category as described at this time must have 50% spent on early intervention and 51% of that must be spent on programs for transitional aged youth (TAY) and children. The early intervention programs must come from a list of evidenced based services provided by the state.
- The HI category is to fund only housing, rent, vouchers etc. It does allow for homeless outreach programs but does not allow for supportive housing services. SYBH uses MHSA funding for supportive housing services for housing in both Sutter and Yuba Counties.

We do not know if this will be passed by the voters. If it is passed, the language in the current version lists January 2025 as a start date for the changes to take place. The changes will be implemented in a rolling manner, and we don't know what that schedule is at this point.

Currently there are discussions of small county exemptions to some of the changes. If available those would help SYBH, though, we will have to meet certain requirements to be granted these exemptions. There is also discussion of being able to move prescribed percentages between the three funding categories if certain requirements are met. This would also allow SYBH some flexibility.

SYBH must move forward with this MHSA 2-year plan with an unclear future. The plan reflects this by identifying changes we would make in programs, and by acknowledging that we may need to change course during implementation dependent on the passage of SB 326 and AB 531.

Another consideration that has gone into developing this plan is reflective of the volatility of MHSA funding. This year FY 23/24 is having high MHSA allocations, due to a larger than normal one-time annual adjustment. This gives us a larger than normal amount of funding. This will not be sustained over time. Due to this volatility SYBH has included several items within this plan that will be one-time expenses that positively impact the community and are in line with MHSA funding allocations and input from the community program planning process (CPPP).

This plan takes a conservative approach. Services will mostly stay the same, though they will implement many changes from stakeholder input. Two new programs have been added, an FSP program for LPS clients, and a community based mini grant program which allows for the implementation of community based mental health prevention projects.

COUNTY: Sutter -Yuba

TWO-YEAR PROGRAM PLAN FY 24/25 & 25/26
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.**

   Sutter and Yuba counties' combined land mass of over 1200 square miles consists largely of rural agricultural land making agriculture a driving force in the economy. In addition to agriculture, the health and education fields make up a large portion of the workforce and economy.
   The Sutter and Yuba communities are ethnically and culturally diverse, and includes people of several different backgrounds including Caucasian, African American, Latino, Chinese, Laotian (Hmong), and Asian Indian among others. Spanish is designated as a threshold language due to the large Spanish speaking population. Though the Hmong and Punjabi Languages do not meet the level of threshold languages, we have many clients who speak these languages and work to have bi-cultural staff who speak these languages. Sutter and Yuba counties' diversity is also reflected in the Asian Indian population. Sutter County has one of the largest Asian Indian communities in the United States for a county of its size.

Age Group	% of Total	Race	% of Total	Gender	% of Total	Language spoken	% of Total	Threshold (Y/N)
0-15 yrs.	20.40	White	63.85	Female	49.57	English	65.47	
16-25 yrs.	13.1	Black or African American	2.74	Male	50.43	Spanish	18.39	
26-59 yrs.	45.75	Asian	11.78			Vietnamese	2.74	
60 & older	20.70	Native Hawaiian or another Pacific Islander	.49			Cantonese		
Military Status	**% of Total**	American Indian or Alaska Native	1.42			Mandarin		
		Other	7.16			Tagalog	.03	
Veteran	5.83	More than one race	9.07			Cambodian		
Active Duty		**Ethnicity**	**% of Total**			Hmong	6.12	
Civilian						Russian		
		Hispanic	30.72			Farsi		
		Non-Hispanic	69.28			Arabic	.01	
						Other	7.24	

Unserved Populations	Underserved Populations
1142	Hispanic/Latino
121	Punjabi
71	Hmong
234	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 22/23, 49.57% identified as female, 50.43% as male, and less than 1% as other or not reported. Additionally, 63.85% identified as White, 18.39% Latino, 2.74% African American, 12.27% Asian/Pacific Islander, 1.42% Native American, 9.07% identifying as two or more ethnicities, 7.16% as other, and 3.49% not reporting. Notably, we are low in our contacts with the Latino population.

In FY 22/23, SYBH served 4,547unique individuals, approximately 2.5% 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%. Given the national data, SYBH is not serving all the population with persistent behavioral health conditions. It is unknown if those not served through SYBH are seeking treatment elsewhere, are privately insured or are seeking treatment at all.
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 Child and Adolescent Needs and Strengths (CANS) and The Level of Care Utilization System (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 will be able 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.

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 worked hard to track data and have been in 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 and have begun 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:**

- **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.

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

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	48	39	Yes			
Spanish	15	37	29	No			
Vietnamese	0			Declined to Answer			
Cantonese	0			Unknown	100	100	100
Mandarin	0						
Tagalog	1	.03	.08				
Cambodian	0						
Hmong	4	.58	.14				
Russian	0	.02	0				
Farsi	0						
Arabic	0						
Other	5	14.37	31.78				

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.

- **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	22	White		11.8	8.1
Non-Hispanic		64	78	African American or Black		14.2	9.3
More than one Ethnicity				Asian		11	8.2
Unknown	100			Native Hawaiian or Other Pacific Islander		15.1	7.1
				Alaska Native or Native American		15.1	7.1
				Other		7	5.1
				More Than One Race			
				Unknown	100	25.8	55.1

- **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 nimbler 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 22/23 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 as well as discus the FY 24-26 Two-Year plan to lessen participation fatigue. 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 Prevention and Early Intervention Services Coordinator as well as a branch secretary.

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 monthly 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. Members of the steering committee were essential to the creation and implementation of a quality assurance tool used in all Prevention activities within the PEI Program. The Brief Universal Prevention Program Surveys (BUPPS) measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation. 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 Two-Year FY 24-26 Plan we are utilizing CPPP input gathered for the previous MHSA 23/24 Annual Update, as well as for the Two-Year Program and expenditure plan for FY 2024 – 2026. 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.

Additional input from regular ongoing meetings, input from individual stakeholders, and from the suicide prevention plan development process have included:

- Provide support for the implementation of goals in the suicide prevention plan

- Continued funding of WET education payment, loan repayment, and hiring incentive programs.
- Funding for community mini grant program.
- Funding to provide law enforcement component for HEaRT team homeless outreach.
- Many requests for cultural competency efforts, including working with consultants from local unserved and underserved communities, and committing resource to enhance SYBH cultural competency committee and cultural competency efforts.
- A request to find unique ways to provide outreach and education including partnering with the Sutter County Museum in adding behavioral health issues into their exhibits.
- Requests to continue Mental Health First Aid and to have an outreach campaign highlighting SYBH's movie about the impact of Mental Health First Aid in Sutter and Yuba counties.
- Work with CASA to support anti-human trafficking efforts.
- Work with both Sutter and Yuba schools and Sutter County Superintendent of Schools and Yuba County Office of Education, as well as other school districts in Sutter and Yuba Counties to better communication, behavioral health services delivery, and suicide prevention protocols and activities.
- Research and update PEI materials. If SB 326 passes in March 2024 make sure that the programs/materials are aligned with new requirements.
- Update SYBH conference rooms and HHS conference rooms used by SYBH to have the ability to easily, and effectively, have hybrid meetings consisting of online and in person participants.
- Purchase a storage trailer for SYBH MHSA supplies and materials.
- Increase use of peer partners with SYBH programs

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: 10/10/2023 END DATE 11/9/2023.

- DATE OF PUBLIC HEARING: 11/9/2023 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
- Details of any substantive changes made to the proposed Three-Year Plan, Annual Update or Update that was circulated.
- The Two-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: ______________________________

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

Community Services and Supports (CSS)

COMMUNITY SERVICES AND SUPPORTS (CSS) PRIOR FISCAL YEAR ACTIVITIES FY 22/23
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 program utilizes a standardized screening tool to determine eligibility of specialty mental health services for all consumers, regardless of race/ethnicity. SYBH has bilingual and bicultural staff who speak Spanish, Hmong, and Punjabi. There is also availability of a Language Line whereby staff can access interpreters for a multitude of languages. During the 22/23 fiscal year, the Adult Urgent Services program served a total of 716 consumers.

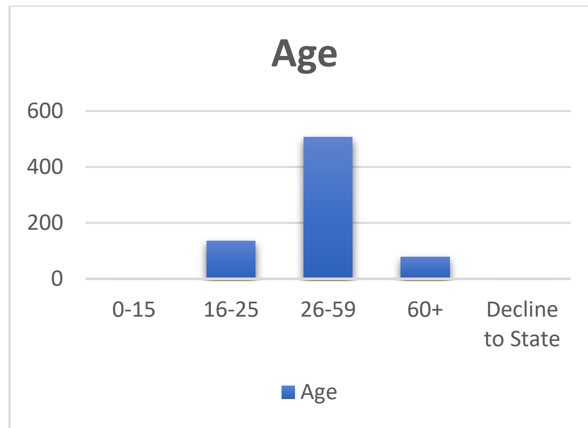
2. **Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.**

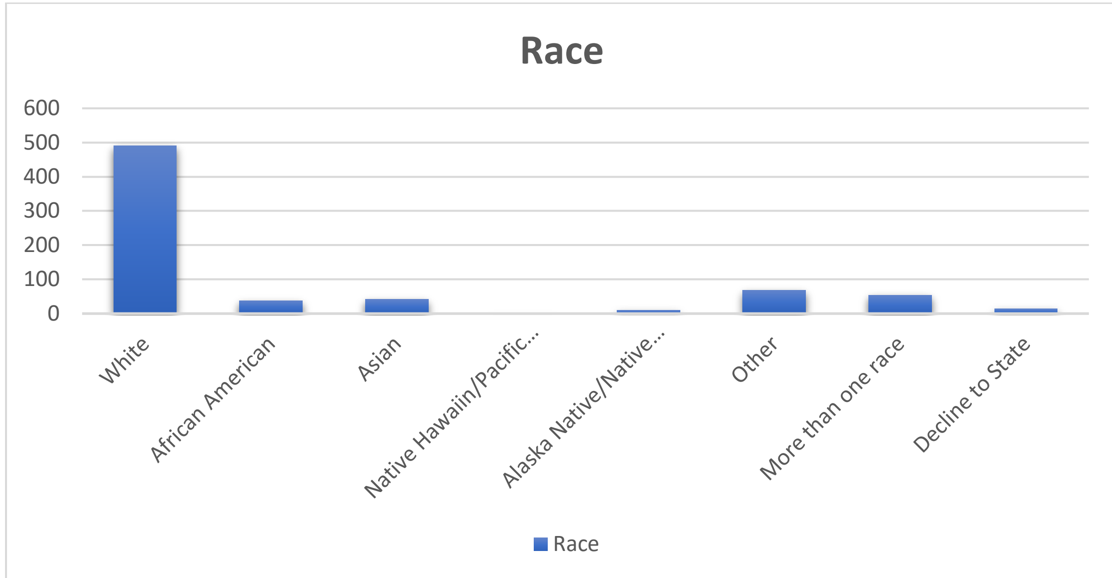
   During the County's Community Program Planning Process, one of the main issues identified was a lack of therapists. We are addressing this issue through various ways, including offering more groups, linking consumers with community providers, discussing staff productivity, and revising contracted staff contracts to increase caseload and productivity expectations.

3. **Include examples of notable community impact.**

   An integral component of the Adult Urgent Services program is the Open Access Clinic where all consumers can access same-day services without an appointment. Telehealth, in-person, and telephone options are available to allow consumers access services as best fits their needs. The program has been efficient in reducing the wait time for treatment to begin. The program has also been instrumental in linking consumers to community providers as needed. All consumers accessing services through Adult Urgent Services are screened and connected with services either through Sutter Yuba Behavioral Health or managed care partners.

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, in May 2023 we 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 PROGRAM PLAN FOR FY 24/25 -25/26

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 screenings, 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 telehealth video screenings take place.

2. **The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2024-25 (July 1, 2024 – June 30, 2025) 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	0	N/A	N/A
TAY 16-25	150	$3,245	N/A	N/A
Adults 26-59	600	$3,245	N/A	N/A
Older Adults 60+	100	$3,245	N/A	N/A

Currently only one of our CSS Programs includes an Outreach and Engagement component, as all SYBH's outreach has been handled in our Prevention and Early Intervention Program.

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 a lack of therapists and the need for increased services in the Punjabi language, and continued services in Spanish and Hmong languages. Lack of therapists is a statewide issue that impacts all age groups. We have limited Punjabi speaking staff to provide services for this population. SYBH employs both Spanish and Hmong speaking therapists, there is a request for more services in these languages.

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
Reduce therapy waitlist	Therapy services will be provided in a timely manner.	Dashboards
Stabilize symptoms	Transition consumers to a lower level of care thereby improving capacity for new consumers	Dashboards, LOCUS/MORS
Improve timeliness of services	Treatment begins sooner	ASA/CSI

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

   A 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 consumers, regardless of race/ethnicity, by being a walk-in service with no need to schedule an appointment. This is meant to reduce barriers for unserved and underserved populations.

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

   Access to services, increased groups, and availability of services in the Punjabi language have been identified as priorities. Services can be accessed through Open Access Clinic without the need of an appointment. Same day services can be accessed in-person, telehealth, and via telephone. A depression group and medication management group are being facilitated currently and additional groups are in the process of starting. Punjabi speaking staff are available to provide services in the Punjabi language.

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

   - **Community Collaboration:**
     - The Adult Urgent Services program routinely meets with community partners and managed care plans for collaborative purposes. During these meetings resources and other updates are provided so all providers are aware of services to better serve consumers. Healthcare Access Coordinator provides linkage for consumers to community resources.
   - **Cultural Competence:**
     - All staff are required to complete cultural competence training. Bilingual staff are available, and the Language Line is utilized to meet consumer linguistic needs**.**
   - **Client and Family Driven:**
     - The services are available in ways that the fit the client's needs and provide same day service. Additionally, the client is involved in the assessment process and decisions regarding continuing treatment.

- **Wellness, recovery, and resilience focused:**
    - Services are wellness, recovery, and resilience focused. Referrals are made to appropriate programs to serve consumers with their best interest in mind. At this time, a depression group, This Way Up, Medication Education group, and a group geared towards learning coping skills for anxiety will be offered in Fall 2023. Group topics are determined by consumer needs.
- **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 Adult Services Program makes referrals to other programs and resources to meet consumer and/or family needs. A significant component of this program is the Healthcare Access Coordinator who assists with linkage to community resources.

8. **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 due to changes brought on by the CalAIM initiative and MHSA Reform. It is an anticipated that the Cal AIM initiative may increase in consumers entering services which will impact psychiatry appointments and further delay therapy services. The MHSA Reform presents unknown challenges at this point, however, if it proceeds in current form, it will most likely not allow SYBH to continue to offer adult outpatient services at the current level. Currently, 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.

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 to service delivery currently. However, we are closely monitoring regulations that will impact adult open access and urgent services, including, MHSA Reform. We change MHSA service delivery based on any new laws or regulations that are put into place.

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 22/23

PROGRAM NUMBER/NAME: YOUTH AND FAMILY URGENT SERVICES

☒ **Non-FSP Services**

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

Population	
Homeless	✓
Forensic	
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	✓
Hispanic, 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.**

   SYBH Urgent Services team meets weekly to review all youth who were seen at Psychiatric Emergency Services (PES) and those hospitalized in a psychiatric facility. In this Intensive Hospitalization Review Team (IHRT), we review risks that may have contributed to the crisis and protective factors that can be leveraged to increase stability. Factors such as social, economic, and cultural are considered when making a disposition determination.

   Adequate community and referral resources continue to be a significant 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.**

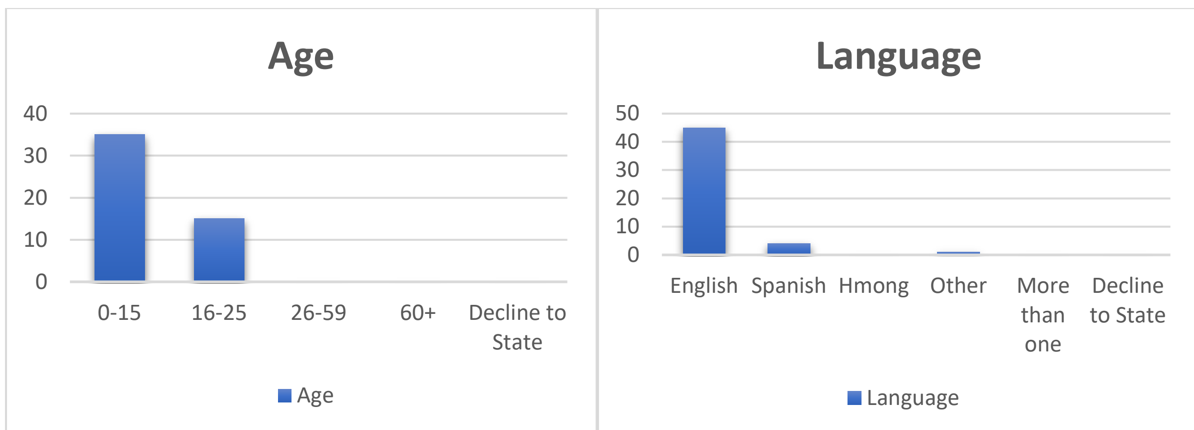
   The CPPP consistently requests increased and effective services for youth. In order to provide more effective services for youth it has been an ongoing goal to utilize data using Dashboards to identify trends in the children and youth we serve as well as to make and system changes to best meet the needs of those seen through Urgent Services. 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 timelessness into services.

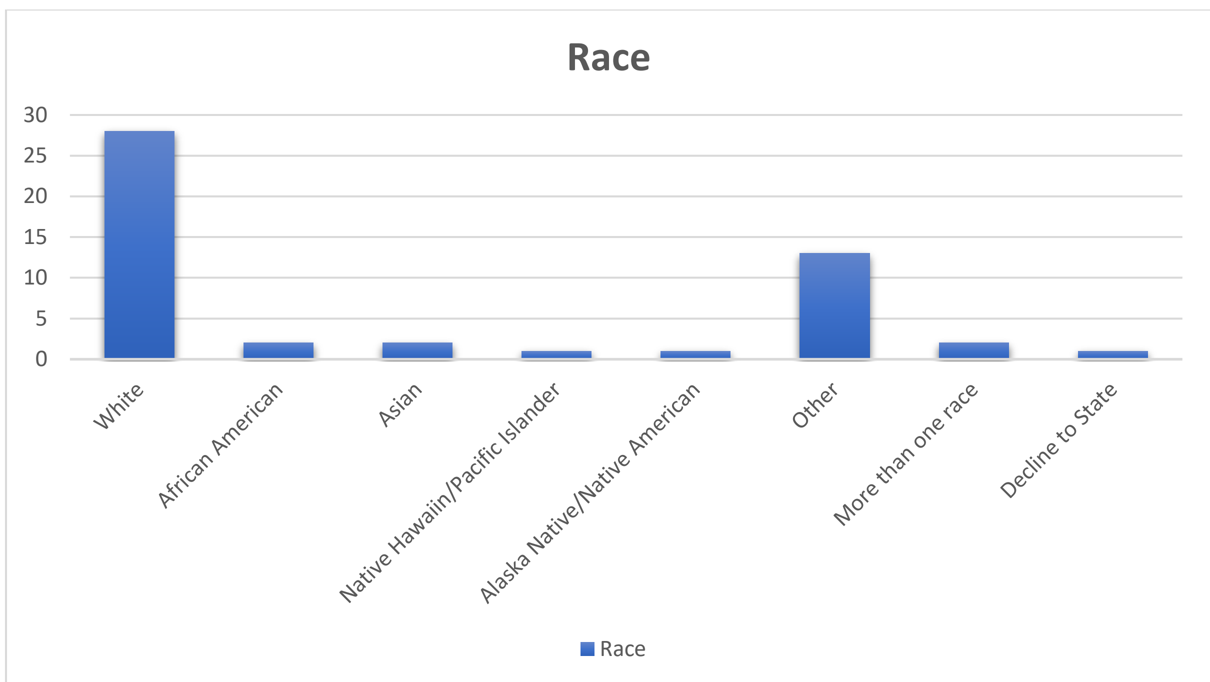
3. **Include examples of notable community impact.**

   The Urgent Services team works with some of the most vulnerable children and youth in our community. The primary goal is to ensure that those children and youth who have been PES and/or who were psychiatrically hospitalized, are offered the most appropriate and effective, 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, and In Home Behavioral Health Services. The expectation is that we are matching the intensity of the service to the intensity of the youth's behavioral and emotional 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, in May 2023 we 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 PROGRAM PLAN FOR FY 24/25 -25/26
PROGRAM NUMBER/NAME: YOUTH AND FAMILY 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 2024-25 (July 1, 2024 – June 30, 2025) 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	55	$3,245	N/A	N/A
TAY 16-25	20	$3,245	N/A	N/A
Adults 26-59	0		N/A	N/A
Older Adults 60+	0		N/A	N/A

   Currently only one of our CSS Programs includes an Outreach and Engagement component, as all of SYBH's outreach has been handled in our Prevention and Early Intervention Program.

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 the following as some issues impacting our community: timely access to appropriate services, more outreach to the Latino community, and substance use disorders. The timeliness of receiving services can be just as important as the service being provided. Although this true for all populations seeking urgent services, the underserved population have an even

greater need for timely and accessible services. The use and abuse of substances has serious implications for the individual user as well as the whole family. It is not uncommon for a behavioral health crisis to be associated with substance use. These issues will be a priority of our urgent services.

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 7 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.**

We have monthly scheduled meetings with the different service providers within Sutter-Yuba Behavioral Health, such as the Latino and Hmong outreach center, to discuss referral capacities and barriers to the referral process.

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

The use of Dashboards to identify and use data in a meaningful way, is one of the recommendations of the MHSA Steering Committee. We are incorporating dashboard information to set performance outcome guidelines. This is valuable information to be able to determine when we meet expected standards and identify possible changes that need to occur to improve our services.

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

- **Community Collaboration:** regular meetings and communication with our community partners to coordinate services, share resources, and collaborate on supportive services.

- **Cultural Competence:** staff continue to be required to complete annual cultural competency trainings. Urgent Services are 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:** Urgent Services 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 continue to see an increase in the number of children and youth whose first engagement with mental health services occurred in our psychiatric emergency services. Whether it is an ongoing result of the social isolation and stress of the COVID 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.**

   There are no planned changes to service delivery at this time. However, we are closely monitoring regulations that will impact youth urgent services, including, MHSA Reform. We will change MHSA service delivery based on any new laws or regulations that are put into place.

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 22/23

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 Hmong Outreach Center (HOC) continues to work on bouncing back from the impact of Covid, which has caused the HOC to experience barriers/challenges with engaging and retaining clients in direct mental health services. In FY 22/23, the HOC served 44 unduplicated clients and their families for direct mental health services (this was a slight increase from last year 41), 37 unduplicated youths and their families for outreach/prevention services, and 54 adults for outreach services.

Strategies that have been used and will continue to be used in engaging and retaining individuals in direct clinical services include:

- Staffing: The HOC continues to retain its bilingual staffing with 3 full time bilingual/bicultural staff. The HOC has been receiving additional support from a Hmong male staff from a Prevention Services to better serve the gender/cultural needs of the Hmong males in the program, since the previous Hmong male intervention counselor (also from a different program) retired the year prior.
- The HOC successfully continued and is working on increasing frequency of client group outing activities (as requested by community participants at CPPP focus group), 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.
- HOC continues Hmong Center Garden to teach clients coping skills, engage clients, and support wellness and recovery.
- HOC continues to employ cultural activities and activities familiar to the Hmong population to continue to engage them in treatment, such as gardening, sewing, crafting, Hmong poetry and cooking.
- HOC continues to eliminate 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 for those who uses public transportation.
- HOC continues client connection + collaboration with clients from Hmong Cultural Center in Oroville, CA to continue to reduce mental health stigma.
- Ongoing Virtual/telehealth services on Wednesdays as an option for those who need it and cannot make it in person, to increase accessibility.

In addition to the lingering impact of Covid, 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 stigma 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.

Strategies to target reducing stigma and outreach efforts included:

- Ongoing dissemination of information through Hmong Center Facebook Page and IMPACT Youth Facebook Page
- Ongoing collaboration with outside agencies to bring in resources/activities that are not directly related to mental health services, so the HOC is not just known to the Hmong community as "the place you go to for mental health."
    - FY 22/23, HOC continues collaboration with Hmong American Association (HAA) and 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.
    - 10/19/22: HOC collaborated with John O'Connor, Managing Director with HMA Community Strategies, a CA Community Response Team funded through an initiative by DHCS, to provide education on opioid overdose, naloxone, and naloxone distribution to Hmong community.
    - 11/10/22: HOC collaborated with Yuba County Public Health to host/facilitate a focus group for the Hmong community for the Community Health Assessment.
    - 11/18/22: HOC collaborated with Olivehurst Elementary School to enhance cultural awareness by having HOC IMPACT Youth participants showcase their Hmong dance skills at their Culture Day Event. HOC coordinated an outreach event at this school but was postponed due to new principal at the school.
    - 3/31/23: HOC met with met with Program Coordinator Johnny Yang for collaboration with UC Agriculture and Natural Resources & UC Master Gardener and Master Food Preservers Program to further support HOC garden and services
    - 4/6/23: HOC collaborated with Sutter Co Public Health for their Cultural Celebration Health Fair, where IMPACT Youth Program participants showcased their Hmong cultural dance skills they learned and HOC disseminated information to the public about HOC services.
    - 6/7/23: HOC collaborated with MJUSD to host a "meet and greet" dinner where the Hmong community was invited to meet HOC staff, learn about HOC services, meet MJUSD Superintendent & learned how to increase engagement in school activities.
- FY 22/23, through collaboration with HCC, HOC continues to host weekly 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 continued extension of its Wednesday hours until 7pm to accommodate the program.

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 continues to broaden 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 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, going out into the community to provide education & outreach when there are events that the Hmong community attends, hosting outreach events and cultural activities, and collaborating with other organizations serving the Hmong population.

In last year Hmong Outreach Center CPPP session 8/23/22, it was requested that groups be extended longer than 2 hours because participants felt increased mental health benefits being amongst others. The HOC addressed this by extending group hours on Tues from 10-12pm to 9-1pm, as an option for those who wanted this option. The HOC also purchased 2 step stools for the HOC vans to help clients with mobility issues get into the van in response to request to have "lower vans" since many clients get transported to services. The HOC continues to provide group outings into the community to support client wellness and recovery and is working on increasing frequency + funding for lunch as requested by consumers at the CPPP. Participants of CCCP session also requested snacks for groups—HOC has started providing snacks during groups July 2023.

In the HOC 8/23/22 CPPP focus group session, there was also mention of desire for supportive services for children to prevent negative outcomes, with participants also recognizing the challenge of "*sometimes when the person who is having the problem chooses not to seek services, that is where the big gap is. There's nothing you can do in those circumstances*." HOC continues to collaborate with HAA to implement IMPACT Youth activities, which are less stigmatizing than direct mental health services, and is designed to improve protective factors

that prevent negative outcomes. 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 socially 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. IMPACT Youth activities also aims to increase self-esteem, which is how a person feels about themself 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.

3. Include examples of notable community impact.

The Hmong community continues to be 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 was once homeless and used county services. I have received excellent care here with the staff and the men's groups. I have seen that the longevity has increased by attending groups."

"I have almost been here the longest. The outings help mental health, and more outings will be helpful."

"Being out as part of the program there is no funding for snacks and water. We don't get full at home. Can MHSA fund our snacks and water? We have a better appetite when we are together. The programs and work help with depression a lot."

"Outings are very important and for a lot of people it helps with our mental wellness, it helps our group…."

In addition to the above, pre and post survey measuring cultural connectedness of IMPACT Youth participants and parents also show a positive impact of the activities on participants and parents. IMPACT Youth/Hmong Cultural Dance Class desired outcomes include participants and parent's reports of their child's increased social connectedness, improved understanding of one's culture/identity, and increased connectedness with parents. Increasing these protective factors will increase resiliency and reduce negative mental health outcomes, such as reducing suicide risks and school failure/drop out. Having cultural activities at the Hmong Outreach Center that are not linked directly to mental health also 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.

HOC pre and post survey of parents and participants for IMPACT Hmong Language and Cultural Dance Class to assessed parents' and participants' perception of the following:

- 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 relationship with parents—social connectedness
- Feeling happy—self esteem
- Feeling proud –self esteem

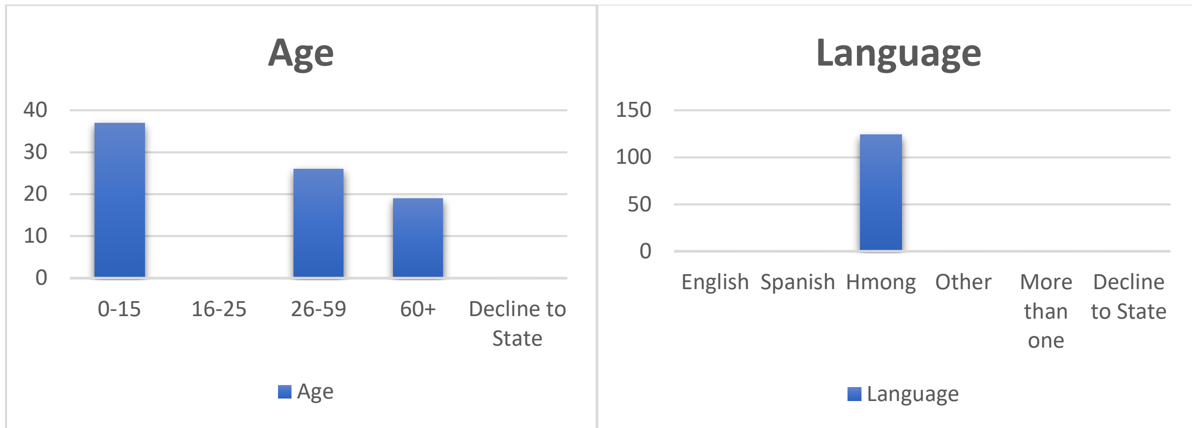
Overall comparison of pre and post survey of child participants and parents indicate positive impact for both parents and children. For the child participant survey, 86% of those who completed a pre and post survey reported an improvement in at least one area assessed. For the parent survey, 100% of those who completed pre & post survey reported seeing improvement in their child on one or more areas assessed. In addition, the follow were comments from parents in response to open question "Do you feel your child benefited from attending Hmong dance/cultural and language classes? YES/NO; please explain:"

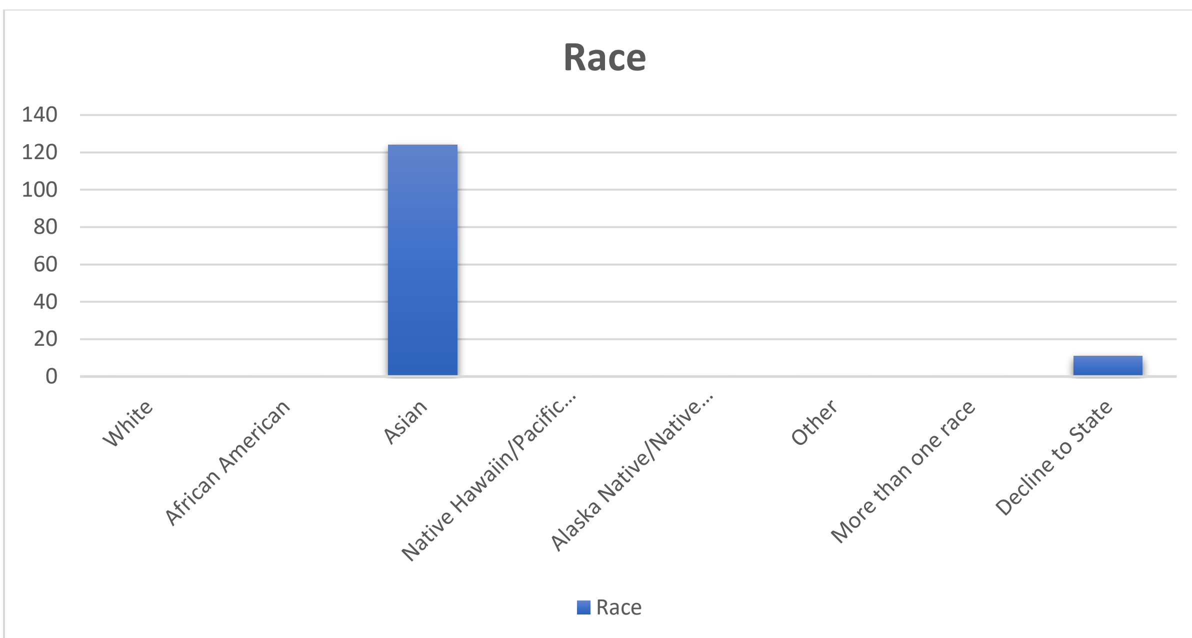
- Yes, she is slowly trying to speak Hmong at home.
- Yes, she gets extra time with other Hmong people and engaging in Hmong related activities outside off her home.
- Yes, she has learned new Hmong words. Enjoys being able to show her cousins Hmong dances.
- Yes, even though it was very short; I'm glad she learned to Hmong dance and a couple of Hmong Language classes.
- Yes, because she has learned more on how to move her hands during Hmong dance.

When asked for suggestions on improvements, parents have the following comments/feedback:

- Everything is great.
- You all are doing an amazing job. Thank you for having this program for our kids.
- Don't know at this time.
- Learn more about Hmong.
- Everything is good.

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 PROGRAM PLAN FOR FY 24/25 -25/26
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 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 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 Fiscal Year 2024-25 (July 1, 2024 – June 30, 2025) 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		10	$3,245
TAY 16-25	0		15	$3,245
Adults 26-59	20	$3,245	50	$3,245
Older Adults 60+	20	$3,245	25	$3,245

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 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
Continue to 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
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	Reach at least an average of 25% of 252 current followers with posts.	Performance Dashboard on HOC Facebook page
Engage and retain clients in direct services	Maintain unduplicated # served in direct clinical services at, at least 40.	Data analysis on EHR
Implement at least 1 wellness activity/gathering at the HOC (ie. 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
Partner with at least 1 outside organization/entity to reach different segments of the Hmong population	Reach at least 15 community members who has little to no knowledge about HOC to increase awareness about HOC and mental health services	Sign in sheets with question assessing their awareness

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 staffs.
- Continue group outings to support wellness and recovery.
- Continue HOC garden to support wellness and recovery — work on developing watering/sprinkler system as requested by consumers at CPPP.
- 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 + Hmong Dance Class if feasible

- Collaborate with outside agencies to bring in resources/activities that are not directly related to mental health services.

    - Collaborate with UC Cooperative Extension Master Gardener's Program and Food Preservers Program to enhance gardening and cooking activities.

    - Collaborate with UC Cooperative Extension 4H Program to support IMPACT Youth program

    - Collaborate with Yuba Co Public Health—Develop MOU to have some Public Health services at HOC/house 1 bilingual Hmong Speaking staff at HOC for a few hours/week.

- Bring back Hmong Center Open House Event. 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 & Outreach at local Hmong Churches if successful turnout FY 23/24

- Continue to collaborate with partner agencies who also service/interface with Hmong community.

- Resume outreaches in the schools if staffing allows—collaborate with PEI team for additional support if needed.

- If Funding allows:

    - Enhance HOC garden with new sprinkler system.

    - Find and contract with a company/person to rototill HOC garden.

    - Purchase a compost bin for composting to improve soil.

    - Purchase new Hmong hoes and other gardening tools—the ones HOC current has are old and not sharp anymore.

    - Put in a concrete slab behind 4851 building and purchase 2 canopy and benches so the clients can have a place to sit and groups can be held outdoors

    - Purchase a new oven/stovetop for the HOC to enhance cooking activities because current one is not heating well enough to bake items.

- Hire bilingual Hmong resource specialist to lead & focus on outreach efforts/activities, provide case management services, and run rehab groups, so therapist can have more time to focus on clinical work and program planning/development.

- Upgrade at least one of HOC 7 passenger van to a 11-passenger van to save staff time on transportation and need to use less vehicles when going on group outings into the community. It would be ideal for van to have automatic reclining steps to help clients with mobility issues to get in and out of van, as this was an issue brought up during the CPPP. We currently have step stool but staff needs to get out of car to get stool out from back trunk and hold it in place so it does not move as clients climb—having an automatic one will save time and increase safety.

- Fund lunch for all clients during group outings, as requested by many at CPPP.

- Update/Create new HOC brochure.

- New shelves and cabinets for storage to provide more space for group room since we are unable to find a suitable new location for HOC with larger group room, as requested by participants at CPPP.

- Rebuild HOC hut for the HOC garden.

- Find ways to be able to fundraise money to use for client activities that traditional county money cannot be used for, i.e., to purchase handmade items from non-traditional individual vendors.

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

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 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 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 differences in time orientation. For example, if clients show up late, they are seen anyways and HOC is open until 6pm M-Thurs and until 7pm Wednesdays.

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 identity & 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.**

   The HOC would like to be able to respond to the CPPP process by providing the items in number 5 above, including, gardening equipment larger sized van, and new oven/stove which were requested in the CPPP process. Additionally, they would like to move the Youth Dance program to be part of the core services of the HOC. The HOC would like to increase staff and peer staff to better serve their clients.

   SYBH is closely monitoring the MHSA Reform initiative. SYBH will change the MHSA service delivery based on any new laws or regulations that are put into place.

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 22/23
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/x	✓
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 provides individual, group and family therapy services to support reduce both ethnic and cultural disparities within the Latino/x population of Sutter-Yuba counties. The Latino Outreach Center serves both children and adults, and the services provided are both culturally and linguistically appropriate by providing services in Spanish and English and incorporating both evidence-based and culturally sensitive approaches that focus on adhering to their cultural values, preferred language, and traditions to increase engagement and successful completion of treatment. For the year 22-23, the center incorporated evidence-based interventions such as but not limited to Cognitive Behavioral Therapy (CBT), Strengths-Based Approach, Eye Movement Desensitization and Reprocessing (EMDR), Solution focused, Family Therapy, Play Therapy, Holistic Approaches, Parent Training (Nurture Heart Approach) and Group Interventions (emotional, social, and independent living skills) in our individual, family and group therapy services. Additionally, groups specific to client's cultural needs were provided to help

address some of the acculturation gaps by providing parent support groups; e.g., a group titled, Ni de aqui, ni de alla, that translates to neither here nor there which is a name from a widely known Hispanic film that has Maria Elena Velasco AKA as "La India Maria" a well-known actor in the Latino/x community as the protagonist, and this film illustrates some of the struggles of an undocumented immigrant in Los Angeles to best support our client's relate, feel seen and validated. In addition, the purpose of these groups at the center are to help the parents of our clients and client's themselves have a safe space to share their experiences and learn how to navigate differences in cultural values, discuss and address some of the acculturation and assimilation struggles they face in a culture different than their own and how this may impact their parenting styles and relationship with their children as well as learn tools to help navigate issues with acculturation and help foster positive relationships with their children. The center also incorporated culturally appropriate events and activities such as the celebration of Día de Los Muertos (Day of the Dead) to best help our client's increase a sense of belonging and understanding of cultural practices to increase engagement and participation in services. The center also provided other services such a case management support to help them navigate and connect with appropriate outside resources such as but not limited to employment, welfare, IHSS, housing and medical assistance. Transportation is offered to our clients to best help address barriers with low-income families that struggle with means of transportation to attend to and from our services. The program has additionally increased the number of groups provided at the center compared to prior year due to challenges with being understaffed and COVID-19, groups were very limited. Some of the major challenges the program faced to provide services to our unserved and underserved Latino/x population has been the lack of staff available at the center. The center has a total of three mental health therapists and two mental health workers; however, for the year 22-23, we had a mental health therapist out on leave and a vacant mental health worker position. Shortages in staffing caused the center to have a wait list for mental health services and this impacted the center's ability to increase outreach opportunities to continue to inform our community about our services and provide needed mental health services in a timely manner as well as limited the number of groups that were able to be provided.

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.**

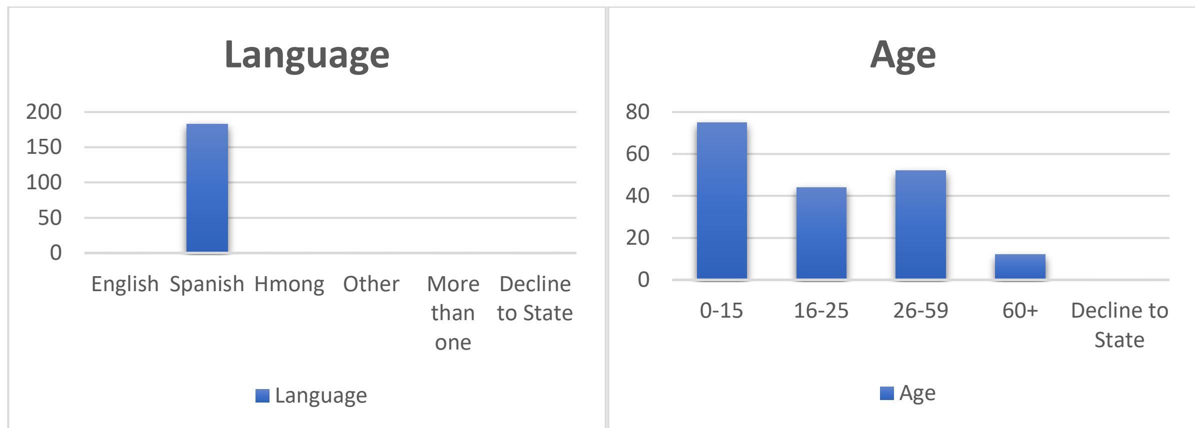
Feedback received from the CPPP meeting was to incorporate more outreach in the community. The center collaborated with Sutter County's public health clinic for an outreach opportunity (Cultural Health Celebration) to inform our community of the type of services The Latino Outreach Center provides and how to access our services. Additionally, we have collaborated with our local community grade-level schools (Yuba City High School, River Valley High School, Winship-Robbins Elementary and Yuba Gardens Middle School, Ella Elementary School, etc.) and Sutter County Probation Department by informing them and providing education of the services the center provides and how to access them with an effort to reduce mental health disparities in our Latino/x community and support increase overall clients served. Feedback from the CPPP also requested increased in groups in Spanish. The center provides all services Spanish and/or English based on the preference of the client/s to best support their cultural and linguistic needs. The Latino Outreach Center also collaborated with local universities such as California State University, Chico, and UMass University to implement interns at our center to provide additional support providing groups at the center and other needed mental health services such as

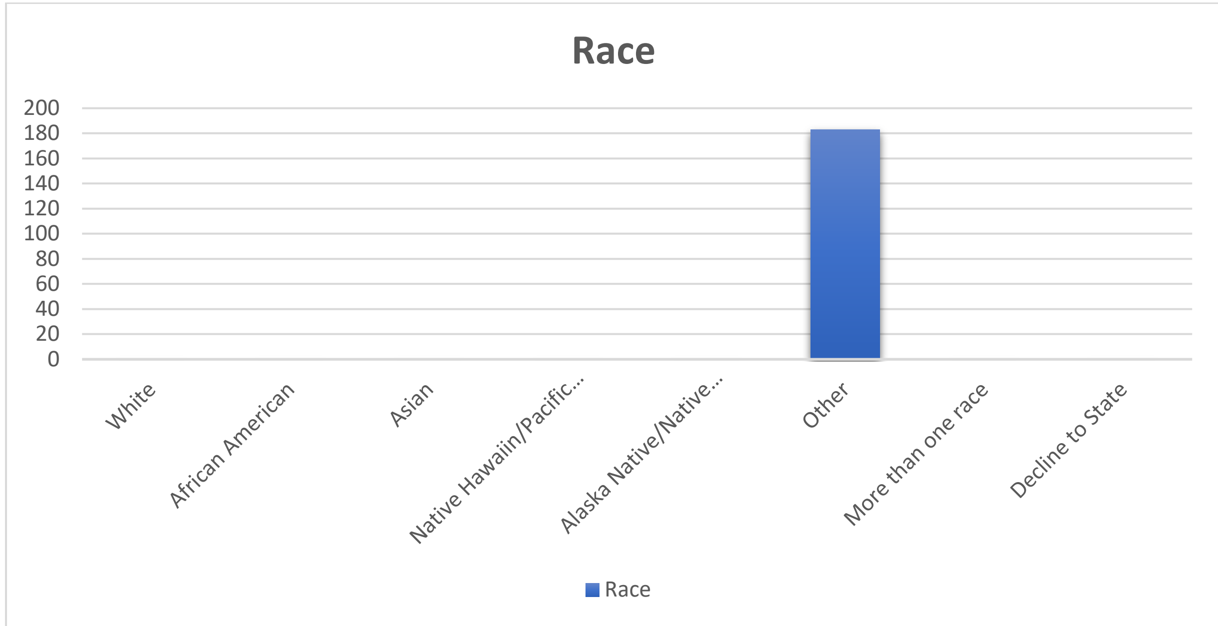
assessments, rehab services, collateral support and case management. In addition, groups that have been provided at the center are both focused on addressing mental health issues such as depression and anxiety, teaching coping skills and independent living skills as well as providing specific cultural groups to help address acculturation struggles to support met feedback provided from CPPP.

3. **Include examples of notable community impact.**

   Notable community impact for The Latino Outreach Center has been the positive feedback obtained by our clients regarding the efficacy of the services provided. For example, clients made comments such as, "my daughter has been doing much better now" and "therapy has been very helpful" after accessing the center's mental health services. Often, in the Latino/x population, they are more likely to seek services if they are being "recommended" by someone they trust or know in their community such as a friend, relative or any other familiar and safe person for them; The Latino Outreach Center continues to receive referrals from the community such as schools, local clinics and by word of mouth or knowing someone who received our services in the past and this has created the center to have a wait list for services but demonstrates the need to provide these services to the Latino/x community in Sutter-Yuba counties.

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 PROGRAM PLAN FOR FY 24/25 -25/26
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. Additionally, The Latino Outreach Center aims to provide outreach engagement opportunities in the community to increase knowledge of services provided by the center and how to access them.

2. **The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2024-25 (July 1, 2024 – June 30, 2025) 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	$3,245	N/A	N/A
TAY 16-25	55	$3,245	N/A	N/A
Adults 26-59	60	$3,245	N/A	N/A
Older Adults 60+	15	$3,245	N/A	N/A

Currently only one of our CSS Programs includes an Outreach and Engagement component, as all SYBH's outreach has been handled in our Prevention and Early Intervention Program.

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 have been influenced by lack of mental health services. Throughout the CPPP process the lack of therapists, which is statewide, was seen as the number one issue with access to services in the 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. It will be a priority of the center to increase number of groups provided to help reduce wait list and best help address the specific needs of the Latino/x population by addressing mental health issues and providing culturally appropriate interventions in the groups. Outreach engagement events will also be prioritized and increased by collaborating with department's Prevention and Early Intervention team to inform the community of the services that are provided in the center and how to access them.

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 by increasing number of services such as individual therapy, rehab sessions, case management, collateral support and groups.	Excel Sheet/ Credible wait list
Increase groups offered at The Latino Outreach Center	Provide therapeutic, skills building and culturally sensitive groups such as parent-support group to address acculturation issues, men's psychoeducation group to increase education and awareness of mental health issues in the Latino/x community, therapeutic groups to address issues with depression and anxiety, and coping skills building as well as social, communication and independent living skills for children and adolescents served at the center.	Excel sheet/ flyers to promote services/Credible documentation
Increase Outreach Services & Develop Outreach materials	Ensure the Sutter-Yuba Latino/x population is aware of the services provided by The Latino Outreach Center and how to access them as well as to help reduce stigma within the community.	Dates and times of outreach events, participants sign-in sheet, list of places brochures have been distributed to.

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

The Latino Outreach Center can benefit from having additional staff to better support address the needs of the client's and increase penetration rates, number of services provided and aim to reduce wait list for mental health services. It is the hope of the center to add either a bilingual Mental Health Therapist position to increase therapeutic and direct clinical services such as individual therapy, therapy groups, rehab and collateral services or a bilingual intervention Counselor to increase case management support, brokerage and linkage services, rehab services and coping and skills building groups to support decrease wait list and provide services consistent with feedback received from the CPPP meeting. Additionally, this will support the center be able to increase outreach opportunities in the Latino/x community to better inform them of the services the center provides, how to access services and help diminish stigma by providing education about mental health, inviting discussion about commonly used stigmatizing labels in the community, such as "locos" (crazy) to address mental health struggles, and provide education of root causes to mental health and physiological symptoms due to many Latinos/x not seeking treatment because of lack of education on mental health, not recognizing the signs and symptoms, not knowing where to seek treatment, miscommunication due to language barriers, and lack of understanding of their culture and values.

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

   The Latino Outreach Center's goal is to be able to increase number of groups offered in the center that are in Spanish to be consistent with feedback received from the CPPP meeting. Groups offered at the center will consist of both children and teens groups to teach, model, and build on coping skills, social and communication skills as well as independent living skills. Psychoeducation and therapeutic groups will be offered to both children and adults to best assist address both populations need. The Latino Outreach Center will also provide culturally sensitive and appropriate parent support groups to help address any acculturation struggles as well as utilize their cultural strengths to help enhance resiliency and positive treatment outcomes. Increased groups at the center will also support reduce wait list and provide services that are specific to Latino/x population to better assist address the needs of this population per feedback from the CPPP meeting.

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

   - **Community Collaboration:** The Latino Outreach Center will continue to collaborate and increase collaboration with local schools, health clinics, probation departments, local churches to provide education and information about the services provided and how to access them. Additionally, collaboration with local universities will be maintained to continue to incorporate interns at the center to increase services provided such as assessments, individual therapy, individual rehab services, case management, transportation services and support providing and/or co-facilitating groups.

   - **Cultural Competence:** Staff at The Latino Outreach Center are culturally and linguistically competent. Therapists at the center have cultural awareness and knowledge of the Latino/x population and culturally appropriate interventions are implemented as appropriate, i.e., immediate, and extended family members are often included in treatment when needed as there is a strong emphasis on family or better known familismo (commitment and loyalty to family) in the Latino/x community. Services are provided in Spanish and English depending on the preference of the client. The center provides culturally sensitive groups to help address acculturation issues, explore their cultural beliefs and values, and utilize their cultural strengths to promote resiliency and positive treatment outcomes. Additionally, culturally sensitive events such as Dia del Niño (Children's Day), Dia de los Muertos (Day of the Dead), Hispanic Heritage Month will be celebrated by providing cultural activities to help increase engagement and participation in services and increase importance to their cultural values and beliefs.

   - **Client and Family Driven:** Services offered at The Latino Outreach Center are client and family driven by providing both individual and joint family sessions. Therapists at the Latino Outreach Center provide individual therapy and rehab services to best address the individual needs of the client; however, when determined appropriate, therapists also provide joint family therapy sessions and/or collateral session to best help address the needs of the client especially when working with children, teens, and young adults. Additionally, The Latino Outreach Center would like to increase amount of group services

which will include men's support group and parent-support groups to best help provide services that are both client and family driven.

- **Wellness, recovery, and resilience focused:** The Latino Outreach Center will increase groups provided in the center that are wellness, recovery and resilience focused by addressing various mental health struggles such as anxiety, depression, PTSD and teaching coping skills to effectively self-regulate emotions as well as providing activities that are relevant to the Latino/x culture to increase resiliency.

- **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:** Staff at the Latino Outreach Center collaborates with schools, health clinics, probation department and/or other agencies as needed to best serve the needs of the client when determined appropriate and with client's consent. For example, therapists may attend IEP meetings, schedule family-team meetings as appropriate to best address the needs of the client.

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

   The Latino Outreach Center will highly benefit from adding additional staff such as another mental health therapist or intervention counselor to be able to increase services and decrease wait list for services. Despite struggles with being understaffed, the center has been able to implement needed culturally appropriate groups to best support current population's needs for both children and adults. Additionally, the center plans to continue collaboration with local universities to implement interns at the center to support provide needed individual and group mental health services as well as collaborate with the department's Prevention and Early Intervention team to increase number of groups offered at the center and increase outreach events to better serve the needs of the Latino/x population.

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

   The Latino Outreach Center plans to increase collaboration with the department's Prevention and Early Intervention team to increase number of groups, i.e., a men's support group to provide psychoeducation and help destigmatize mental health especially among men in the Latino/x population and increase outreach events to better inform the Latino/x community of the services the center provides and how to access them. The Latino Center would like to increase staff in order to meet some of its goals. Increase in staff will be dependent on MHSA budgets. SYBH is closely monitoring the MHSA Reform initiative and the impact it may have on the ability to continue to offer current MHSA services. SYBH will change the MHSA service delivery based on any new laws or regulations that are put into place.

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 supportive housing services 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 NPLH 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 any and 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 are able to 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.

2. **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.

3. **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

4. **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.

5. **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, Behavioral Health Bridge Housing, PATH, and Start to Finish. Additionally, we have added a program manager position which will supervise and coordinate Sutter County Health and Human Services Agency Housing service, which include SYBH services.

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

   SYBH will be reviewing staff for the Teesdale and Heather Glen supportive housing services to identify whether they have the resources needed to provide effective supportive services and if additional staff needed and if budget allows for increased staffing. However, SYBH is closely monitoring the MHSA Reform initiative. SYBH will change the MHSA service delivery based on any new laws or regulations that are put into place.

7. **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)	✓
Age 60+	

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 40 unduplicated clients.

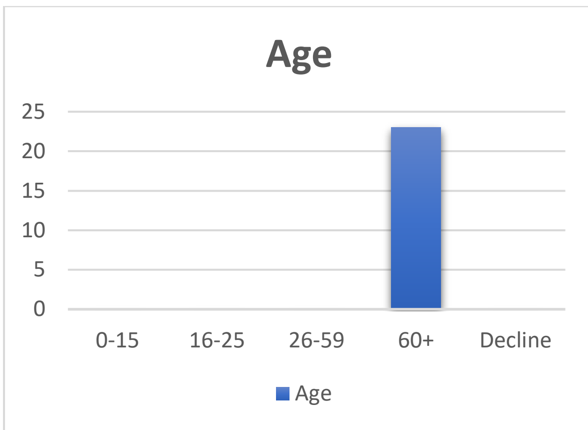
2. **Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.**

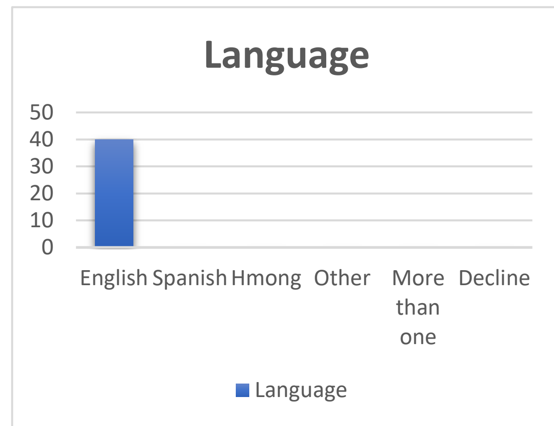
   The BEST program engages the elderly population through outreach and coordination strategies. BEST meets regularly with external agencies to work towards information sharing, resource gathering and assessment support for those in the community 60 and older who may otherwise not be able to receive mental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

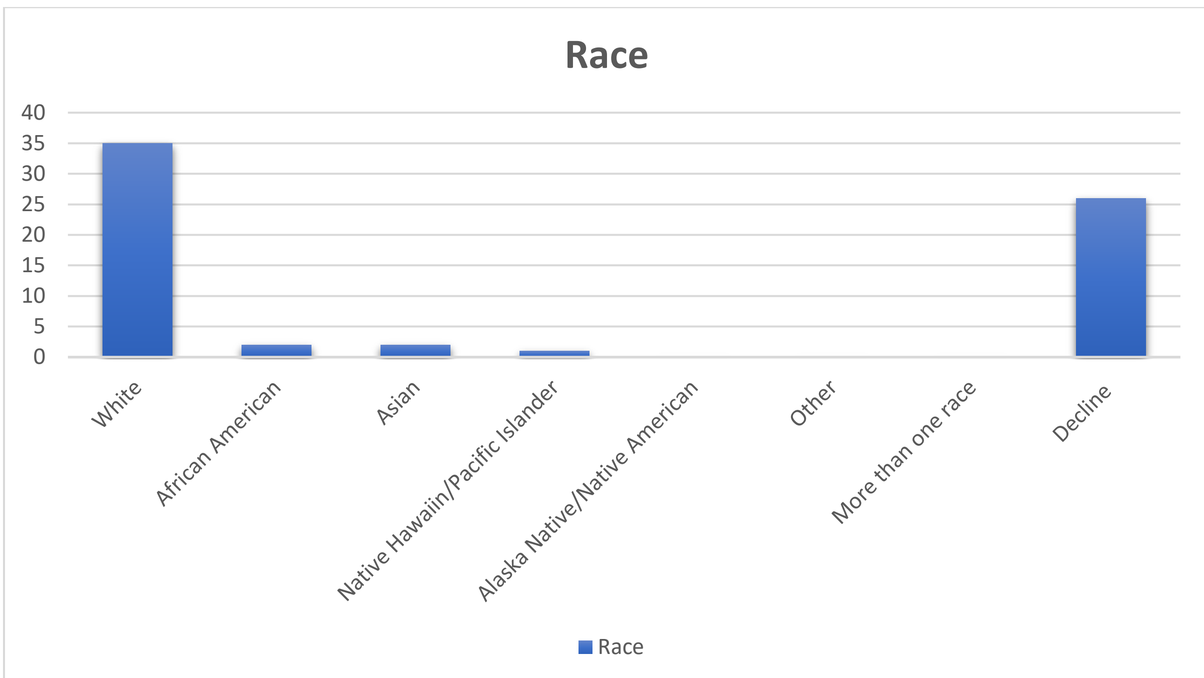
3. **Include examples of notable community impact.**

   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.**

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	0	0	N/A	N/A
TAY 16-25	0	0	N/A	N/A
Adults 26-59	0	0	N/A	N/A
Older Adults 60+	40	$3,245	N/A	N/A

   Currently only one of our CSS Programs includes an Outreach and Engagement component, as all SYBH's outreach has been handled in our Prevention and Early Intervention Program.

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 to8	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 build 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 40clients. 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.**

   SYBH will be reviewing this program to identify the best way to provide services for this population. Suggestions have included to have BEST services provided through the HOPE FSP. However, the logistics and efficacy of this will be analyzed. Other alternatives are also being reviewed. The next MHSA Annual Update will include results of the analysis and details of any program changes.

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 FY 22/23
PROGRAM NUMBER/NAME: 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 Team continue to identify barriers and challenges in reaching unserved and underserved populations. As the community moves from the isolation created by the COVID 19 pandemic there is a concentrated effort to reactivate one to one engagement with clients with a purposed concentration with clients who have ethnic and cultural barriers. Local resources are limited, and staffing continues to be significant barrier in providing services to al clients. Many clients are ready to move to a "family style" Board and Care facility. The Yuba/Sutter community lacks Board and Care facilities and they have considerable waiting list to get in.

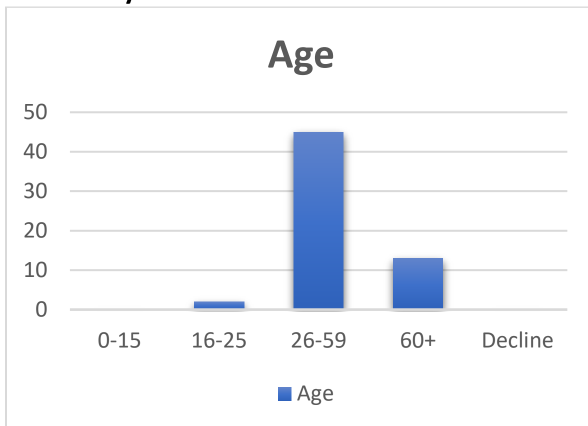
2. **Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.**

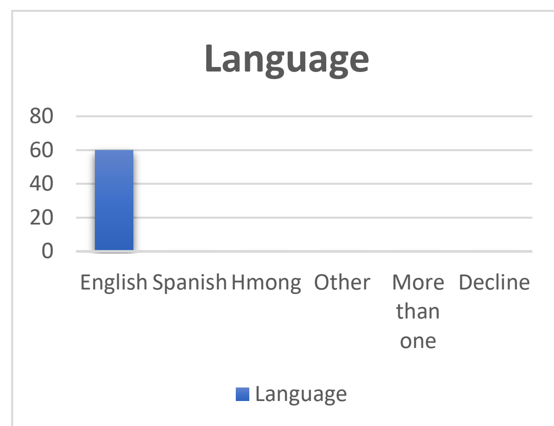
   The CPPP identified that homelessness, depression, and anxiety, as issues that result from, or at least are exacerbated from a lack of mental health services. They cited the pandemic as causing increased isolation that contributed to these issues. Throughout the CPPP process the lack of therapists, which is statewide was seen as the number one issue with access to services in the 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.

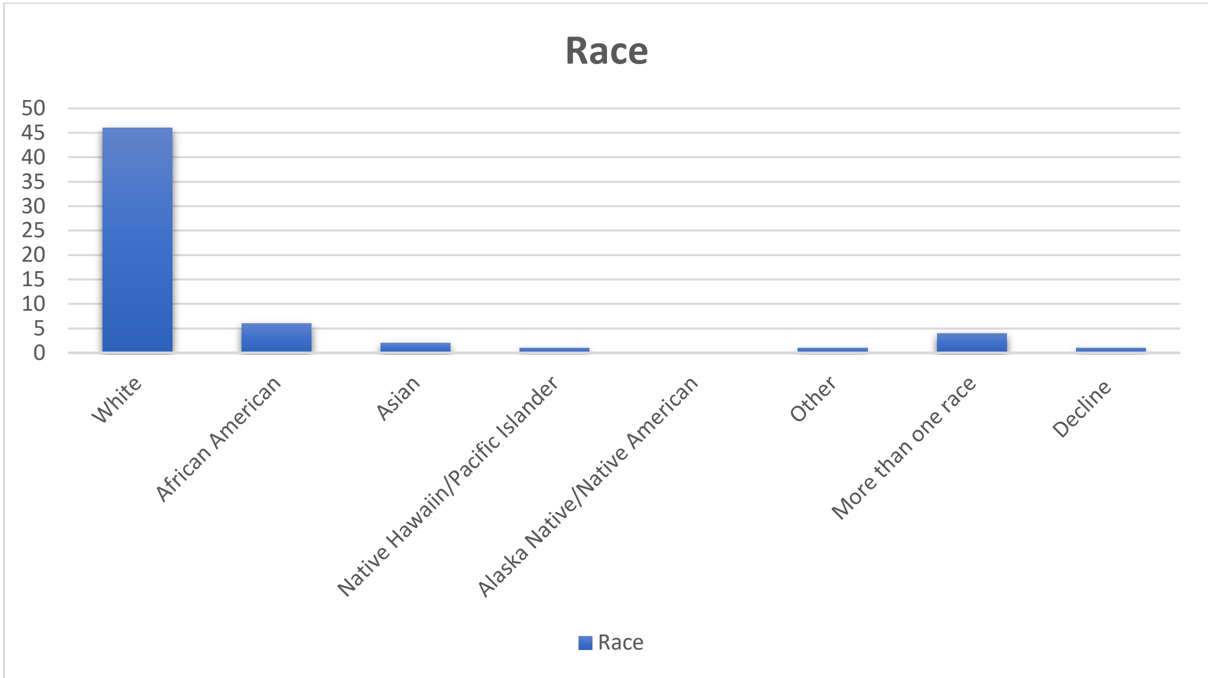
3. **Include examples of notable community impact.**

   We successfully hired 3 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 12 clients into lower levels of care. Wellness and Recovery and Peer Groups have been reinstated after the pandemic and we are seeing a significant number of our FSP Clients now engaging in weekly and daily groups.

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 24/25 -25/26
PROGRAM NUMBER/NAME: 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 "whatever it takes" 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 2024-25 (July 1, 2024 – June 30, 2025) is:**

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	0	0
TAY 16-25	0	0
Adults 26-59	55	$16,125
Older Adults 60+	15	$16,125

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 continue to remain unchanged. Transportation, shelter, support, and counseling are offered to each client on a constant and as needed basis. This program provides outreach and engagement, general systems development, 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.

4. **Provide the percentage of unserved individuals and underserved clients.**
   100% of those served from the HOPE FSP team are unserved or underserved individuals.

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
To participate in the Third Sector FSP program	To Increase the quality and consistency in FSP services provided to clients	Proof of participation in services and changes in program as evidenced by policies and procedures.

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

   Linking clients to community services focusing of cultural appropriate services. Providing adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare applications, and referrals to advocacy services as well as referring and linking consumers to other community-based providers for other social services and primary care. Staff attend community partner meetings to identify services available and linkage to these services. A HOPE FSP MDT and LPS MDT was created to also address disparities in services to unserved and underserved populations.

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

   HOPE FSP program is consistent with priorities identified in the CPPP through the continuous effort in identifying new strategies in reaching our unserved and underserved populations (increasing wellness and recovery groups, education and training on Mental Health stigma and how to access services). The HOPE 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. 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:**

   HOPE FSP offers an integrated and coordinated services with an emphasis on thew whole person wellness and promotes access to medical, social, rehabilitative, and other community services and supports as needed. HOPE FSP Multi-Disciplinary Team is a full team of Case Managers, Nurses, Doctors, Housing Specialists, Therapist, and other community service partners that can offer support and services to the FSP client. HOPE FSP encompasses the "whatever it takes" community-based approach using innovative interventions to help people reach their recovery goals. These services are available to support clients 24 hours a day, 7 days a week, and target a length of participation 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 FSP 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.**

    Each intake referral is received and reviewed by the Prevention Services Coordinated. Each client referred to the HOPE FSP program goes through 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 is received from a SYBH provider 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.**

    In order to better serve all adult clients SYBH plans to develop an FSP team specifically for all LPS Conserved clients. Two pieces of legislation provide impetus for creation of the LPS FSP team, AB 2242 which was signed into law in September of 2022 and SB1416 which is on the path to being approved. AB 2242 explicitly permits counties to pay for the provision of mental health services under the LPS Act using MHSA funding and SB1416 would substantially change the definition of a gravely disabled person to include those with substance use diagnoses only, and include dementia not caused by mental illness. If passed SB1416 will significantly increase the number of LPS clients SYBH will serve. Creating this team will allow us to have a team focused on the unique issues of LPS conserved clients which will allow for better communication and collaboration with the Public Guardians in both Sutter and Yuba Counties. Furthermore, this this team will develop specialized knowledge and skills to serve LPS.

    SYBH is closely monitoring the MHSA Reform initiative. SYBH will change the MHSA service delivery based on any new laws or regulations that are put into place. Changes in services will be reported upon in future MHSA Annual Updates.

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 FY 22/23

PROGRAM NUMBER/NAME: SHINE

☒ **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.**

   Program census continued to build during FY 22/23. The program reached capacity during Q4. Many initial referrals were clients that were homeless and/ or APS-involved. The program also saw an increase of service to the LGBTQIA+ population. Staff continued to support clients in addressing substance use and/or mental health barriers to achieving and/ or maintaining housing, increasing independent living skills, accessing necessary health care, etc. Program challenges included retaining skilled clinical staff. Client access to and use of methamphetamine and other substances continues to be 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 continues to partner with clients to meet their goals/address needs identified on their "problem list." Initial requests that support client engagement include accessing and maintaining housing, obtaining food resources, 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.

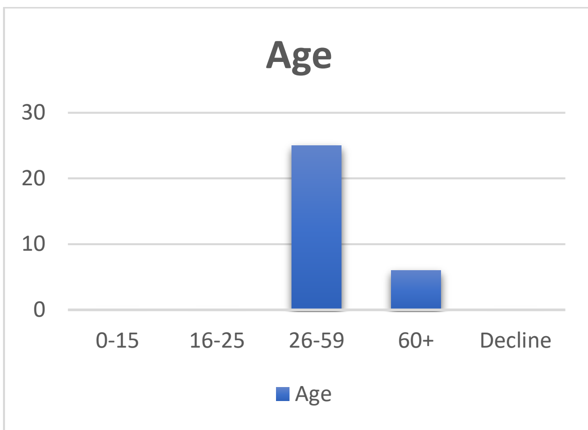
3. **Include examples of notable community impact.**

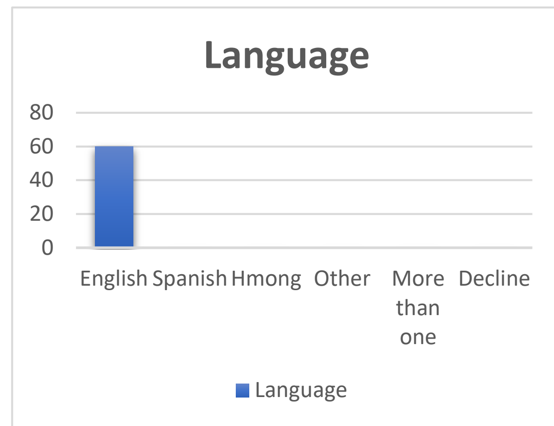
   SHINE provides 24/7 response to clients. This includes a phone line that clients utilize before and after business hours. Coverage is also provided on weekends and holidays. This critical piece allows clients an opportunity to access immediate support from a SHINE team member. Staff are

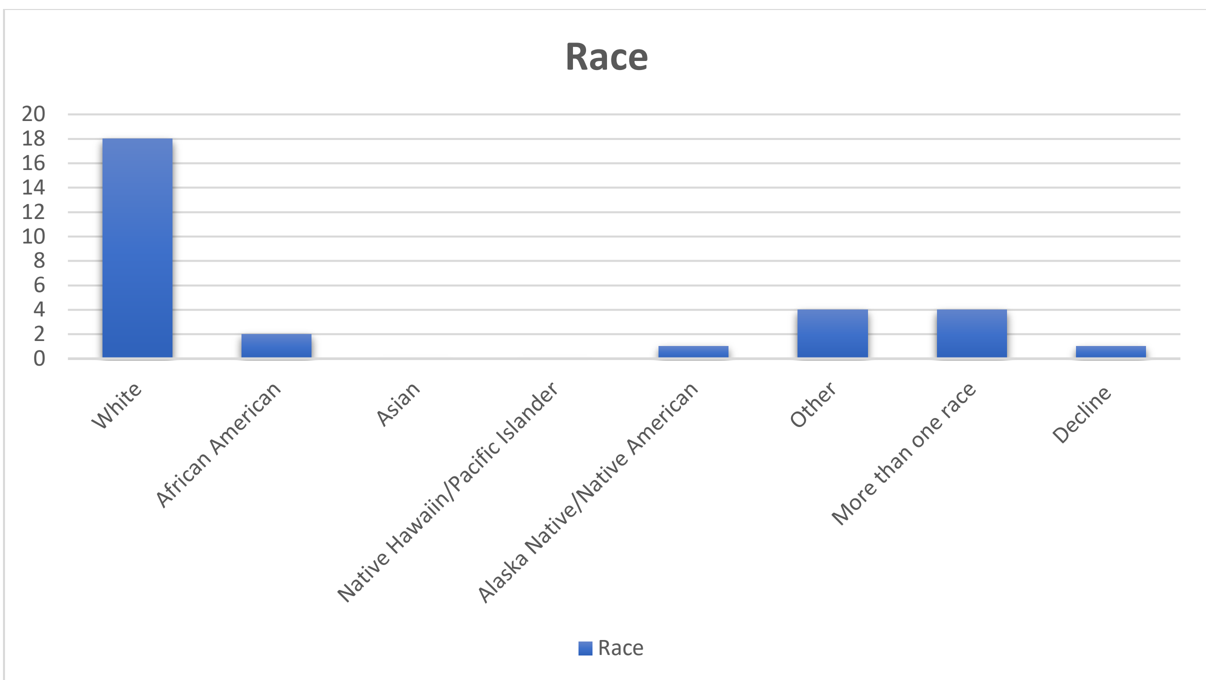
trained in evidence-based, de-escalation techniques. Staff assist clients in utilizing their coping skills and returning to "base line". In some instances, staff help triage clients to other care, when needed. Most calls to the crisis line are resolved over the phone. The overall impact of the phone line reduces the burden to other community emergency systems such as law enforcement, hospital emergency room, psychiatric emergency services, etc.

Program staff also help clients increase their independent living skills so they can maintain their housing. Examples include learning money management skills; how to resolve concerns with property owners; accessing behavioral health and medical appointments.

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







COMMUNITY SERVICES AND SUPPORTS (CSS) FULL-SERVICE PARTNERSHIP (FSP) SERVICES PROGRAM PLAN FOR FY 24/25 -25/26

PROGRAM NUMBER/NAME: SHINE

☒ **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
- Case Management Services
- Rehabilitation Skills
- Therapy
- Co-occurring Substance Use Interventions
- Goal Development
- Evidence-Base Practices, such as Motivational Interviewing
- Identification and Utilization of Community and Natural Supports
- Crisis Prevention and Intervention

2. **The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2024-25 (July 1, 2024 – June 30, 2025) is:**

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	0	0
TAY 16-25	0	0
Adults 26-59	55	$16,125
Older Adults 60+	5	$16,125

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 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.

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
Continue progress made in reducing 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 23/24 and FY 24/25
Increase staff training to support Client's 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. The program also supports vulnerable members that are at risk of psychiatric hospitalization or in urgent need of preventative medical care. Program staff support members in overcoming barriers they experience in accessing service.

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 and is approached with cultural humility. The client's expressed needs help drive service delivery. Clients are our partner and focus of care.

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

   Staff for the SHINE program include:

   Full-time SHINE Staff

   - 1-Peer Support Specialist
   - 2-Case Managers
   - 1-Case Manager, Substance Use Specialty
   - 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 needs an intensive level of wrapround services. The individual is willing to voluntarily participate in these services.

Typically, the individual has significant challenges in one or more major areas of functioning (e.g., interpersonal relations, emotional, vocational, educational, or self-care) that is result of a serious mental illness that has persisted for at least 6 months.

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 continue progress made 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.

Increase knowledge of substance use best practices/ interventions to support clients in decreasing use.

SYBH is closely monitoring the MHSA Reform initiative. SYBH will change the MHSA service delivery based on any new laws or regulations that are put into place. Changes in services will be reported upon in future MHSA Annual Updates.

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

COMMUNITY SERVICES AND SUPPORTS (CSS) FULL-SERVICE PARTNERSHIP (FSP) SERVICES PROGRAM PLAN FOR FY 24/25 -25/26
PROGRAM NUMBER/NAME: LPS-FSP

☒ **NEW**

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

The new LPS-FSP Team is an Adult Full-Service Partnership (FSP) program for the clients in both Sutter and Yuba counties that have been LPS conserved. This program will provide the fully array of FSP services and will focus on the unique needs of conserved clients. Services will be provided in an integrated and coordinated fashion with the emphasis on recovery-oriented living in the least intensive treatment environment which is appropriate to client needs. This FSP will have a multi-disciplinary team which meets regularly to assess the level of treatment of the clients. The team will have constant communication with the public guardians in both Sutter and Yuba counties. The FSP will encompass the ‘whatever it takes’ community-based approach using innovative interventions to help each client reach their personal recovery goals. These services

are available to support clients 24 hours a day, 7 days a week via an off-hour phone line available just to the clients in this FSP program.

2. **The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2024-25 (July 1, 2024 – June 30, 2025) is:**

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	0	0
TAY 16-25	0	0
Adults 26-59	50	$16,125
Older Adults 60+	15	$16,125

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.**

Immediately prior to being put on an LPS conservatorship individuals are gravely disabled an unable to provide for their basic needs due to a mental illness. Many times, these individuals are homeless, are not in a stable emotional state, and can need emergency services to keep them out of harm's way. In Sutter and Yuba Counties LPS conservatorships have increased by 61% since 2019. Growing from 55 cases in 2019 to 89 cases and growing in 2023. The addition of recently passed and upcoming legislation will continue to increase the number of LPS conservatees in Sutter and Yuba counties. The CPPP process has identified the need for more services for homeless and more services for those with severe mental health issues. This program will address both of those issues. In order to ensure that SYBH provides these services in a quality manner this FSP program, along with other SYBH FSP programs will be part of a MHSA Innovation Plan which will be led by Third Sector.

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

100 % of the clients served in the LPS FSP are underserved.

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
To participate in the Third Sector FSP program	To increase the quality and consistency in FSP services provided to clients.	Proof of participation in services and changes in program as evidenced by policies and procedures.
Collaborate with Sutter and Yuba Public Guardians to successfully implement new FSP program.	To provide quality FSP services to LPS conserved clients in Sutter and Yuba Counties.	Program Policy and Procedures Meeting Minutes Feedback from clients and PG's.

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

   Linking clients to community services focusing on culturally appropriate services. Providing adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare applications, and referrals to advocacy services as well as referring and linking consumers to other community-based providers for other social services and primary care. Staff attend community partner meetings to identify services available and linkage to these services. A LPS MDT will be used to also address disparities in services to unserved and underserved populations.

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

   The county is already serving these clients. This population is growing, and the county will need to add additional staffing to keep up with the demand. Adding this specialized FSP will allow the county to provide more intensive services needed by this population which will help stabilize individuals and enhance their ability to live at lower levels of care and closer to home.

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

   SYBH is in close contact with the Public Guardians in both Sutter and Yuba Counties and provides feedback to the Public Guardians as they conduct their investigations for LPS conservatorship. SYBH facilitates placements and provides services for all LPS conserved individuals. Individuals who are conserved will be automatically assigned to this program, and provided the appropriate level of services they need.

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

   N/A

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 FY 22/23

PROGRAM NUMBER/NAME: TRANSITION AGE YOUTH - FSP

☒ **FULL-SERVICE PARTNERSHIP SERVICES**

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

Population	
Homeless	✓
Forensic	✓
Involved in Social Services System	✓
Unserved/Underserved	✓
Cultural Population (specify below)	✓
Latino, Black, LGBTQ, Native American, Asian Pacific Islander	✓
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.**

   MORS and CANS scores show substantial improvements with very high need and acutely symptomatic populations. The TAY-FSP Supervisor considers potential barriers to accessing treatment due to cultural or demographics that may not be well matched in the larger service delivery system. With this consideration the TAY-FSP supervisor may expedite a referral in order to implement a "whatever it takes" strategy to better meet the needs of the youth. In addition, the TAY-FSP Handbook that is provided to clients and referenced by line staff explicitly states; "We serve youth who are homeless (or at serious risk of), aging out of 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". In addition, Cultural or social factors as well as other risk factors the youth may experience are reviewed in weekly treatment team 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.**

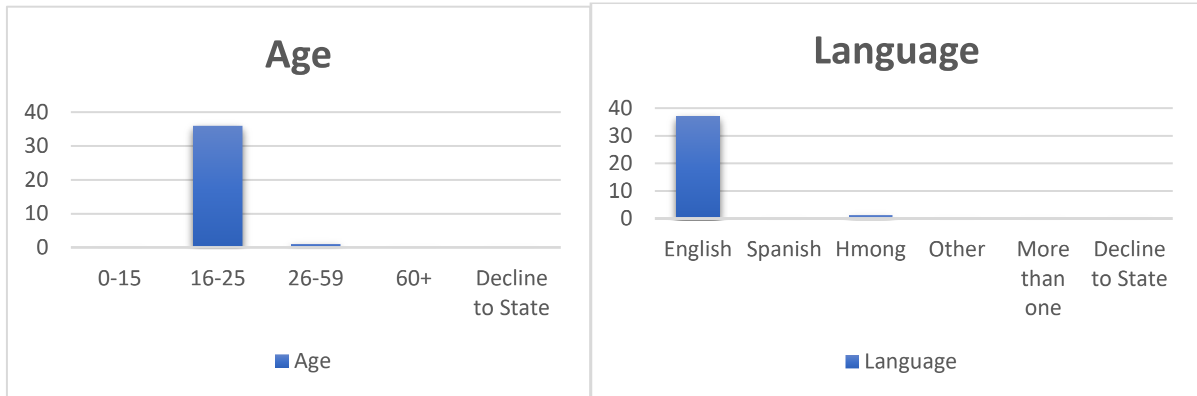
   We are incorporating dashboard information to set performance outcome guidelines. This is This is valuable information to be able to determine if we meet expected standards in serving the diverse population and timelessness into services.

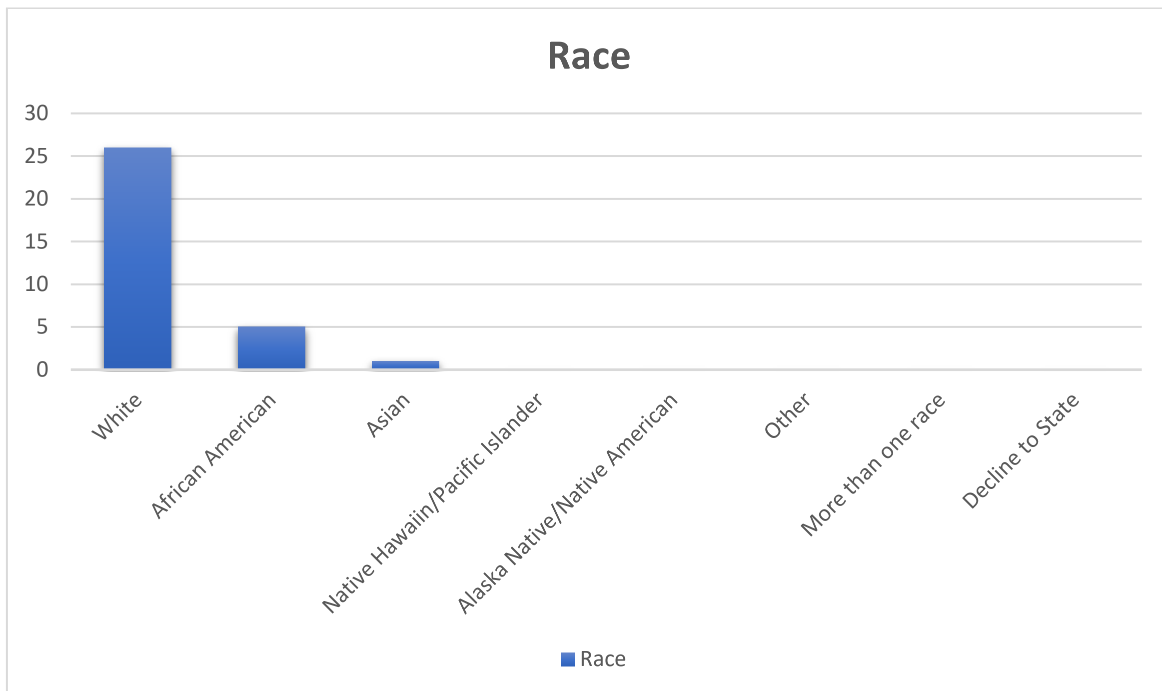
3. **Include examples of notable community impact.**

   The TAY-FSP receives, expedites, and prioritizes youth that are requiring more intensive and comprehensive services due to acuity of symptoms and/or cultural or identity that results in risk

of being underserved in the regular Mental Health Plan. TAY-FSP provides assertive engagement over time and provides Peer Mentoring, Targeted Case Management, Individual Rehabilitation, Group Rehabilitation, Individual and Group Therapy, along with safe sober positive activities, such as TAY Prom dance, Hiking activities, etc. that develop improved sense of self and improved personnel agency that aid and support the more traditional behavioral health services that are also provide.

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



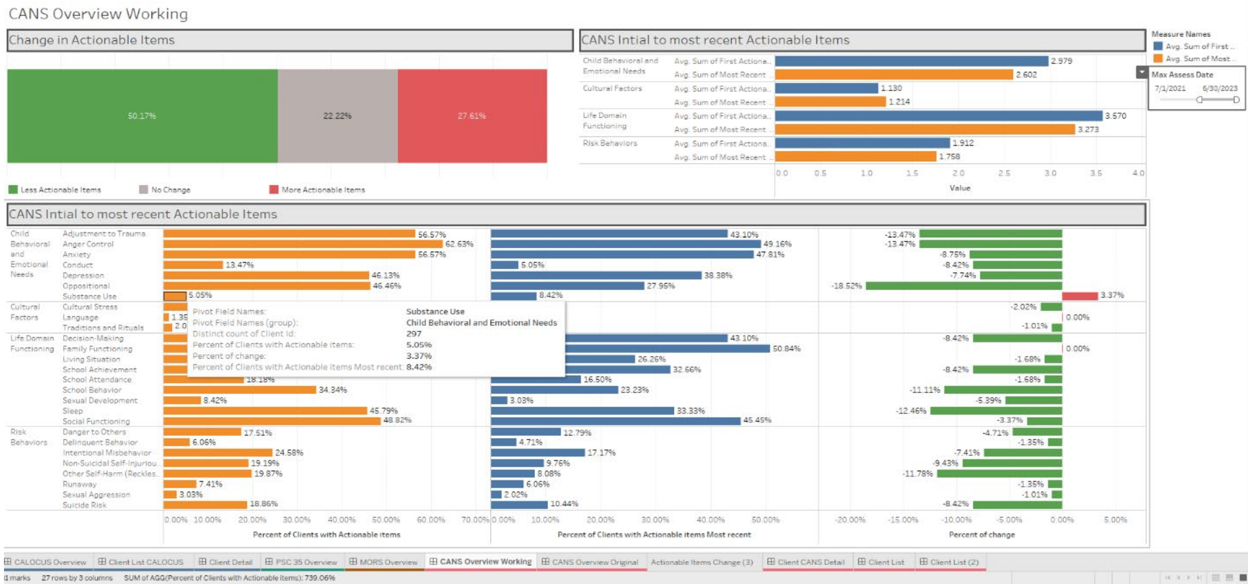


5. Data on this CSS program's outcomes for the prior fiscal year period is included below or as an Appendix to this document.

MORS and CANS scores shoe substantial improvements with very high need and acutely symptomatic populations. Only 16 % of youth continued to decline in MORS scores after having received services. 46.67% improved or had no change. 37% had only one assessment.

According to CANS data 50.17% of youth improved with reduced actionable items, 22.22% maintained functioning and did not get worse. 27.61% had an increase in actionable items.

CANS Data from Youth Outcomes Dashboard 7/1/2021 through 6/30/2022 (includes all youth services)



COMMUNITY SERVICES AND SUPPORTS (CSS) FULL SERVICE PARTNERSHIP (FSP) SERVICES PROGRAM PLAN FOR FY 24/25 -25/26

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 youth is provided with an individual therapist, group therapy, an intervention counselor that functions as a case manager and provides group and individual rehabilitation services. A Peer mentor is also assigned to everyone. This group works as a team and there is weekly case staffing. A Substance Use Disorder Services Counselor is also available within the program.

4. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2024-25 (July 1, 2024 – June 30, 2025) is:

Age Group	FSP # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	0	0
TAY 16-25	54	$16,125
Adults 26-59	1	$16,125

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.** 79%

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
MORS Rating of 6 or higher	Development of meaningful roles	MORS Data Dashboard
CANS reduction of Actionable Needs and increase in strengths	Reduce needs in domains of: Life Functioning, Risk Behaviors, Behavioral and Emotional	CANS Data Dashboard

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

   Expedite admittance to program prioritizing underserved/unserved populations.

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

   Utilizing EHR Dashboard Data in addition to DCR Data to monitor and improve outcomes assertive engagement of underserved/unserved populations.

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

   - **Community Collaboration:** The youths' support persons and relevant agencies or organizations (education providers, probation, social services, etc. are included and engaged by TAY-FSP Service providers whenever permitted by the youth or responsible party.

   - **Cultural Competence:** All staff have been trained in implicit bias and diversity equity and inclusion.

- **Client and Family Driven:** The Transition to Independence Process (TIP) evidence-based model is utilized and integrated in the program which prioritizes client and family choice and voice.

- **Wellness, recovery, and resilience focused:** Staff believe that a youth can and will meet their personal goals. Safe, sober and positive leisure time activities are provided to assist the youth in considering new ways of being. TAY staff believe recovery happens.

- **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 TAY program facilitates CFT's and targeted case management or ICC services to broker these connections.

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

   The staffing pattern for this program includes: One Clinical Supervisor (MHT III), Two Therapists (MHT I/II), Four Case Managers (IC I/II), and two Certified Peer Staff and one half time Program Manager

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

    Staff are referred through the open access clinic or by the therapists within the Sutter-Yuba Behavioral Health system. All these persons 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.**

    Currently, no changes are planned for this program. SYBH is closely monitoring the MHSA Reform initiative. SYBH will change the MHSA service delivery based on any new laws or regulations that are put into place. Changes in services will be reported upon in future MHSA Annual Updates.

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 FY 22/23
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)	✓
Latino, Black, LGBTQ, Native American, HOH	
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.**

   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 service; (d) transportation assistance and direct financial support for families to reduce barriers to 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.

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.**

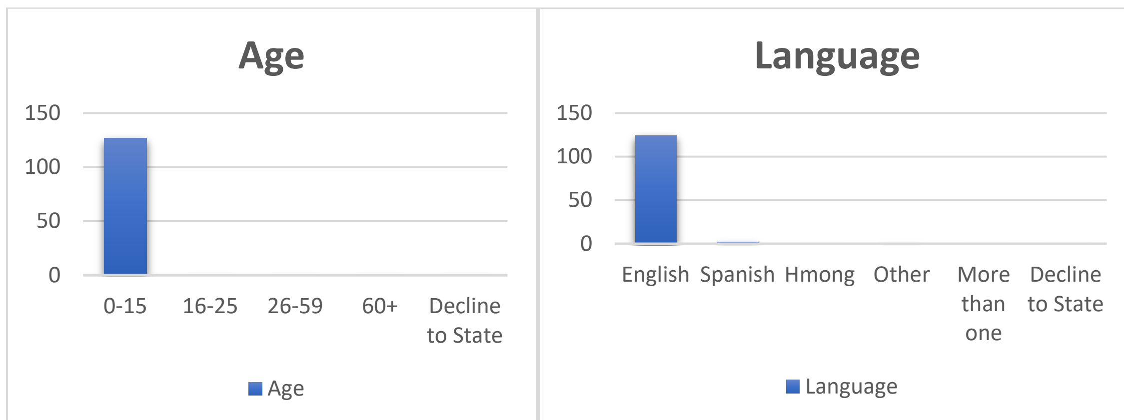
   YFC staff strive to develop trust and rapport, teach emotional regulation and adaptive behaviors to better respond to stressful events, and develop patterns for reflection and empathy. Staff are specifically trained to recognize pain-based behaviors, respond versus react to emotional outbursts, prevent, 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 YFC client. Staff strive to develop trust and rapport, teach emotional regulation and adaptive behaviors to better respond to stressful

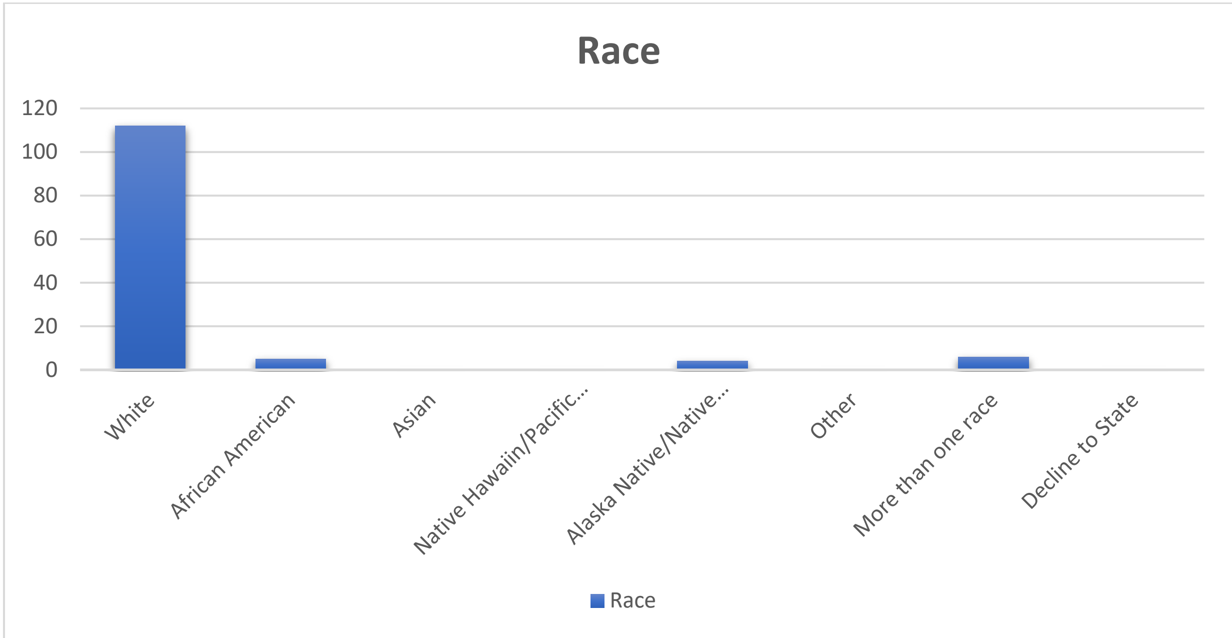
events, and develop patterns for reflection and empathy. strengths and needs of each person with voice, choice, and preferences assured throughout the process. Through a trauma-informed lens, staff do "whatever it takes" to work with child and family throughout all phases of the service process: engagement, 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 participants, age 0 to 15, in FY 2022 to 2023 measured 54% increase in identifiable strengths and Behavioral and Emotional Needs decreased by 60%, based on CANS 50 scores. 88% 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 24/25 -25/26
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.**

   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. **The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2024-25 (July 1, 2024 – June 30, 2025) is:**

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

3. **Provide a list of community mental health issues resulting from lack of mental health services and support, 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.**

   Transportation support

   Reducing Stigma of mental health issues in Punjabi and Latinx community

   Timely access to appropriate services –

   Suicide prevention

   SUDS issues – Fentanyl education

   Direct Support – Food, affordable housing, therapy supplies and transportation.

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

   All clients in the Y4C 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 and 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.**

   The following priorities are identified and maintained by the multidisciplinary teams that meets weekly, monthly, and quarterly: Reducing barriers to benefitting from interventions, Accessibility to service through community-based interaction, Resource building to create sustainability, offering care that is culturally appropriate and trauma informed, Accessing the appropriate level of care and titrating down to the lowest level necessary to support and sustain goals.

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 service ;(d) transportation assistance and direct financial support for families to reduce barriers to 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 g al 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. 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.

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

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.

Criteria for enrollment includes a Serious Emotionally Disturbed Designation, involvement in Child Welfare, Probation, Educational resources, or a significant barrier exists to accessing needed services. The treatment teams actively engage the family and participant in identifying disparities and setting their own goals. Continued adherence to the agreed upon criteria for enrollment is intended to address identified disparities and create accessibility to FSP.

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

    Currently, no changes are planned for this program. SYBH is closely monitoring the MHSA Reform initiative. SYBH will change the MHSA service delivery based on any new laws or regulations that are put into place. Changes in services will be reported upon in future MHSA Annual Updates.

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

Prevention and Early Intervention

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 24/25-25/26
☒ **NEW**

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF SERVICES: 7/1/2024

PROGRAM TYPE(S):

X	**Outreach for Increasing Recognition of Early Signs of Mental Illness**
X	**Stigma and Discrimination Reduction**
X	**Suicide Prevention**
X	**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**
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**
X	**Other Locally identified Priority:**

Sutter Yuba Behavioral Health

PEI Community Based Mini Grants

The SYBH Community Program Planning Process (CPPP) as well as ongoing stakeholder input from the MSHA Steering Committee and other groups produced ideas that were simple in scope and would be easy for community groups to implement. Many of these ideas aligned with MHSA PEI program and priority areas including outreach for increasing recognition of early signs of mental

illness, stigma and discrimination reduction, and suicide prevention. Ideas included providing training on a specific mental health topic such as perinatal depression, providing classes in art to help those experiencing mental health issues, and conducting pilot projects on various prevention modalities. The idea to provide community based mini grants for a wide variety of proposals was born. Mini –Grants would be awarded to community driven projects that would align with MHSA PEI goals. SYBH Mini –Grants would be awarded to projects that identified a Sutter and/or Yuba County targeted audience or population and included methods, activities, and/or evidence based, community defined or promising practice(s) that build community capacity, promote mental health and wellbeing, and address one or more of the following negative effects of untreated mental illness: suicide, incarceration, homelessness, school failure or drop-out, removal of children and older adults from their homes, prolonged suffering, and unemployment. The methods, activities, and/or practices would be culturally and linguistically responsive, increase awareness of mental health and wellbeing, and reduce stigma and discrimination associated with mental health and help-seeking.

The process for applying for Mini-Grants, and the priority areas for funding would be developed by a work group consisting of consumers, stakeholders, MHSA Steering Committee members and SYBH staff. It has been proposed to fund Mini-Grants in a range from $2,500.00 - $25,000.00, and it was further suggested that we fund this for $250,000.00 annually through this planning period for a total of $500.000.00 for this two-year plan, though this and other details would be finalized by the Mini-Grant work group.

While researching the concept of Mini-Grants, SYBH reviewed how other counties implement such a program through MHSA funding. During this review it was found that some counties contracted out the administration of these grants to California Mental Health Services Authority (CalMHSA). Contracting the administration out would provide a smooth and simple process for submitting grants, getting payment, and collecting outcomes. Unless further research during implementation indicates that contracting this function out would be prohibitive, we will proceed with contracting for this function.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 22/23
PROGRAM NAME: School Based Prevention and Early Intervention

☐ 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**
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.**

   Between internal and external contracts, the School Based Prevention and Early Intervention Program served a total of 9,963 Youth. Progress had been made in reaching underserved groups such as socioeconomically disadvantaged youth and youth in rural areas by collaborating with rural schools such as Camptonville Elementary, Riverside Intermediate and Wheatland High School. At Wheatland High we collaborated with the Gay Straight Alliance Club and the Culture Club. The Culture Club consists of students from diverse backgrounds including those enrolled in the foreign exchange student program. We were able to collaborate and serve students at Marysville High School and Yuba Gardens, both of which have a significant number of underserved populations. Between both Marysville High and Yuba Gardens the students are 50% Hispanic/Latino, 11.5% Asian, 3.4% African American, 4.45% Two or more races, and 26.9% White. Our groups and materials can be translated to Spanish, Hmong and Punjabi. Our PEI team consists of translator's that speak Spanish, Hmong and Punjabi.

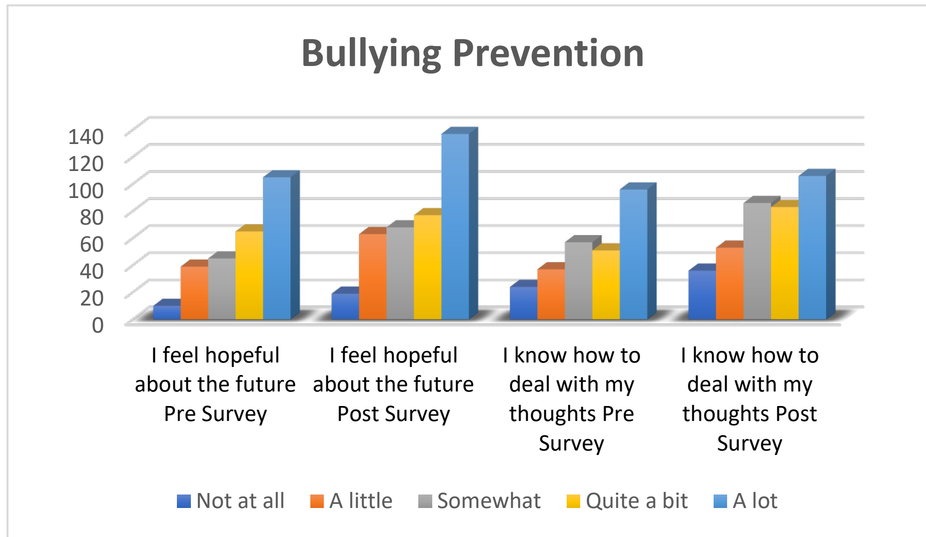
2. **Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.**

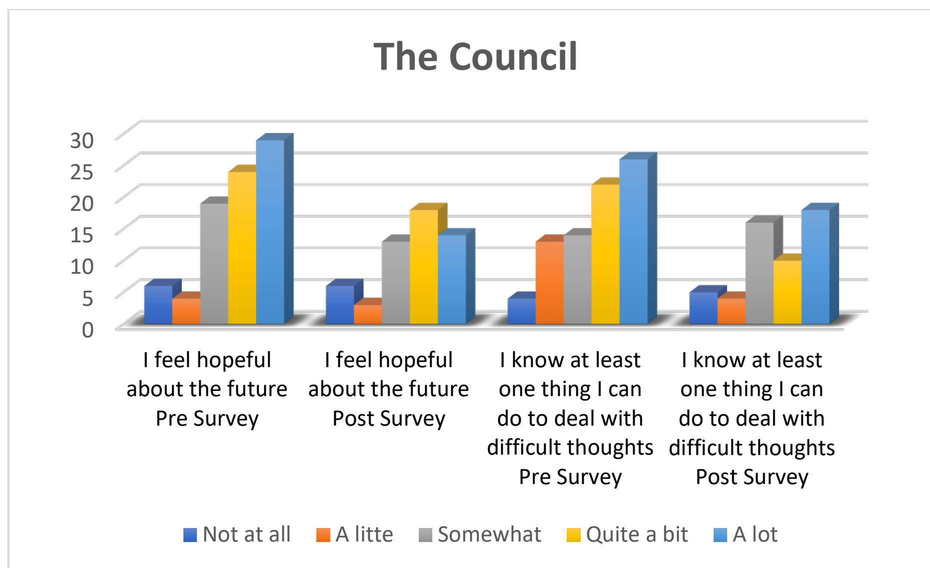
   The groups in the program offer youth the ability to connect with peers, get support and feel included. The groups are also intended to reduce stigma which can impact a person's willingness to reach out for help. CPPP feedback included "We (Parents of Addicted Loved Ones) would like literature to hand out so people know about the services you offer and how to access them." At school outreach events we make sure our materials are culturally competent and translate the materials as needed in Spanish, Hmong and Punjabi.

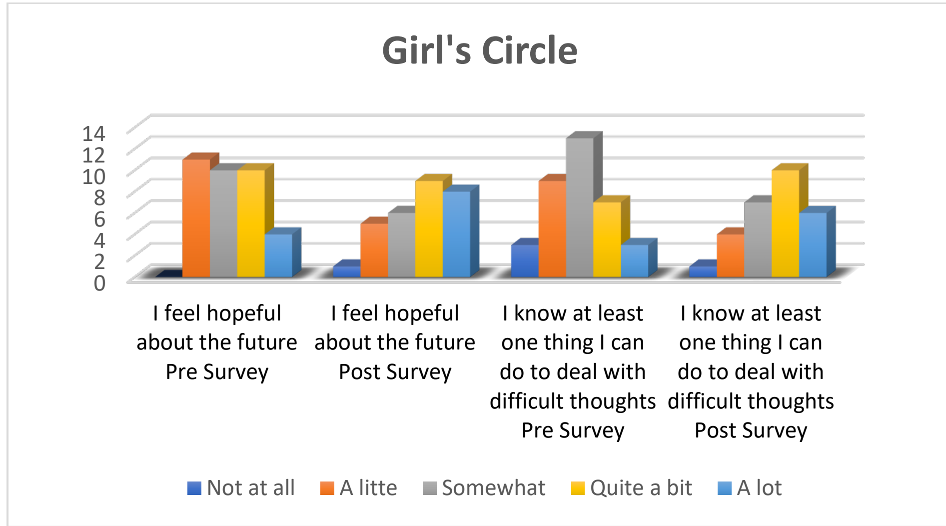
   Having these groups in school settings increases the access youth has to services. Especially Youth that might be faced with transportation issues, or stigma and discrimination issues. This program strives to educate Sutter and Yuba County's students, staff and families on mental health, stigma, mental health indicators, risk factors, health coping skills, and how to access helping resources.

3. **Include examples of notable community impact.**

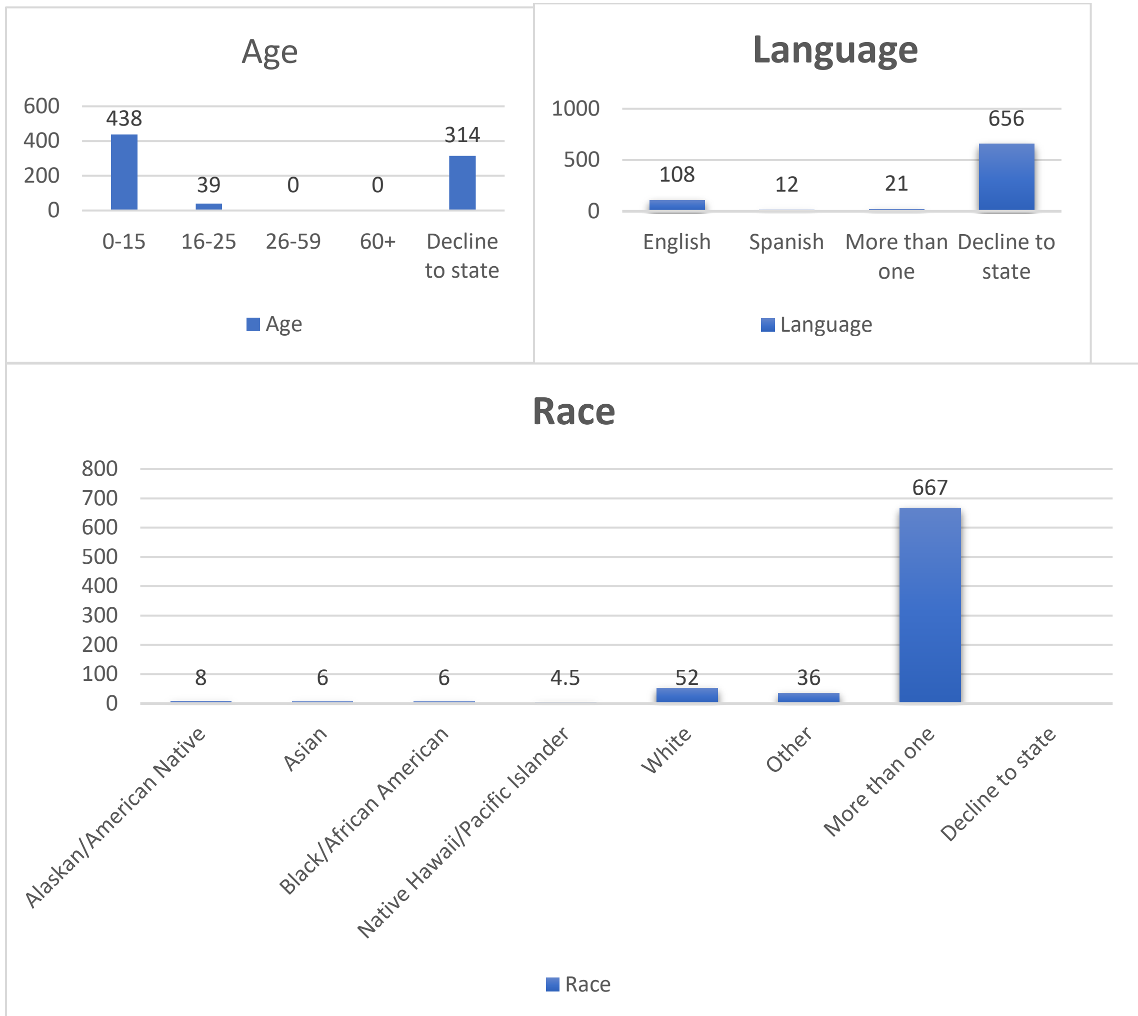
SYBH was able to reach over 500 students with the Cyberbullying Prevention and Second Step Bullying Prevention. As well as attending back to school nights to connect with families, presenting on various mental health and trauma informed topics, presenting on reducing mental health stigma and a family fun night at a middle school that provided mental health education and activities. Below are some of the BUPPS survey results, they include two of the questions that were asked at the beginning and end of every group/training. All of the BUPPS survey results can be found in the appendix.







4. **Include the following demographic data, as available, for all individuals served during the prior fiscal year:** All demographic data and fiscal cost per person will be available in the Appendix. We did not receive back a demographic sheet from every person served.



5. The annual PEI Evaluation Report is included in the Appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 24/25-25/26
PROGRAM NUMBER/NAME: School Based Prevention and Early Intervention

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

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

1. Identify the target population for the Program.

Prevention and Early Intervention (PEI) programs are designed to promote wellness, foster health, and prevent suffering that can result from untreated mental illness, and improve mental health conditions in the early stages of its development. The school-based prevention includes multiple groups that are taught in a school setting to elementary, middle and high school youth. By offering these groups in multiple schools in both counties we hope to increase the access that our youth have to services and to see increased outcomes for the unserved/underserved communities These groups are run internally and by external contracts and they include Bullying Prevention, Boys Council, Girl's Circle, Unity Circle, and our external contract Peer Resource Engagement Program (PREP). The Suicide Prevention and Awareness groups Yellow Ribbon, Signs of Suicide, and Suicide Prevention Presentation will be discussed under the Suicide Prevention Program.

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
Decrease in school attendance and declining grades.	Girls Circle and The Council
Violent behavior and substance abuse by students	Girls Circle, The Council, Bullying Prevention, PREP
Isolation and depression	Girl's Circle, The Council, Unity Circle, PREP
Low self-esteem, low social skills	Girl's Circle, The Council, Unity Circle, PREP

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:

- **List the mental health indicators to be used to measure the reduction of prolonged suffering.**
- **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.

- **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 measuring PEI outcomes using Brief Universal Prevention Program Surveys (BUPPS). BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation. 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”.

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.**

   The goal of groups such as Girl’s Circle and The Council is to reduce negative outcomes by counteracting social and interpersonal forces that impede growth and development by promoting an emotionally safe setting and structure. These are both evidenced based groups and are presented by our staff in the way they were designed. Both group’s outcomes are measured by the BUPPS. Groups such as Second Step Bullying Prevention and Cyberbullying have goals to teach positive assertive skills, social problem solving and friendship building and to foster self-awareness and self-confidence.

   All of these groups are evidenced based groups and the outcomes predicted from the standardized curriculum include increasing socially responsible behavior, emotion management skills, academic improvement, increased empathy, positive body image, communicating needs to adults and recognizing individual strengths.

   The PEI team and school personnel have seen a difference in youth once they conclude the groups. Feedback has included “I have learned how to control my feelings”, “This [group] made me happy” “I learned to set goals for myself”, “[I have learned] that I should respect myself more”, “I have more self-control”, “I matured” and “I learned a lot about myself”.
   The PEI team ensures fidelity to the practice by staying up to date on trainings, following the rules and recommendations of the groups and using the provided facilitator guides for each curriculum.

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

   The groups in this program were designed for all students regardless of social economic backgrounds. We have some of our curriculums offered in Spanish as well as English. On our PEI Team we have staff that speak Spanish, Punjabi and Hmong.

6. **Describe the intended setting(s) and why the setting enhances access for specific, designated underserved populations 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.

These groups are all facilitated in elementary, middle or high school settings and are open to all students who are of an appropriate age for the curriculum. The PEI team feels that offering these programs in a school setting gives students the opportunity to have access to resources that they may otherwise not have. The PEI team attempts to facilitate groups in as many different schools as possible to reach as many of the community youth as they can.

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:**

   The school-based prevention program is intended for elementary, middle and high school students depending on the appropriate ages for each group. The evidenced based curriculums from these groups allow students to identify role models, explore identity, and personal values. The curriculum allows students to think about ways to reduce implicit bias when selecting friendships. The groups also allow the exploration in individual experiences of culture, family, identity and belonging. Girl's Circle, The Council, and Unity Circle employ evidence-based principles of a strengths based approach, motivational interviewing strategies and have a strong focus on positive youth development. Every group is structured and integrate relational theory, skills training, addressing definitions and behaviors, and celebrating unique lived experiences. The Bullying Prevention trainings focus on building empathy, which is related to both social competence and academic success. And improving emotion management which helps children behave is socially skilled ways. The Bullying Prevention trainings include resources for school staff, classroom lessons, games, and activities along with Home Link materials for families.

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.**

    As mentioned above, the County will use the Pre and Post BUPPS surveys.

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.**

    All PEI staff are required to follow the County code of conduct, be culturally competent, and

follow policy guidelines. Four of the PEI staff are fully bilingual in Spanish and Punjabi and Hmong. The staff are all trained to follow the groups individual curriculum, tool kits and administrative manuals.

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

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	4,500	250
TAY (16-25 years)	4,500	250
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	9,000	500
Average Cost per Person	$156.24	$156.24

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

SYBH has the following PEI team that has been fully trained to provide these services.

- 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 we do not anticipate any significant changes to this program. If proposed bills SB 326 and AB 531 and subsequent ballot initiatives pass the county will adjust MHSA programs and services to reflect the new funding requirements.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 22/23
PROGRAM NAME: Suicide Prevention Program

☒ 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):

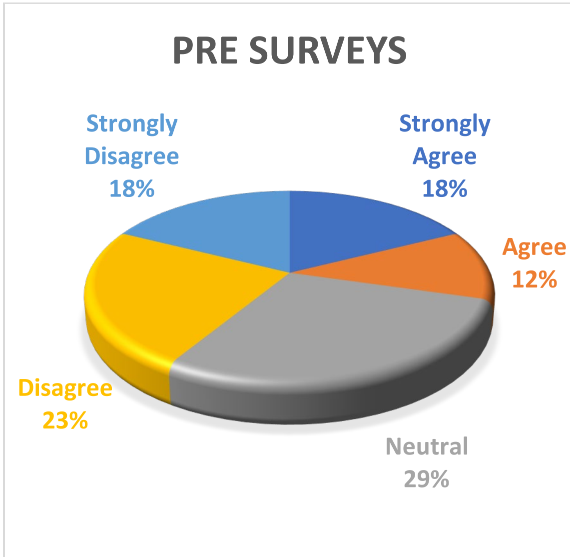
	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	**Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program**
X	**Culturally Competent and Linguistically Appropriate Prevention and Intervention**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

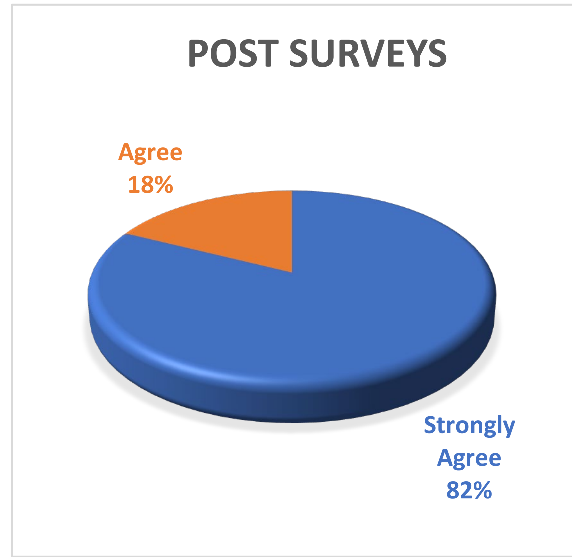
1. **Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of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

   Between Signs of Suicide (SOS), Yellow Ribbon, Applied Suicide Intervention Skills Training (ASIST), SafeTALK and PEI's Suicide Awareness Presentation we served 2,537 individuals in the Suicide Prevention Program. The programs and materials are offered in Spanish and English. ASIST is offered to everyone in the community that is over 18 years old. Yellow Ribbon and SOS are designed for students from 7th-12th grade. Being able to offer these programs in a school setting has allowed SYBH to provide more youth with information on r suicide prevention. The SYBH PEI team includes bilingual staff that speak Hmong, Punjabi, and Spanish. This allows us to serve the unserved/underserved communities more easily.

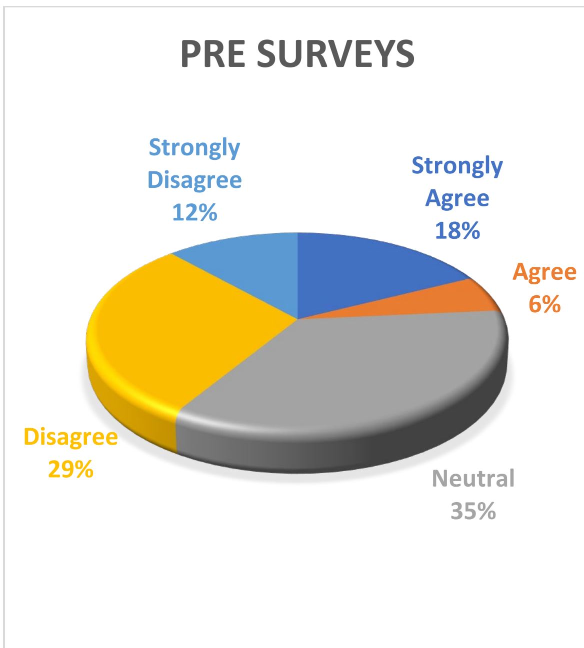
   Below are some survey results from the ASIST, Safe-TALK, and SOS curriculums. Overall, these results show that the intended result of increasing awareness and knowledge of suicide prevention is taking place when individuals participate in this training.

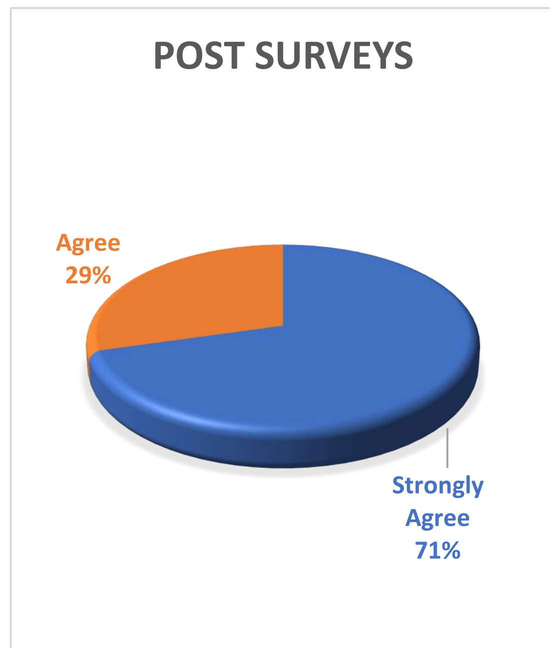
   Indicator: If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if they are thinking about suicide. During FY 22/23, 17 participants responded to this question after participating in the ASIST Training.



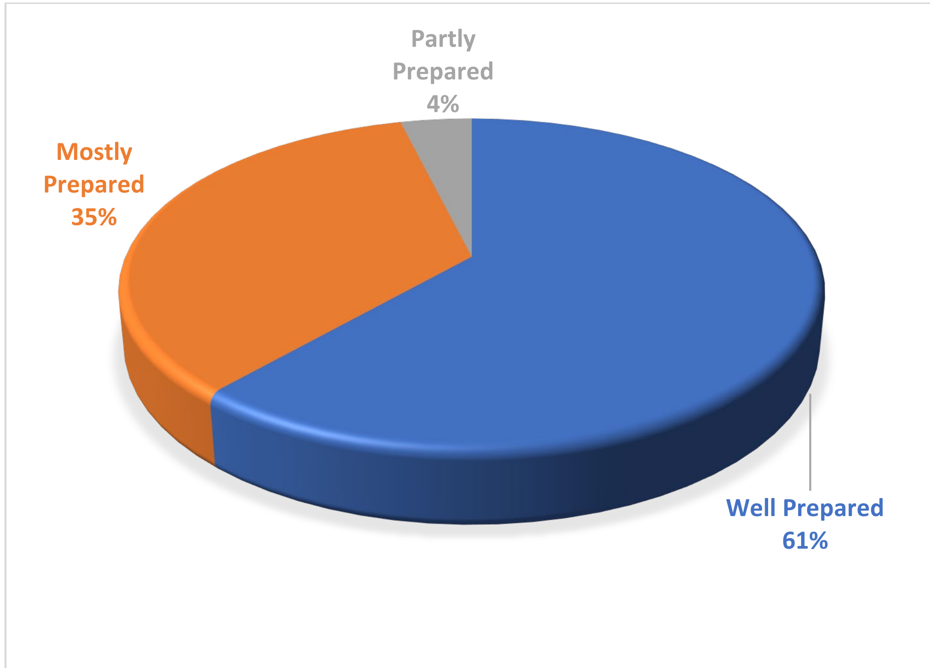


Indicator: If someone told me they were thinking of suicide, I would do a suicide intervention. During FY 22/23, 17 participants responded to this question after participating in the ASIST Training.

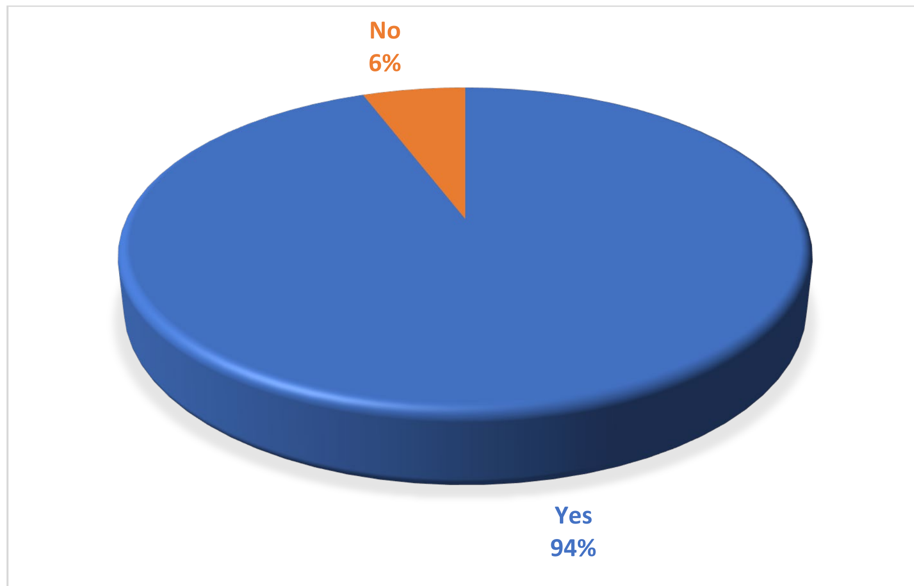




Indicator: How prepared do you feel to talk directly and openly to a person about their thoughts of suicide? During FY 22/23, 26 participants responded to this question after participating in the Safe-TALK training.



Indicator: After the SOS training, I can identify one or more signs that someone might be having thoughts of Suicide. During FY 22/23, 693 students responded to this question after participating in the SOS training.



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

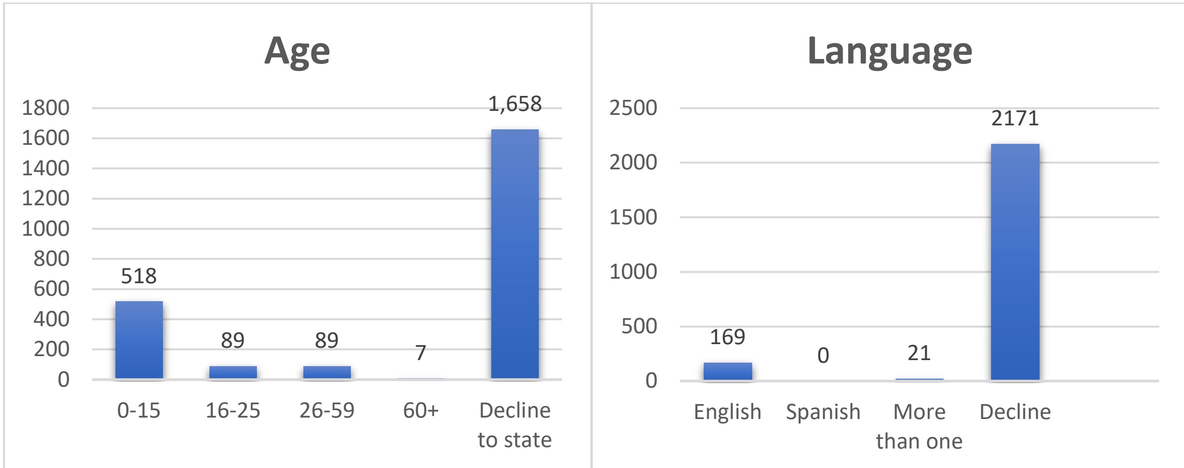
During SYBH's CPPP process community members brought up concerns about suicide amongst youth, suicide myths, and there were also concerns expressed about a completed suicide that happened at a local school. The suicide prevention programs are meant to educate and provide community members and community youth with the tools and knowledge to spot the signs of suicide risk and aid someone in need and what the next steps are for getting the appropriate help. An addition to the Suicide Prevention Program is that SYBH is developing a Sutter-Yuba Suicide Prevention Plan. It is hoped that this plan and implementation of the plan can provide a deeper foundation of suicide prevention awareness through Sutter and Yuba Counties.

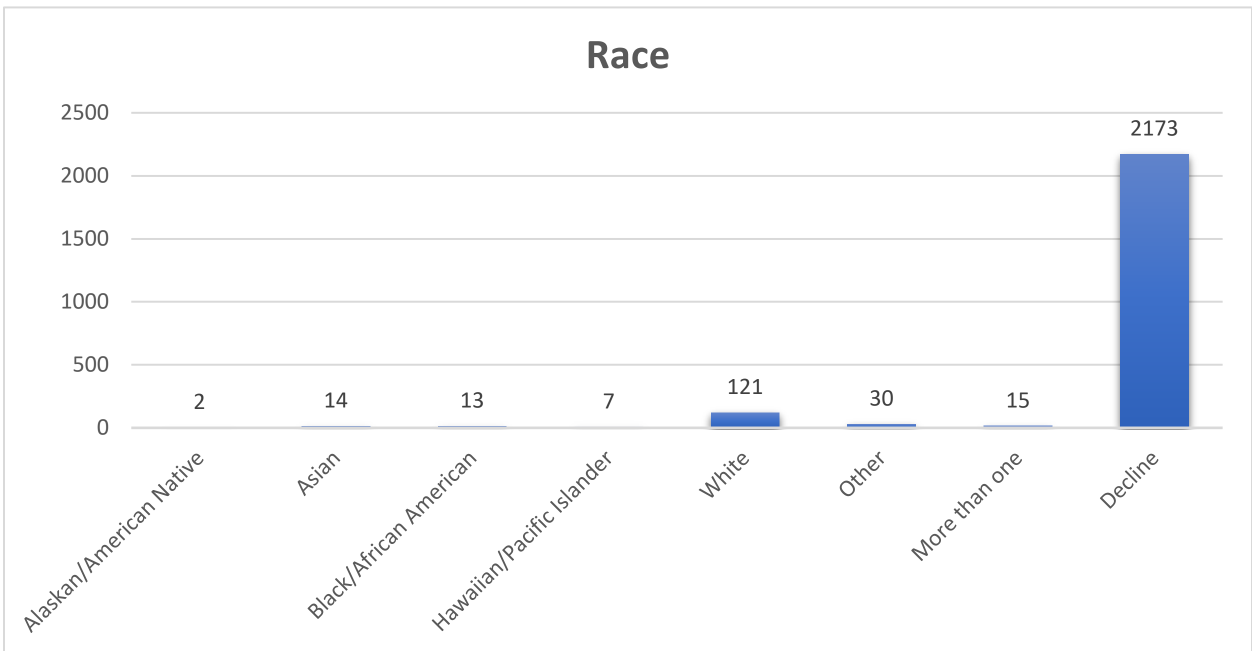
3. **Include examples of notable community impact.**

   The Suicide Prevention Program provides students/community members with the knowledge to seek help for themselves, and/or to seek help on behalf of others. It equips the community with tools to spot warning signs of suicide and depression in youth and adults. This program increases knowledge on how to respond to those at risk. It also educates participants on what community resources are available and how to connect with them.

   - Generally, these courses are very well received by participants as these comments suggest. "Fantastic course that I feel is a must for so many people. I feel so much more confident in assisting someone with suicide prevention."
   - "This training has been instrumental in empowering me to be a more involved and caring community member."
   - "Excellent training! Prior to attending I would have used less direct words when asking someone and probably wouldn't have even asked."
   - "I feel more confident in my abilities to do a suicide intervention as a counselor. Thanks to the training."
   - "Great training, no improvement needed."
   - "Trainers were amazing, they provided knowledge and resources as needed. The workshop is great."

4. **Include the following demographic data, as available, for all individuals served during the prior fiscal year:** All demographic data and fiscal cost per person will be available in the Appendix. We did not receive back a demographic sheet from every person served.





6. The annual PEI Evaluation Report is included in the Appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 24/25-25/26
PROGRAM NUMBER/NAME: Suicide Prevention Program

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

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

1. Identify the target population for the Program.

The Suicide Prevention Program includes Yellow Ribbon, Safe TALK (Tell, Ask, Listen, Keep Safe)

Signs of Suicide (SOS), ASIST, and Bridging Hope. These programs are taught in a school setting and in the community. Yellow Ribbon and SOS are designed for students from middle school to high school. ASSIST is designed for adults 18-years-old or older. This is the first year SYBH will be hosting Bridging Hope which is a bi-county community event to raise awareness of suicide and is open to everyone in the 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
Isolation, depression	Yellow Ribbon, Safe TALK, SOS, ASIST. Reducing stigma around asking for help.
Suicidal ideation	Yellow Ribbon, Safe TALK, SOS, ASIST.
Difficult thoughts	Yellow Ribbon, Safe TALK, SOS, ASIST. Tools to deal with and manage difficult thoughts.
Lack of knowledge regarding suicide, risk factors and signs.	Yellow Ribbon, Safe TALK, SOS, ASIST. Educating participants on signs that someone is in need of help, risk factors and reducing stigma. Bridging Hope.

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:**

The Suicide Prevention Program is expected to affect the number of suicides and attempted suicides in both Sutter and Yuba Counties, while at the same time increasing knowledge about suicide risk and depression and reducing suicidal ideation.

Safe-TALK, ASIST, and SOS have their own surveys that are a part of their curriculum. Some of the mental health indicators include "I feel prepared to help a person at risk of suicide", "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide", and "I can identify one or more signs that someone might be having thoughts of suicide."

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 goals of the trainings Yellow Ribbon and SOS include addressing youth/teen suicide and educate middle and high school students on risk awareness. These trainings use age appropriate materials and follow up discussions to give youth skills such as "Acknowledge, Care and Tell"

(ACT) if they feel that they or someone they know is showing signs of depression.

The goals of ASIST and Safe-TALK include teaching participants to recognize and engage persons who might be having thoughts of suicide and connecting them with community resources trained in suicide intervention. The trainings want to make community members more comfortable, confident, and competent in helping prevent the immediate risk of suicide.

Feedback from these trainings include “the training was relevant and effective”, “great training”, and “passionate instructor, plenty of training materials”. We use a self-reported feedback form using a Likert-Scale. Regarding Safe-TALK ,25 out of 26, people said they were well prepared or mostly prepared to talk directly and openly to a person about their thoughts of suicide. Regarding SOS, 653 out of 693, people said they can identify one or more signs that someone might be having thoughts of suicide.

The PEI team ensures fidelity to the practice by staying up to date on trainings, following the rules and recommendations of the groups and using the provided facilitator guides for each curriculum.

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

   The groups in this program were designed for all students and community members regardless of social economic backgrounds. We have some of our curriculums offered in Spanish as well as English. On our PEI Team we have staff that speak Spanish, Punjabi and Hmong.

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.**

   These groups are all facilitated in middle or high school settings or in appropriately designated places in our community. The PEI team attempts to offer Yellow Ribbon and SOS in as many local schools as possible to reach as many of the community youth as they can. The PEI team feels that offering some of these programs in a school setting gives students the opportunity to have access to resources that they may otherwise not have.

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:**

   Continue to offer ASIST and Safe-TALK to community members as ASIST provides an understanding of how personal and societal attitudes affect views on suicide and interventions,

and Safe-TALK helps people learn how to identify people who might be having thoughts of suicide and how to connect them to the proper resources. Continue to offer SOS and Yellow Ribbon at local schools to increase awareness and give students the tools to identify and prevent early signs of suicide. SOS teaches and encourages students to stay with the students at risk until help arrives or is taken to a trusted adult. We will continue collecting the self-reported surveys at the completion of the trainings.

The ASIST training contains a training evaluation that measures participants' attitudes at the beginning and a post-survey that measures the difference. The training offers all participants an opportunity to discuss their views and attitudes and how those attitudes affect suicide intervention. Each ASIST trainer must complete three trainings per year to be in compliance with LivingWorks certification. The SOS program requires all potential trainers to complete a full training that consists of animated videos. The ASIST and SOS are evidence-based programs that requires each trainer to follow the fidelity of the program. A training report is sent to LivingWorks to evaluate the effectiveness of the program and provide feedback on how to improve.

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.

Sutter Yuba Behavioral Health PEI team does not intend to collect outcomes in addition to those required by California's Department of Health Care Services.

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.

All PEI staff are required to follow the County code of conduct, be culturally competent, and follow policy guidelines. Four of the PEI staff are fully bilingual in Spanish and Punjabi and Hmong. The staff are all trained to follow the groups individual curriculum, tool kits and administrative manuals.

SYBH is planning on writing a Sutter-Yuba Suicide Prevention Plan. We will hold meetings that are open to the public to get feedback on what the community would like to see in a Suicide Prevention Plan.

SYBH will also be holding a free event, called "Bridging Hope". Bridging Hope is a walk for Suicide Prevention and Awareness that will span both Sutter and Yuba counties. It will begin and end in Marysville where there will be keynote speakers, and many community resources.

PREVENTION AND EARLY INTERVENTION
SUTTER-YUBA BEHAVIORAL HEALTH
BRIDGING HOPE
A WALK FOR SUICIDE AWARENESS & PREVENTION
SATURDAY, SEPTEMBER 30, 2023
FREE EVENT
COMMUNITY RESOURCE TABLES
RAIN OR SHINE
SCAN ME
BELIEVES

PREVENCIÓN E INTERVENCIÓN TEMPRANA
SUTTER-YUBA BEHAVIORAL HEALTH
BRIDGING HOPE
UNA CAMINATA POR LA CONCIENTIZACIÓN Y PREVENCIÓN DEL SUICIDIO
SÁBADO, 30 DE SEPTIEMBRE DE 2023
EVENTO GRATIS
MESAS DE RECURSOS COMUNITARIOS
LLUEVA O HAGA SOL
BELIEVES

PREVENTION AND EARLY INTERVENTION
SUTTER-YUBA BEHAVIORAL HEALTH
BRIDGING HOPE
(ਬ੍ਰਿਜਿੰਗ ਹੋਪ)
ਖੁਦਕੁਸ਼ੀ ਜਾਗਰੂਕਤਾ ਅਤੇ ਰੋਕਥਾਮ ਲਈ ਸੈਰ ਕਰੋ
ਸ਼ਨੀਵਾਰ,
ਸਤੰਬਰ 30, 2023
SCAN ME
BELIEVES

KEV TIVTHIAV THIAB KEVPAB THAUM NTXOV
SUTTER-YUBA BEHAVIORAL HEALTH
BRIDGING HOPE
TAUG KEV QHIA TXOG KEV PAUB & TIVTHIAV TXOJ KEV TXOS YUS TXOJ SIA
SATURDAY, SEPTEMBER 30, 2023
KOOB TSHEEJ DAWB
SCAN ME
BELIEVES

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	N/A
TAY (16-25 years)	2000	N/A
Adults (26-59 years)	50	N/A
Older Adults (60 years +)	25	N/A
Annual Total # of individuals to be served (estimate)	3075	N/A
Average Cost per Person	$156.24	N/A

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

    SYBH has the following PEI team that has been fully trained to provide these services.

    - 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

    Currently SYBH has 3 certified ASIST trainers and two potential trainers.

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

    SYBH will use funding to implement the following suicide prevention goals: assist schools in developing a consistent suicide postvention plan; provide resources to achieve goals and objectives in the suicide prevention plan; to provide community-based suicide prevention activities, continue the suicide prevention Bridges to Hope walk. Beyond this we do not anticipate any other significant changes to this program. If proposed bills SB 326 and AB 531 and subsequent ballot initiatives pass the county will adjust MHSA programs and services to reflect the new funding requirements.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY22/23
PROGRAM NAME: Stigma and Discrimination Reduction

☒ 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.**

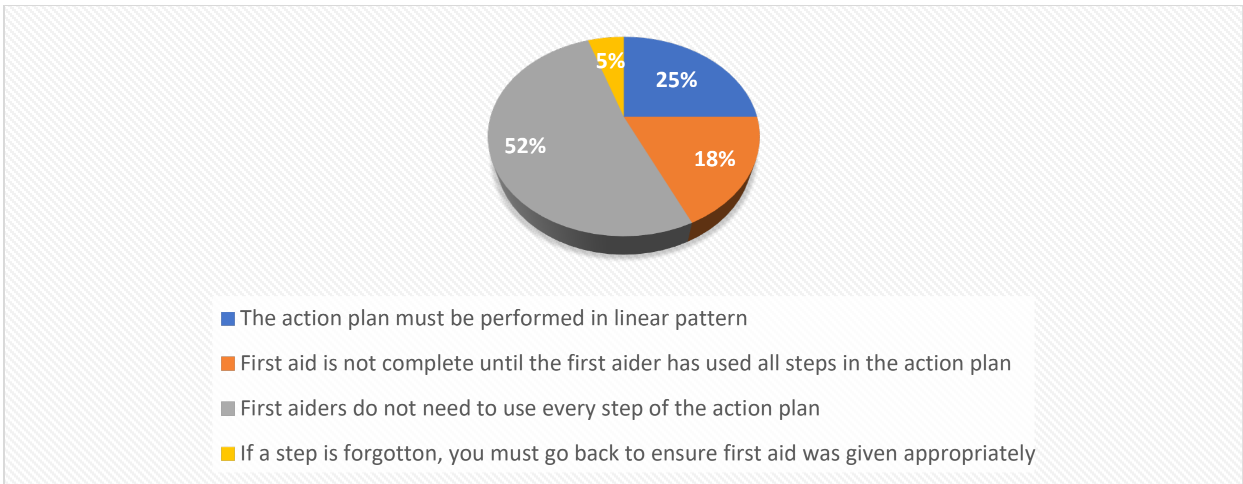
   During FY 22/23, SYBH PEI provided Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) to 188 people, Promotores and Each Mind Matters reached 4,382 people at outreach events. MHFA/YMHFA is offered in English and Spanish which allows us to better serve the underserved Latino community. Our PEI team consists of translators that can speak Hmong, Punjabi and Spanish which allows us to better serve the severely underserved Hmong, Punjabi, and Latino communities.

   To allow for better access to the community, MHFA and YMHFA are provided free of charge and in facilities that are close to county transportation. The trainings include workbooks and materials. All participants receive community resources and information on SYBH Open Access for youth and adults. The MHFA/YMHFA training is offered to everyone above the age of 18 in the community, including faith based, Sutter and Yuba County jail staff, Highway Patrol Office, and school officials.

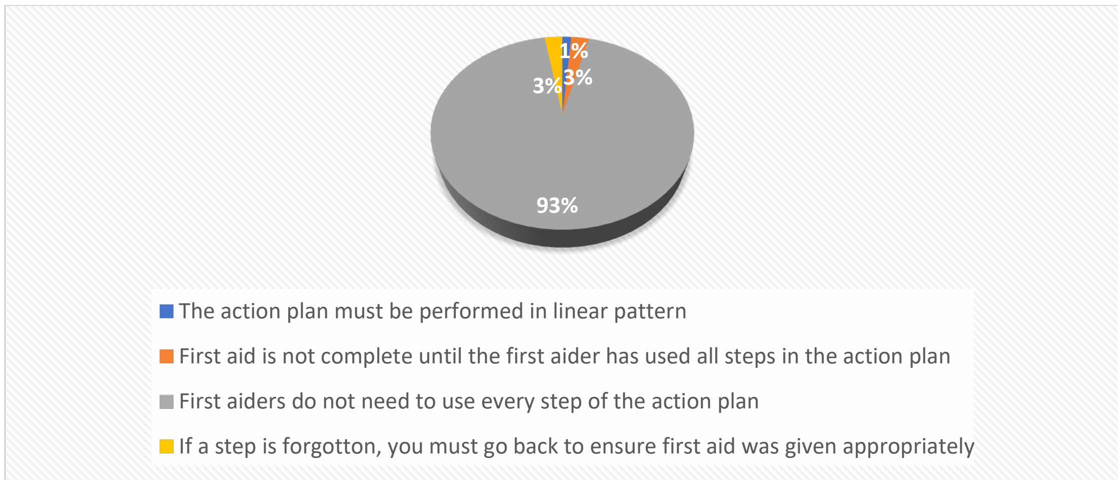
Which of the following statements is true about the ALGEE action plan?

116 participants completed surveys in FY 23/24.

PRE SURVEYS (MHFA)



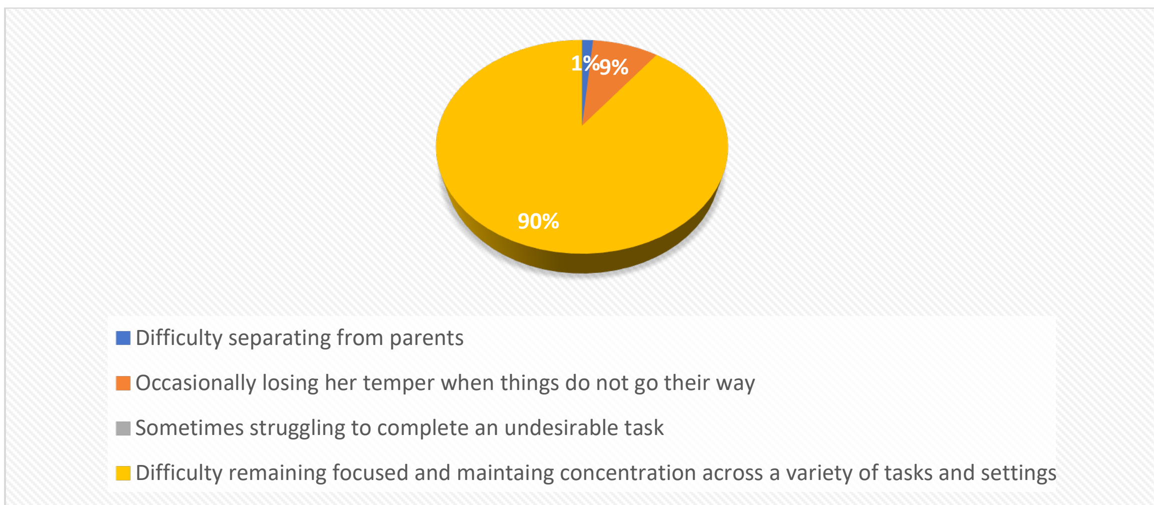
POST SURVEYS (MHFA)



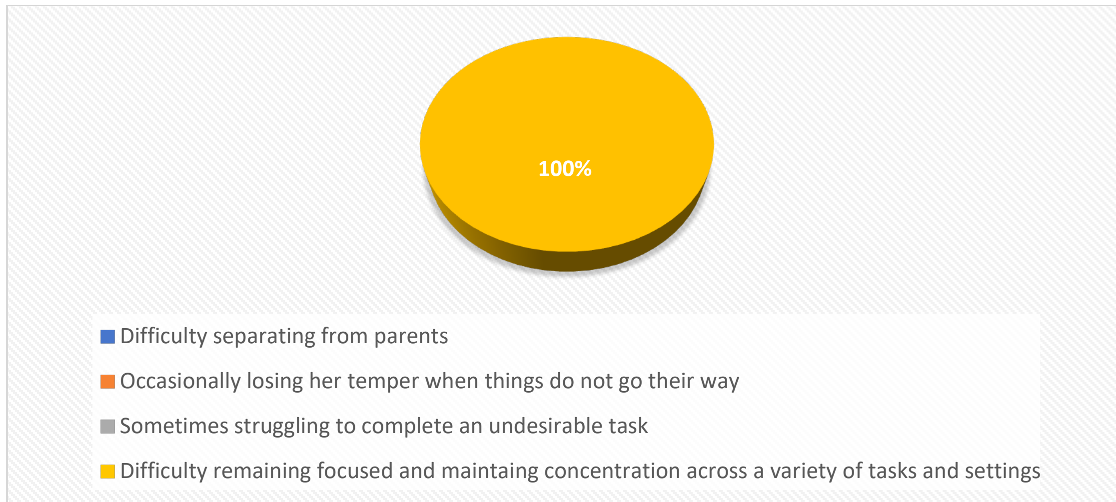
Which of the following may be an early indicator that a child or youth is experiencing a mental health or substance use challenge?

68 participants completed surveys in FY 23/24.

PRE SURVEYS (YMHFA)



POST SURVEYS (YMHFA)



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

A common issue identified during our CPPP is the stigma associated with and around mental health. The stigma associated with receiving services prevents people from not only reaching out when they themselves need help, but it prevents them from reaching out to their peers if they think someone else might need assistance or services. Another common issue identified was the lack of community knowledge on available services and how to access services.

MHFA/YMHFA introduces participants to the unique risk factors and warning signs of mental health problems in adolescents and adults. It builds an understanding of the importance of early intervention and teaches individuals how to help an adolescent or an adult in a crisis or experiencing a mental health challenge. Both programs are done in English and Spanish making them more inclusive to members in the community.

Outreach is conducted through community events, and staff contacts with agencies in the community, including School Districts, County Officials, and Law Enforcement. Educational handouts are disbursed that explain local resources and provide information on mental health. This kind of educational information can lead to a reduction in the stigma associated with and around mental health.

3. Include examples of notable community impact.

This program provides community members with knowledge that may increase help-seeking for themselves or on behalf of others. This program arms the community as a whole with tools and knowledge to reduce the stigma and discrimination surrounding mental health. Attendees of MHFA/YMHFA were asked, "What was the most helpful part of the course? Why?" The responses included:

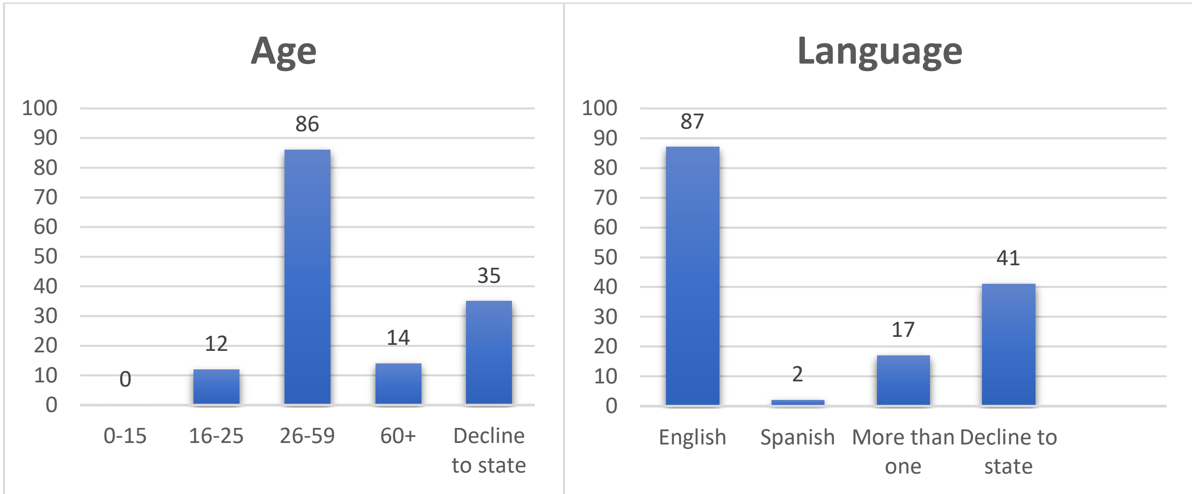
- "The resource materials and clarity of instruction."

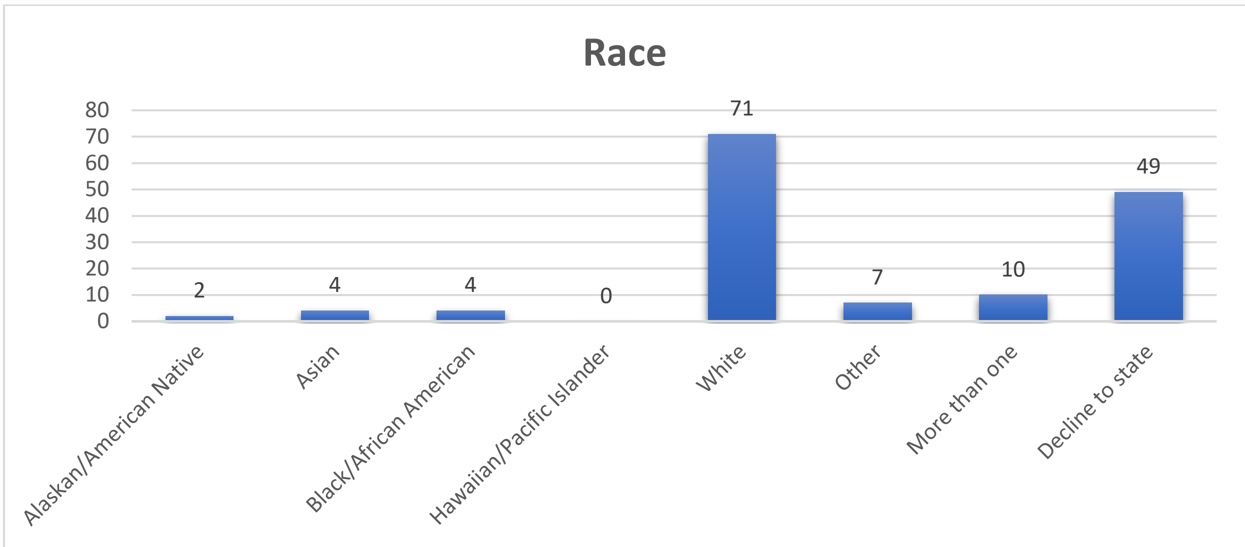
- “The discussions with the others in the class. It was helpful to know there were others with no prior training that would have responded the same way I would have.”
- “Learning the ways to approach and assess different issues and practicing them.”
- “Breaking off into groups to go over scenarios. It helps put what you are learning into action.”
- “Learning the ALGEE because sometimes it is difficult to have conversations about mental health when you don’t know how that person will respond.”

Below you can see the list of outreach events that were attended by PEI staff for Each Mind Matters during Mental Health Awareness Month.

SCHOOL	DATE	TIME
River Valley High	5/1/23	11am-1:30pm
MCAA	5/8/23	11:30am – 12:00pm
Yuba City Charter	5/8/23	12:00pm – 2:30pm
Gray Avenue	5/9/23	10:00am – 1:15pm
River Valley High	5/9/23	10:30am – 1:30pm
South Lindhurst	5/10/23	10am-1pm
Butte Vista	5/11/23	12:00pm – 1:00 pm
Live Oak Middle	5/12/23	10:50 am – 12:10 pm
MCAA	5/12/23	11:30am – 12:00pm
Lincrest Elementary	5/12/23	11:15am-1:10pm
Live Oak High	5/15/23	11am-1pm
North Lindhurst	5/17/23	8am-11am
River Valley High	5/17/23	12pm-3:30pm
Albert Powell	5/18/23	9:00am – 10:00am 1:00pm – 1:30 pm
Marysville High	5/18/23	12:20 – 12:55
East Nicolaus	5/18/23	1:00pm – 1:30pm
Sutter High	5/19/23	12:40pm-1:20pm
United Way Community Resource Fair	5/20/23	10am-1pm
Yuba City High	5/22/23	12pm-2pm
Andros Karperos	5/25/23	10am-1pm
Wheatland High	5/26/23	11:50am-1:18pm
Tierra Buena	5/26/23	12:00pm – 1:00 pm
April Lane	5/30/23	8:00 am – 3:00 pm
April Lane	5/31/23	8:00 am – 3:00 pm

4. **Include the following demographic data, as available, for all individuals served during the prior fiscal year:** All demographic data and fiscal cost per person will be available in the Appendix. We did not receive back a demographic sheet from every person served.





5. The annual PEI Evaluation Report is included in the Appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 24/25-25/26
PROGRAM NUMBER/NAME: Stigma and Discrimination Reduction

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

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

1. Identify the target population for the Program.

Our Stigma and Discrimination Reduction program includes Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), Teen Mental Health First Aid (TMHFA), Promotores, and Each mind matters outreach event. MHFA/YMHFA can be taught in person or virtually to adults 18 years old or older. TMHFA is taught to high school students at the high schools. Each Mind matters is outreach to the entire community. SYBH PEI has a goal of increased outcomes for

specific populations, including unserved and underserved populations such as Latino, Hmong, Punjabi, Youth and LGBTQ+.

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
Stigma discrimination against those who have mental illness causes people to not reach out for help when they need it.	All outreach, including Each Mind Matters and Promotores, is meant to educate the community about mental health to reduce stigma and discrimination.
Lack of understanding symptoms and ability to identify early signs and symptoms of mental illness.	Listen Nonjudgmentally. Give reassurance and information. Encourage appropriate professional help. Encourage self-help and other support groups. MHFA/YMHFA is meant to educate the community and give them tools to identify early signs of mental illness and the next steps that should be taken.
Unique risk factors and warning signs of mental health problems in Adolescents and Adults	Increased mental health awareness. Increased knowledge of early signs of mental illness. Initiate timely referrals to mental health and substance abuse resources available in the community
Mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorders	MHFA/YMHFA is meant to educate the community and give them tools to identify early signs of mental illness and the next steps that should be taken.

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:**

The MHSA negative outcomes as a consequence of untreated mental illness that this program is expected to affect include suicide, incarceration, school failure or pushout, and prolonged suffering. MHFA/YMHFA trainings are meant to give adults the tools to not only identify early signs of mental illness but the next steps that should be taken when these signs are observed. Getting someone who is experiencing early signs of mental illness connected with the appropriate services can lead to a reduction of the possible negative outcomes. The outreach events are meant to reduce the stigma around mental health and connecting with services. Reducing the stigma around mental health will educate people on local resources and can encourage people to reach out when they need help which will reduce the negative outcomes as a consequence of untreated mental illness.

MHFA/YMHFA collect surveys at the end of each training. Some of the indicators used include “The most common protective factor for youth resilience is”, “How can a First Aider cope with feelings of discomfort or frustration associated with providing first aid”, “It is not a good idea to

ask someone if they are feeling suicidal in case you put the idea into their head". Participants also grade their instructor and comment on the trainings' effectiveness.

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.**

   MHFA/YMHFA is an evidenced based program. The instructors must post the Mental Health First Aid Training Final Evaluations on Mental Health First Aid Instructors website to report the following information: Each individual trained, individual evaluation results, the quality of training based on the learning objectives in each of the sections of the MHFA training, instructor core competencies, average participants score, and content score. All trainers must be certified by MHFA through a 3-day interactive training. All trainers must follow the curriculum to maintain the fidelity of the program.

   The peer-reviewed studies show that individuals trained in the program increase their knowledge of signs, symptoms and risk factors of mental health and substance use challenges and they show reduced stigma and increased empathy toward individuals with mental health challenges. Individuals trained in the program are shown to increase their confidence and likelihood to help an individual in distress and use the skills and information they learn in MHFA to manage their own mental wellbeing.

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

   The MHFA/YMHFA training curriculum is available in English and Spanish. The outreach events are conducted through many different community events and throughout schools, County agencies and Law Enforcement. The PEI team consists of translators who speak Spanish, Punjabi and Hmong which increase the communities they can access.

6. **Describe the intended setting(s) and why the setting enhances access for specific, designated underserved populations 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 Each Mind matters community outreach event is done throughout our community, including outreach to the Latino, Hmong, and Punjabi communities with materials available in Spanish, Hmong, Punjabi and English.

   The MHFA/YMHFA are taught in person throughout the Sutter-Yuba Communities. The trainings have been taught virtually but traditionally are taught in person. Offering the MHFA/YMHFA in different locations as well as virtually enhances the community's ability to access the trainings. TMHFA is taught in the High Schools to students in grades 9-12.

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 intends to influence our community as a whole. We try to reach as many people as we can through our outreach efforts and events. The MHFA/YMHFA is available to anyone who would like to join. Our outreach efforts are intended to educate our community about the different factors and effects of mental health with easily digestible materials and in turn reduce the stigma and discrimination associated with mental health as a whole.

   With the MHFA/YMHFA trainings we hope to educate and train as many people as possible in our community and arm them with the tools to identify early signs of mental illness and make them comfortable in approaching and talking to someone who may be exhibiting these signs. The county will measure changes in attitudes, knowledge and or behavior related to mental illness or seeking mental health services by analyzing the surveys and feedback completed after the trainings.

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 an 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.**

    Sutter Yuba Behavioral Health does not intend to collect additional outcomes other than those required in section 3750 (g).

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 focus of Mental Health First Aid training is to educate participants on Mental Health Illnesses and reduce the associated stigma, the trainings are offered in English and Spanish. The Each

Mind Matters disseminates information on Mental Health in four different languages, Spanish, Hmong, Punjabi, and English. In addition, the bi-lingual PEI staff is always available during the outreach events to answer questions and make the appropriate referrals to services.

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	N/A
TAY (16-25 years)	1000	N/A
Adults (26-59 years)	1101	N/A
Older Adults (60 years +)	15	N/A
Annual Total # of individuals to be served (estimate)	3115	N/A
Average Cost per Person	156.24	N/A

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

SYBH has the following PEI team that has been fully trained to provide these services.

- 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

The PEI team has four trained staff on YMHFA and MHFA and Two ASIST trainers and 4 SOS trainers.

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

SYBH is planning on expanding outreach to include input from our CPPP process which includes, using members of existing community groups to enhance our ability to provide culturally competent services, collaborating with local groups to provide mental health outreach in unusual venues such as the Sutter County Museum, developing community based outreach events for May is Mental Health Month, developing a variety of effective materials to let the community know about SYBH services and how to access them, to collaborate with CASA to address human trafficking issues, to work with Veteran's to promote healing through art and teaching art to others. We will continue to take additional input and implement them as we are able in order to create a more vibrant stigma and discrimination reduction program.
If proposed bills SB 326 and AB 531 and subsequent ballot initiatives pass the county will adjust MHSA programs and services to reflect the new funding requirements.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 24/25-25/26

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 462 unhoused individuals in FY 22/23, 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.

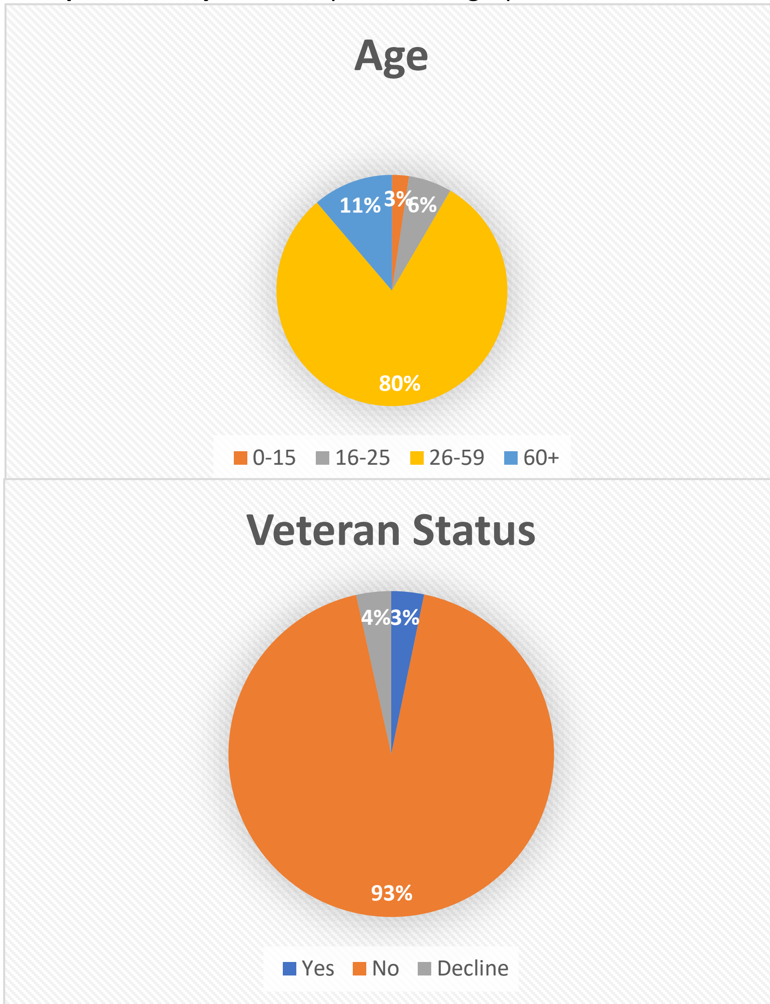
During our CCCP process, concerns about homelessness in our community was mentioned multiple times. Through outreach efforts, unhoused residents are connected to medical, behavioral health, substance use, and housing resources including referral to case management and more intensive (FSP) services.

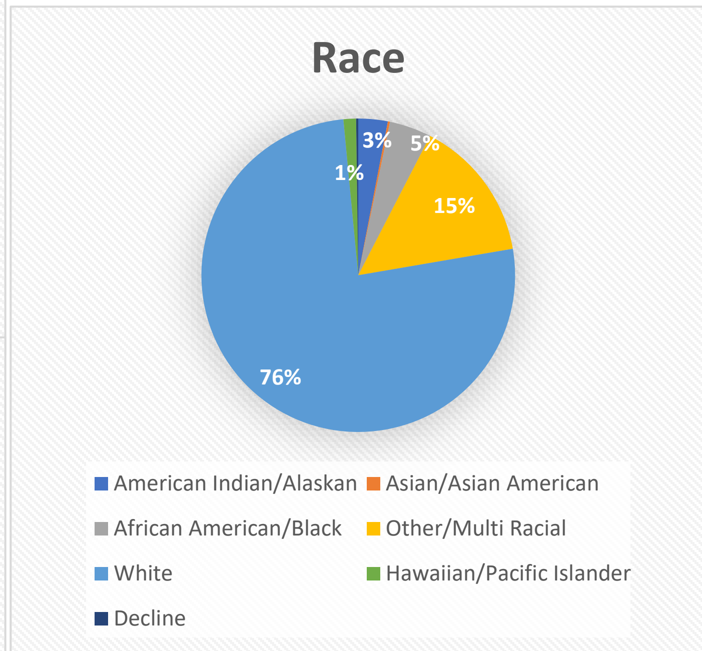
3. Include examples of notable community impact.

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: Complete demographic data will be added to the Appendix.





5. The annual PEI Evaluation Report is included in the Appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 24/25-25/26

PROGRAM NUMBER/NAME: Homeless Engagement and Resolution Team (HEaRT)

☒ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

☐ PREVENTION PROGRAM **☒ EARLY INTERVENTION**

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,
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 HMIS system 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, where 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 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.

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

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.

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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.

At this point in time we do not anticipate any significant changes to this program. If proposed bills SB 326 and AB 531 and subsequent ballot initiatives pass the county will adjust MHSA programs and services to reflect the new funding requirements.

PREVENTION AND EARLY INTERVENTION (PEI) PRIOR FISCAL YEAR ACTIVITIES FY 22/23
PROGRAM NAME: Underserved and Locally Identified Priority Populations

☒ **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
	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: Underserved and locally identified priority populations, rural and isolated 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 (CCP) convened youth as described in our current contract. Through our PEI funded Rally Point Program we have offered youth bi-monthly opportunities for skill building, mentorship, socialization and employment opportunities. During FY 22/23 CCP had the ability to expand the PEI program to include more foothill communities. This was possible by braiding funding with another grant (All Children Thrive, ACT) CCP received. This allowed us to convene two separate youth groups doubling our ability to provide services to underserved foothill youth. Unfortunately, the ACT grant will sunset on December 31, 2023.

   The challenges facing CCP are trying to reach all of the extremely underserved and isolated youth in the Yuba County foothills. There is little to no public transportation offered in the foothills to allow participation. It is a 100-mile round trip to Marysville and Yuba City where the vast majority of prevention services are offered.

Tri-County Diversity has worked to increase visibility in the community, attendance of all programs and events as well as increasing the programs and events utilizing the space provided by the Tri-County Diversity Center, a multi-use space as a resource and information and social community center space for the LGBTQ+ community. TCD received a grant from the National Endowment for the Arts and Yuba Sutter Arts and Culture to improve the aesthetics of the TCD Center. This includes a professional art gallery hanging system to display works of art by 2SLGBTQIA+ individuals in the community. TCD was also able to paint the walls of the center, including a mural project by a local artist who engaged the YOUTH! members in the Mural Project of the space - providing a sense of community and pride of achievement in working together to beautify the social area of the TCD Center, making the space their own. The project increased interest in the space and made the TCD Center a more welcoming, engaging place to be. In FY 22/23, TCD held a total of 133 events with attendance of over 1,000 participants. This includes 75 adult and all ages events, 8 Young Adult events, 37 YOUTH! program events, 5 Outreach Events, and 4 Presentations in the community. TCD also provided information and resources through the hotlines, email, and social media engagement to over 360 first-time contacts, including 60 referrals to Sutter Yuba Behavioral Health for those seeking behavioral health services, providing access and linkage to treatment.

Major challenges presented to TCD in the implementation of programming are the time constraints and availability of volunteers, as Tri-County Diversity is a fully volunteer run organization. Other hurdles TCD faces is creating visibility in the community, with limited time volunteers have and lower levels of acceptance in the community to provide advertisement / connections and a mutual referral system. Transportation for participants in a community where there is little to no transportation access for those participants without personal vehicles poses a challenge for scheduling events to maximize participation opportunities. The largest challenge presented to TCD programs is the lack of acceptance in the community where Tri-County Diversity faces a considerable amount of stigma and stereotyping from local individuals, businesses and organizations who ignore the organization, refuse to be associated with the organization, and at times deny efforts to be included in larger community-based events, sponsorship and fundraising opportunities, and advertising of the programs and resources provided by TCD.

Mentorship/ Skill Building	**Number of youth served (unduplicated #'s)**	**Total attendance**	**Ages**
After School Program	18	744	8-13
Rally Point Camptonville	24	244	10-18
Twilight School	12	19	
Annual Halloween Carnival	45	132	
Rally Point -Challenge	28	89	
Youth League-Challenge	8	47	
CV School Garden project	3	8	
Total youth served	104	1283	8-18

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.**

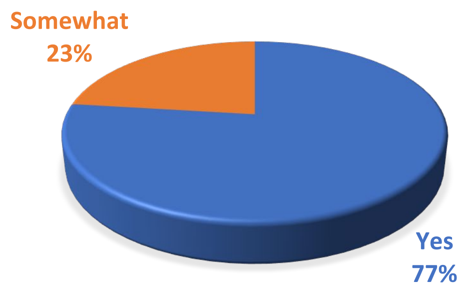
   During our CPPP process, community members pointed out the lack of services for people residing in the Yuba County foothills. CCP's PEI program provides a variety of opportunities for underserved foothill youth. Many of these families have very limited resources to allow them to attend. Allowing these youth to make crucial social connections and build self-esteem reduce the risk of mental health issues, isolation, school failure and suicide. Therefore, having the opportunity to provide free local programs is important in serving these isolated youth.

   TCD addresses community issues faced by LGBTQ+ individuals, an underserved group in Yuba and Sutter counties. The program provides information, education, and resources to the community with a focus on youth and young adults programs to reduce stigma and discrimination and provide suicide prevention. The TCD YOUTH! and YAs programs provide youth ages 12-18 and Young Adults ages 18-30 with opportunities to engage in peer support, understand and embrace LGBTQ+ cultural and history, and social interactions in a safe and affirming environment where they can learn coping skills, promote healthy living, and practice leadership and adult living skills free from judgment. These programs provide all participants with resources, skills, and a sense of self identity and esteem, purpose, belonging and community, which reduces the need for higher levels of behavioral health care for issues faced by the LGBTQ+ community such as feelings of isolation and ostracism with increased risks of mental health issues, suicide, homelessness, health issues, and addiction.

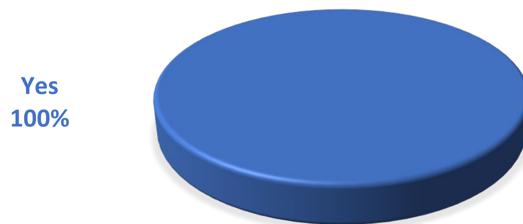
3. **Include examples of notable community impact.**

   In FY 22/23 CCP Rally Point youth assisted the community to staff some of the favorite events such as the Christmas Craft Fair, May Plant Sale and Country Fair. Youth also had the opportunity to address the Yuba County Children's Council on issues affecting foothill youth, most notable, the lack of transportation options. Their data was also received by Yuba Cutter Transit. You also worked statewide with youth leadership group to bring local data to a state youth forum. Two youth were recognized for their leadership. Rally Point youth are also helping to formulate a Community Health Action plan that will be delivered to the Yuba County Board of Supervisors in December 2023. CCP offered youth-focused training – Health Advocacy and Strategies Series. 12 youth received training which included The Write Project, Message Workshop, and Social Determinants of Health. CCP collected satisfaction surveys during FY 23/24. 13 youth participated in the survey.

WAS THIS ACTIVIY HELPFUL TO YOU?



DID YOU FEEL GOOD ABOUT PARTICIPATING?

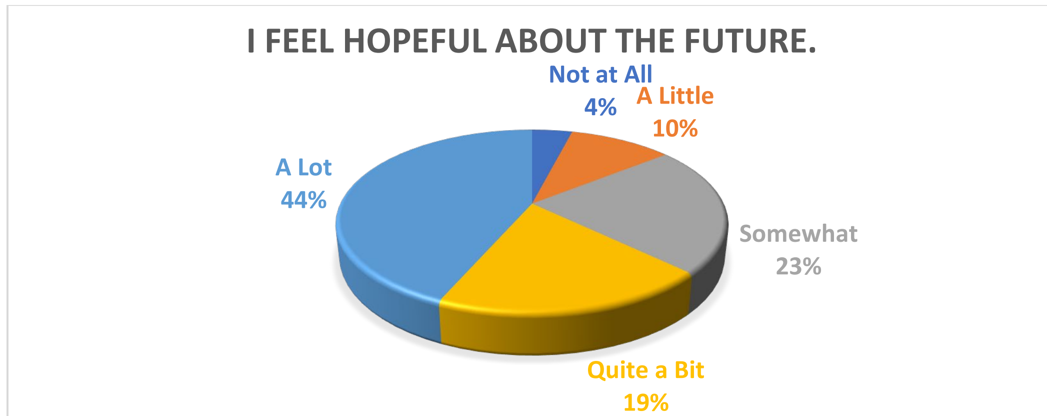


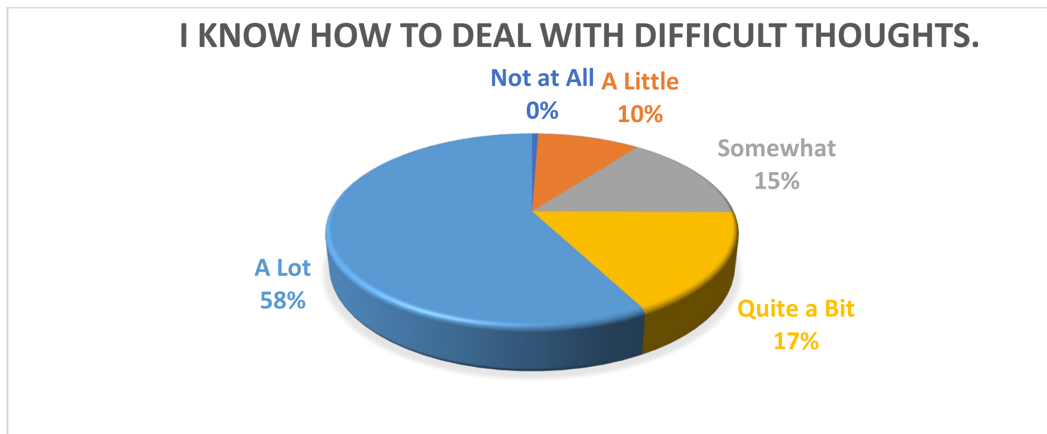
During FY 22/23 TCD has seen an increase in other community organizations/resources reaching out and connecting with TCD in order to refer Tri-County Diversity Services as needed to the participants and clients of other programs that identify as LGBTQ+. The presentations and collaborations help to ensure staff and volunteers in the community are able to provide inclusive and affirming resources and referrals to participants. As well as the ongoing partnership with Sutter Yuba Behavioral Health, TCD has created connections with Yuba Sutter Arts and Culture, Casa De Esperanza, Sutter Yuba Homeless Consortium, PathWays Prevention, Live Oak Church of the Brethren, and Peach Tree Health, which have committed to becoming more LGBTQ+ inclusive, providing mutual referral services, and partnering in being allies in the community.

Beginning in April of 2023, TCD began a collaborative program with local clinic, Peach Tree Health, to provide a monthly walk-in service at the TCD Center where members can access health and safety information at the TCD Center to promote safe sex health prevention information, health care education, access, and encourage establishing regular health care, as LGBTQ+ individuals often face issues with receiving regular health care services.

TCD YOUTH! program continues to make an impact by providing resources to local schools and youth-focused programs with presentations, supportive information, and resources to local teachers, schools, organizations. Within the school system, TCD YOUTH! Facilitators encourage and support school GSAs (Gay Straight Alliances) with advisement, supportive leadership and program resources, and a fundraising grant program to give leadership, fundraising, and goal setting opportunities to the GSAs.

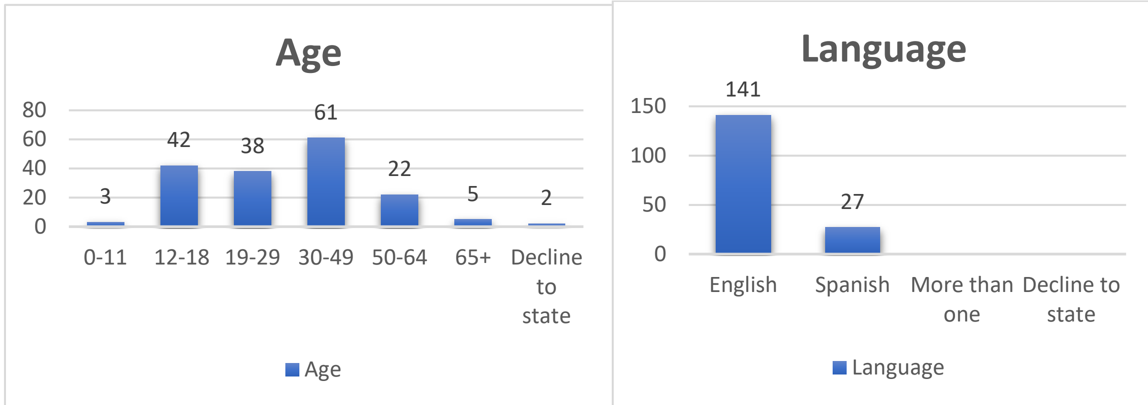
In September 2023, Tri-County Diversity hosted the first Pride in the Park event, which provided an opportunity for community members to celebrate culture, diversity, and a sense of belonging in the larger community. This event increased visibility of TCD and the presence of LGBTQ + individuals and groups in the larger Yuba-Sutter community. Providing local businesses and community organizations the opportunity to stage a booth at the event encouraged participants to feel accepted and celebrated while providing opportunities for access and linkage to treatment and resources while reducing stigma and discriminations in the community. TCD collected BUPPS surveys during FY 23/24. 175 people participated in the surveys.

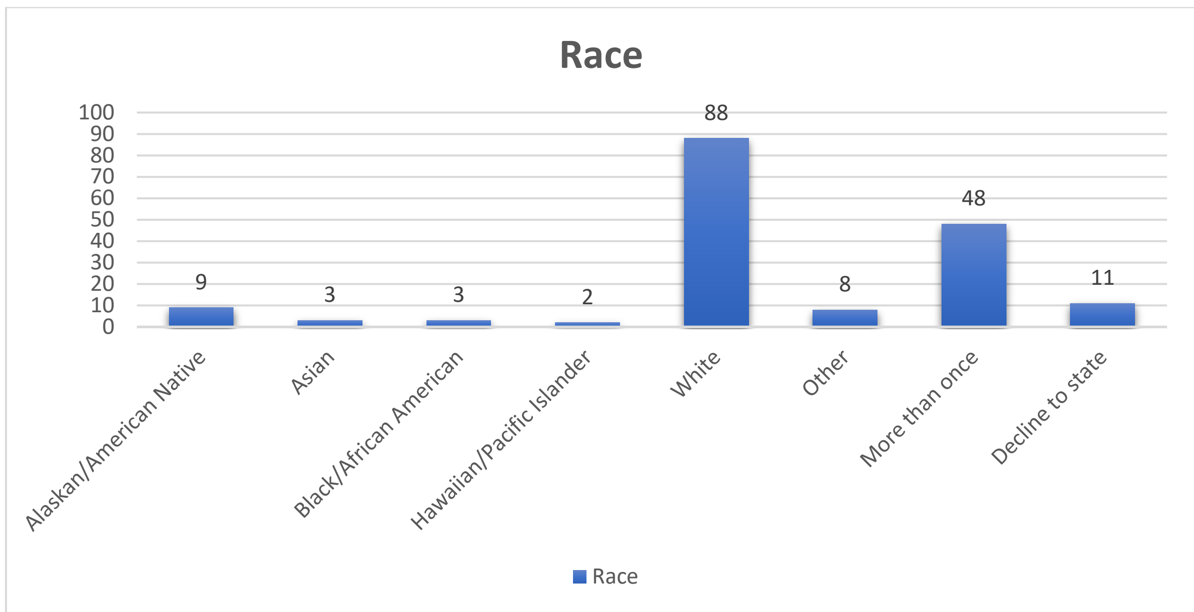




4. **Include the following demographic data, as available, for all individuals served during the prior fiscal year:**

All demographic data and fiscal cost per person will be available in the Appendix. We did not receive back a demographic sheet from every person served.





5. The annual PEI Evaluation Report is included in the Appendix.

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM PLAN FOR FY 24/25-25/26
PROGRAM NUMBER/NAME: Unserved & Underserved & Rural Priority Populations

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

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

1. Identify the target population for the Program.

Our external contractor, Camptonville Community Partnership (CCP) serves isolated and underserved youth 8-18 years of age in the upper Yuba County foothills including Camptonville population 158, Challenge, /Brownville population 1,161, Dobbins population 152 , Brownsville and Oregon House population 1253.

Our external contractor, Tri-County Diversity (TCD) targets the unserved and underserved LGBTQ+ community of Yuba and Sutter Counties. The main focus is on youth and young adults who are the most vulnerable in the community and face a higher level of behavioral health issues, including suicide, due to stigma and discrimination regarding their LGBTQ+ status.

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 at risk of school failure.	Sustaining youth engagement. Providing a variety of mentoring and recreational activities.
Unserved/underserved youth facing social isolation and depression.	Movie nights, young adult socials, craft clubs and game nights to increase social interaction and engagement.
Youth and young adults facing high rates of low self-esteem and suicide.	Peer support socials, Monthly socials, and a monthly virtual event.
Unserved/underserved populations with no or low access to information and resources.	Resource and Information Center, website, info lines, hotlines, emails, social media, and outreach events.

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,**

The MHSA negative outcomes this program is to impact include suicide, incarceration, prolonged suffering, and school failure/drop out. CCP administers satisfaction surveys, indicators include "Did you feel welcomed and respected?", "Was this activity helpful to you?", and "Did you learn anything new?". We will be working with both CCP and TCD to have them administer the Brief Universal Prevention Program Surveys (BUPPS) in FY 24/25 and FY 25/26.

BUPPS surveys are administered dependent on the individual group or activity. Some of the indicators 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.**

Both CPP & TCD programs are likely to reduce the relevant MHSA negative outcomes by increasing social interaction, providing outreach and education, social and community events, hotlines, peer support groups. These activities and events along with others can combat

isolation, low self-esteem and school failure which is turn in likely to reduce the chance of incarceration and prolonged suffering.

The isolated rural communities served by CCP are a 100-mile round trip to the county seat where services can be accessed. SYBH does not offer any on-going PEI programs to the severely underserved upper foothill communities. According to the satisfaction surveys 100% of youth said they felt good about participating in the CCP activity "Rally Point" and 100% of youth said they would want to do this again. 77% of youth said this activity was helpful to them and 23% said it was somewhat helpful.

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

   The communities served by CCP are severely underserved. For generations they have been labeled hard-to-serve because of the distance to services at the county seat. There is little to no public transit. If fully funded, implementation will be delivered at 2 underserved Yuba County foothill locations; Camptonville and Challenge. Youth 8-18-years of age will be convened at each location after school hours, twice monthly for 1 1/2 -2 hours. In Camptonville the convenings will take place at the Camptonville Community Center which is a brief walk from the Camptonville Union School campus (k-8th grade) and next door to the high school bus stop. In Challenge youth will have the opportunity to either walk (Yuba Feather Elementary) or be dropped off by the school bus (High school and Jr. High) as there is a stop near the Resource Center in Challenge where the program is implemented.

   Tri-County Diversity implements a variety of programs to increase access to services. These programs include the use of their office phone hotline, text and phone YOUTH! program hotline, peer support groups and social engagement events held both during the week and on weekends, and virtual events for social interaction from home or other locations. TCD provides varying open hours for drop-in services at the information/resource center including weekdays and weekends during normal business hours and after work hours. TCD hosts both in-center, out of center events at varying local venues and virtual events, to accommodate those with limited transportation options. The TCD Center is also located on a bus route, and provides bus transit information, encouraging the use of the bus transit system by providing bus route information, bus tickets on an as-needed basis, including the promotion of the after-hours dial-a-ride program.

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.**

   For CCP the location for each convening as described above offers youth easy access to the program. These youth all live in a "mountain setting" under tall pines. The locations at both Challenge and Camptonville reflect that friendly home-town atmosphere, allowing youth to be both at ease and at the same time challenged to make improvements within their communities. At both locations youth have a good opportunity to customize their venue to make it feel like their own. They can even go outside (weather permitting) for some activities. They also have the opportunity to engage in community enriching, skill building projects for the benefit of all. For

example, Camptonville Rally Point youth have painted an historic fence entry to town and have raked leaves in the yards of seniors. In Challenge the youth have begun a recycling program engaging the community to drop off recycling there. These youth then sort and stack the recycling for later delivery at a buy-back recycling center.

The intended setting of the TCD program is the Tri-County Diversity Center. The TCD Center includes a front area set up as an information and resource center to encourage link access to care, with an art gallery element highlighting artwork from local LGBTQ+ identified individuals. The larger area of the TCD Center is devoted to a social center, with access to a LGBTQ+ focused library, multiple activities, kitchenette, and comfortable sitting area. TCD also engages other settings in the community, such as other local event venues, businesses, and organizations in order to create a larger sense of community to participants and increase their knowledge and exposure to safe and affirming environments in the community. This increases community engagement, self-esteem, and confidence of individuals to return to those venues. The exposure and awareness of affirming venues decreases stigma and discrimination in the community with increased visibility of the organization.

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:

TCD programs and events intend to influence LGBTQ+ individuals and those on the sexual orientation / gender identity minority spectrum. Activities that will change attitudes, knowledge, and behavior associated with mental illness and seeking mental health services includes our QBIPOC, TCD YOUTH!, and YAs peer support groups, where open and honest discussions regarding mental health and behavioral health services is often a focus of the discussion as led by our Mental Health First Aid trained volunteers. The OUT at the Movies program provides a monthly movie and forum discussion, of which many featured titles include a focus or side topic of mental health care as part of the program to engage in part of the discussion. Other programs with a social aspect, such as the craft club, games night, potlucks, and open socials, leave room for organic social interaction that leads to natural peer support opportunities as participants get to know each other and discuss life events relevant to sexual orientation, gender identity, health, and mental health topics. These open discussions from volunteers and other participants help provide a more positive and relatable experience regarding mental illness and normalize seeking out and utilizing mental health services, which changes the attitudes and increases participants knowledge of such treatments and services. Measured changes will be assessed through continued use of the Brief Universal Prevention Program Survey with BUPPS Protective Factors Subscale and WHO Wellbeing Subscale as provided by Sutter Yuba Behavioral Health PEI.

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.**

    CCP will continue to use their satisfaction surveys. As mentioned above the County will be looking into implementing the BUPPS surveys with CCP before the end of FY 23/24.

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.**

    Both contracts, TCD and CCP will continue to be culturally competent and offer programs or activities in other languages where they are able to. Both contracts follow the County code of conduct and policy guidelines. TCD does a number of education and outreach events to increase knowledge on local resources and decrease stigma and discrimination. CCP makes sure to educate the youth and families in the upper foothills of Yuba County about mental health resources available in Yuba and Sutter Counties.

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

AGE GROUP **CCP**	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	70	N/A
TAY (16-25 years)	20	N/A
Adults (26-59 years)		N/A
Older Adults (60 years +)		N/A
Annual Total # of individuals to be served (estimate)	90	N/A
Average Cost per Person	$156.24	N/A
AGE GROUP **TCD**	**PREVENTION** **# Individuals to be served annually**	**EARLY INTERVENTION** **# individuals to be served annually**
Child & Youth (0-15 years)	600	N/A
TAY (16-25 years)	400	N/A
Adults (26-59 years)	250	N/A
Older Adults (60 years +)	250	N/A
Annual Total # of individuals to be served (estimate)	1500	N/A
Average Cost per Person	$156.24	N/A

14. **Describe the County's capacity to serve the proposed number of children, youth, adults, and older adults.**
SYBH has chosen to contract out these services. Both CCP and TCD have the unique capacity to serve these unserved/underserved communities.

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

    The CCP funding for our services in Challenge has been augmented by another grant which sunsets December 31, 2023, without possibility of renewal. CCP is under contract with SYBH but is not sufficient to cover the current program cost at both sites (Camptonville & Challenge). For the reasons described above, it is vital these programs continue at both locations. If funding is not increased, both youth programs will suffer dramatically, so much so that one site may need to be closed. SYBH will work with CCP to fully these program through the period of this two year plan.

    TCD plans to increase the number of presentations to local schools, businesses and organizations by creating more visibility regarding the LGBTQ+ 101 and How to be an Ally presentations available. SYBH will work with TCD to increase the groups it offers to students on school campuses. TCD would like to find a way to provide stipends or pay for some of the invividuals providing services, at this time all services are provided by volunteers. TCD also has a goal to increase the number of events to include an open hour social event with no defined activity, in order to encourage participation from those with no direct or known interests. TCD YOUTH!,serving ages 12-18, and Young Adults (YAs), ages 18-30, programs plan to increase opportunities for meetings and events as participation by members continues to increase. This will include more events that are at alternate venues in the community to encourage participation in other areas to address needs from those with transportation concerns.

Workforce Education and Training (WET)

WORKFORCE EDUCATION AND TRAINING (WET) PRIOR FISCAL YEAR ACTIVITIES FY 22/23
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 2 of the Central Region partnership for Loan Repayment and Hiring incentives.

    In Round 2 we awarded $20,000.00 in Loan Repayment awards to two Licensed Clinical Social Workers both holding Supervisory clinical roles.

WORKFORCE EDUCATION AND TRAINING (WET) PROGRAM PLAN FOR FY 2024/26
☒ **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 2024/26
☒ **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 retention 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 by offering a cash sign on bonus as not all new hires will have an existing student loan. This hiring incentive will be available only to identified hard to fill positions and will thus help to address the workforce shortages identified in the County Workforce Needs Assessment included in the Appendices of this document.

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

WORKFORCE EDUCATION AND TRAINING (WET) PROGRAM PLAN FOR FY 2024/26

☒ **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.

SYBH has partnered with CalMHSA and Palo Alto University to offer Project Cultivate, a master's degree program to our current staff. There is one current staff member enrolled in Cohort 1, that began in August 2023, and we expect to send additional staff in Cohort 2.

This program will prepare and educate current California county employees to earn a mental health counseling degree from Palo Alto University.

2. Describe how this program/activity will achieve any or all the following outcomes:

Promote job retention.

Program Awardees receive full funding for the costs of tuition and fees for the entire program, to be completed in nine terms. Additional costs, such as books and supplies, are covered under the Student Stipend of $10,000. Students are responsible for the cost of repeated courses or additional courses. Participants will sign a Behavioral Health Master's Level Training Program – Tuition Repayment Agreement with CalMHSA. This contract will outline participation expectations, including policies and procedures administered by CalMHSA, not Palo Alto University.

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 2024/26

☒ **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.**

   SYBH plans to provide training to staff in order to increase the quality of services they provide and to increase their sense of competence and job satisfaction. The training topics will cover a variety of areas including effective leadership and supervision, customer service, prevention of provider fatigue, evidenced based clinical modalities, trauma informed services, and additional training identified through program planning and evaluation, as well as feedback from all levels of staff.

2. **Describe how this program/activity will achieve any or all the following outcomes:**

   Promote job retention.

   These trainings will promote job retention by increasing the quality of leadership and supervision at SYBH. SYBH cannot keep pace with non-county salaries. A nation wide workforce shortage in behavioral health provides staff with multiple opportunities for employment. One key aspect of employee retention is job satisfaction, and a positive workplace environment. Managers and supervisors that are well trained in leadership and supervision are essential is creating a positive workplace environment.

   Having a sense of competence and learning new things also impacts an employees desire to stay at a workplace. Therefore, providing training in costumer service and clinical modalities and philosophies will help staff stay connected to their jobs.

   The following are the languages in which staff (County and contract providers) proficiency is required.

3. **In the Appendices, the WET Coordinator position description/duty statement is included.** N/A

Capital Facilities & Technological Needs (CFTN)

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN) PRIOR FISCAL YEAR ACTIVITIES FY 22/23

There was No Allocation for CFTN

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN) PROGRAM PLAN FOR FY 2024/26

SYBH is continually looking for ways to make improvements to facilities, infrastructure, and technology in our facilities that provide MHSA services. SYBH strives to be economically prudent by pursuing a variety of funding sources available that can be used in tandem with MHSA CFTN funding. Therefore, SYBH is exploring all opportunities for improvements to our facilities as a whole. SYBH will pursue funding the following projects using MHSA and other funding as

awarded. In future MHSA Annual Updates SYBH will detail funding sources and spending levels of the following prioritized projects:

- Some facility needs that have been identified to be upgraded are:
  - The Psychiatry Health Facility
  - Perimeter fencing for our backyard recreation area for our inpatient unit
  - Hardware replacement that is ligature resistant for doors.
- The 1965 Live Oak Blvd. Campus which includes Better Way Homeless Shelter
  - Full resurfacing and paving of existing parking lot and communal walkways
  - In collaboration with the Yuba City work to add a stoplight to the entrance of 1965 Live Oak Blvd to increase safety of those accessing services
  - Funding for offices for Better Way Homeless shelter to provide therapy, case management, and group services to residents.
  - Sewage installation for improved infrastructure and operations at Better Way Homeless Shelter
  - Refreshing of Offices to include paint, flooring, and furniture.
- Technology upgrade to make group and conference rooms fully functional for hybrid in person and team/zoom meetings
- The Children Systems of Care and TAY Office
  - Upgrades to make the office space ADA compliant
  - Upgrades to make the waiting area child and family friendly

This is not an all-encompassing list as we get continuous input from stakeholders on desired projects. Additionally, it is unknown how much if any, MHSA funding will be needed for each of these projects, however, because clients who are unserved, underserved and inappropriately served access theses spaces, and improvements are needed for the growing population of individuals living with homelessness and severe behavioral health conditions, these needs should be included in the MHSA Annual update for the purposes of future program expansion under MHSA. Any expansions in these areas would be documented in future MHSA Annual updates or plans, and per the required stakeholder process.

Innovation (INN)

INNOVATION (INN) PRIOR FISCAL YEAR ACTIVITIES FY 22/23
PROJECT NUMBER/NAME: iCARE Mobile Engagement

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

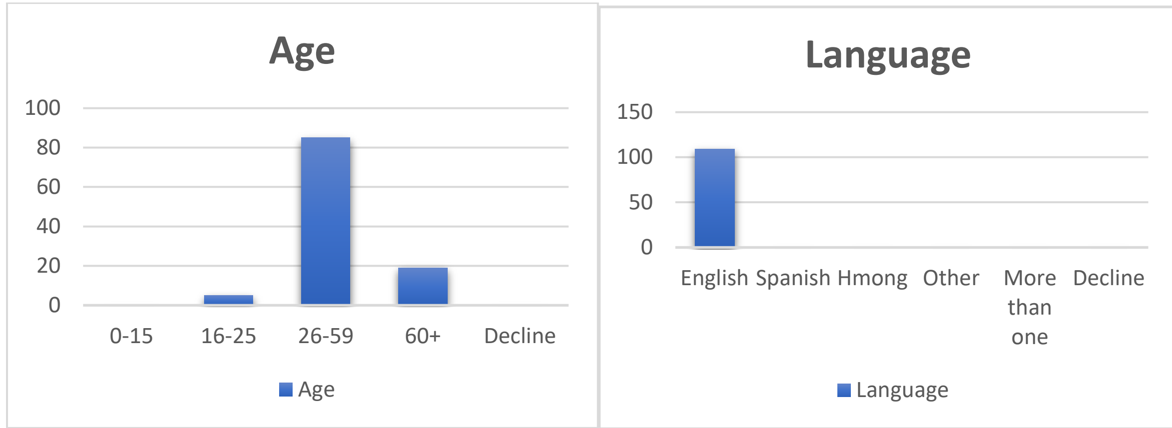
Provide an analysis/status update of how the project is meeting its learning goals to date. The analysis shall include, but not be limited to:

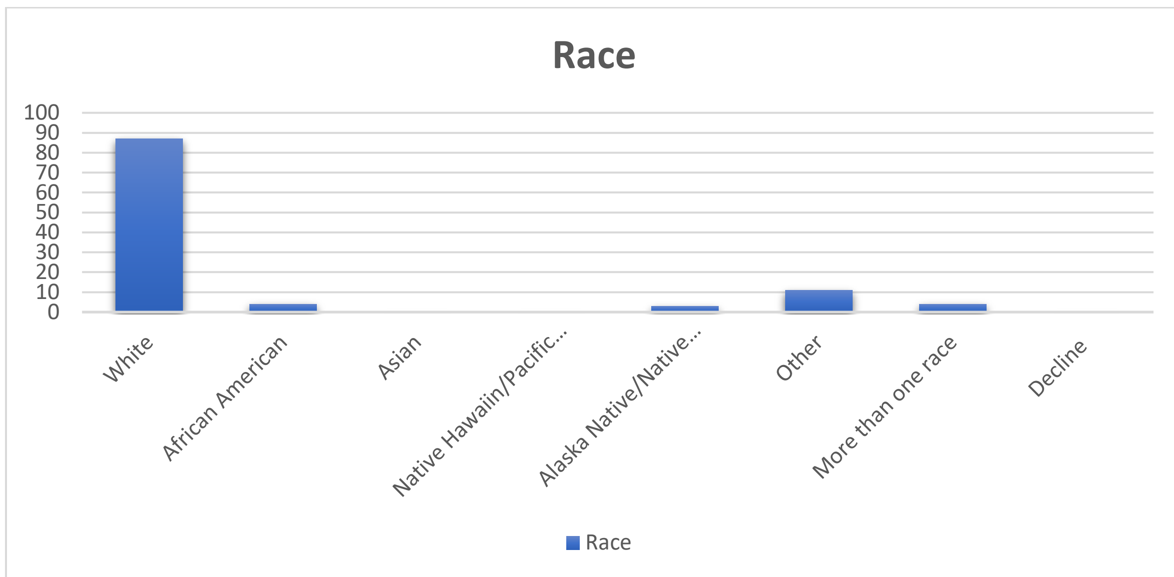
1. **A summary of what has been learned from the project, to date, including how the project affected participants, if applicable.**

- 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.
- Staff continue to define program criteria. This includes the process for receiving referrals, program inclusion, and discharge data.

2. **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
    - iCARE is collaborating with an outside evaluator to create and implement a plan to adopt and integrate a Consumer Defined Recovery & Metrics Scale.
    - Survey program participants, staff, and stakeholders experience utilizing iCARE's learning framework.

3. **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.**





4. **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**

   - **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.

2. **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.

- **Identify which of the three INN project General Requirements the project is/will be implementing.**
    - 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.
- **Briefly explain how the selected approach has been determined to be appropriate.**
    - **If applicable, estimate the total number of individuals expected to be served annually, cost per person and how these estimates were developed.**

3. **LEARNING GOALS/PROJECT AIMS**

- **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.

- **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.

- **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.

- **For continuing projects, include any modifications to the project learning goals/specific aims in response to lessons learned during project implementation.**

  No changes currently

4. **ADDITIONAL INFORMATION**

- **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.

- **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.

- **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.

- **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.**

  The outside evaluator has begun to facilitate stakeholder engagement surveys. This includes obtaining feedback from staff, family members, and consumers. Initial feedback is being collected in regard to the Learning Framework of iCARE.

- **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.

5. **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 2024/26
PROJECT NUMBER/NAME: Multi County FSP Innovation Plan

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

1. **PROJECT OVERVIEW**
   - **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).

   - **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

- **Identify which of the three INN project General Requirements the project is/will be implementing.**

  Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

  - **Briefly explain how the selected approach has been determined to be appropriate**.

    - **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

- **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.

- **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.

- **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.

- **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**

- **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.

- **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.

- **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.

- **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.

- **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 was posted for public review and comment on September 12, 2023 HERE and a Public Hearing was held October 12th, 2023 at the Behavioral Health Advisory Board for comments. We will add any comments and feedback received. This Two- Year Plan will be posted between 10/10 – 11/9 and all feedback will be included.

Estimated Budget: FY 2024/26

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 2024/25						
	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 FY2024/25 Funding							
1 Estimated Unspent Funds from Prior Fiscal Years	2,172,453	6,526,088	2,202,250	0	0	0	
2 Estimated New FY2024/25 Funding	10,872,382	2,717,982	715,402				
3 Transfer in FY2024/25	0			0	0	0	0
4 Access Local Prudent Reserve in FY2024/25	0	0					0
5 Estimated Available Funding for FY2024/25	13,044,835	9,244,070	2,917,652	0	0	0	
D. Estimated FY2024/25 Expenditures	10,872,382	2,717,982	715,402				
G. Estimated FY2024/25 Unspent Fund Balance	2,172,453	6,526,088	2,202,250	0	0	0	

	MHSA Funding- Fiscal Year 2025/26						
	A	B	C	D	E	F	G
	Community Services and	Prevention and Early	Innovation	Workforce Education and Training	MHSA Planning	Capital Facilities/Technological	Prudent Reserve
C. Estimated FY2025/26 Funding							
1 Estimated Unspent Funds from Prior Fiscal Years	2,172,453	6,526,088	2,202,250	0	0	0	
2 Estimated New FY2025/26 Funding	10,726,938	2,681,621	705,857				
3 Transfer in FY2025/26	0			0	0	0	0
4 Access Local Prudent Reserve in FY2025/26	0	0					0
5 Estimated Available Funding for FY2025/26	12,899,391	9,207,709	2,908,107	0	0	0	
D. Estimated FY2025/26 Expenditures	10,726,983	2,681,621	705,857				
G. Estimated FY2025/26 Unspent Fund	2,172,408	6,526,088	2,202,250	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on	521,836
2. Contributions to the Local Prudent Reserve	0
3. Distributions from the Local Prudent Reserve	0
4. Estimated Local Prudent Reserve Balance on	521,836

Community Services and Supports (CSS) Funding

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total	Estimated CSS	Estimated Medi-Cal FFP	Estimated 1991	Estimated Behavioral	Estimated
FSP Programs						
1 Full Service Partnership (FSP)	4,998,741					
Non-FSP Programs						
1 General Services Development	4,802,712					
CSS Administration	1,070,930					
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	10,872,383					
FSP Programs as Percent of Total	51%					

Community Services and Supports (CSS) Funding

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total	Estimated CSS	Estimated Medi-Cal FFP	Estimated 1991	Estimated Behavioral	Estimated
FSP Programs						
1 Full Service Partnership (FSP)	4,934,626					
Non-FSP Programs						
1 Youth & Families Urgent Services	4,741,112					
2 Adult Urgent Services						
3 Bi-County Elderly Services Team (BEST)						
4 Wellness and Recovery						
5 Supportive Housing (not separate in plan)						
6 Hmong Outreach Center						
7 Latino Outreach Center						
CSS Administration	1,051,244					
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	10,726,983					
FSP Programs as Percent of Total	51%					

Prevention and Early Intervention (PEI) Funding Worksheet

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total	Estimated PEI	Estimated Medi-Cal FFP	Estimated 1991	Estimated Behavioral	Estimated
PEI Programs - Prevention	2,420,004					
PEI Programs - Early Intervention						
PEI Administration	297,978					
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	2,717,982					

Prevention and Early Intervention (PEI) Funding Worksheet

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total	Estimated PEI	Estimated Medi-Cal FFP	Estimated 1991	Estimated Behavioral	Estimated
PEI Programs - Prevention	2,396,643					
PEI Programs - Early Intervention						
PEI Administration	294,978					
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	2,681,621					

Innovations (INN) Funding Worksheet

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total	Estimated INN	Estimated Medi-Cal	Estimated 1991	Estimated Behavioral	Estimated Other
INN Programs	715,402					
INN Administration						
Total INN Program Estimated Expenditures	715,402					

Innovations (INN) Funding Worksheet

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total	Estimated INN	Estimated Medi-Cal	Estimated 1991	Estimated Behavioral	Estimated Other
INN Programs	705,857					
INN Administration						
Total INN Program Estimated Expenditures	705,857					

Workforce, Education and Training (WET) Funding Worksheet

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total	Estimated WET	Estimated Medi-Cal	Estimated 1991	Estimated Behavioral	Estimated Other
WET Programs						
1 Project Cultivate		119,896				
WET Administration						
Total WET Program Estimated Expenditures		119,896				

Workforce, Education and Training (WET) Funding Worksheet

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total	Estimated WET	Estimated Medi-Cal	Estimated 1991	Estimated Behavioral	Estimated Other
WET Programs						
1 Project Cultivate						
WET Administration						
Total WET Program Estimated Expenditures						

Capital Facilities/Technological Needs (CFTN) Funding Worksheet

	Fiscal Year 2024/25					
	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						

Capital Facilities/Technological Needs (CFTN) Funding Worksheet

	Fiscal Year 2025/26					
	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						