

# SUTTER-YUBA COUNTY

## MENTAL HEALTH SERVICES ACT FY 25/26 ANNUAL UPDATE



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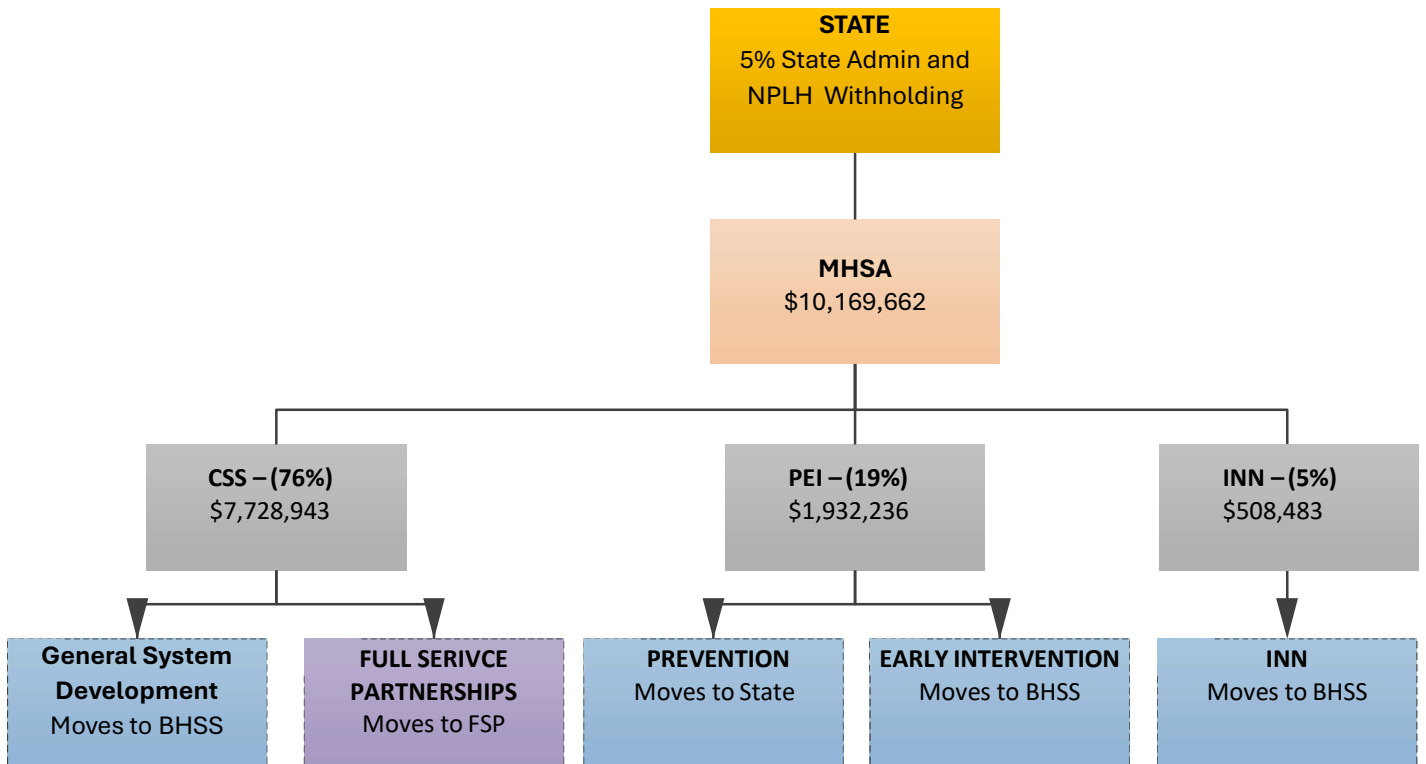
## Introduction

The Sutter Yuba Behavioral Health (SYBH) Mental Health Services Act (MHSA) FY 25/26 Annual Update has been developed in an unprecedented atmosphere for county behavioral health in California and specifically for MHSA services. Proposition 1 has passed making the implementation of Behavioral Health Services Act (BHSA) an ongoing reality. SYBH has begun making changes to MHSA programs so that SYBH will meet all BHSA implementation deadlines. SYBH is involved with several County Behavioral Health Directors of California (CBHDA) workgroups and committees related to BHSA implementation. SYBH will be following CBHDA's overall suggested timeline for BHSA implementation. BHSA will need to be fully implemented with a new BHSA three-year plan by June 30, 2026. The new regulations are complex, and it will be an ongoing implementation process which will have already started and will be completed by the June 30, 2026, deadline.

It is hard to overstate the impact implementation of BHSA will have on our current MHSA services. The two charts below use FY 22/23 budget information to show how the current MHSA funding categories align with the new BHSA funding categories and how this decreases SYBH's current overall MHSA funding as it transitions to BHSA, and how the transition to the new BHSA funding categories decreases funding for services in certain categories.

The first chart, below entitled, *MHSA Current Funding Sources How current MHSA Categories Will Move To BHSA Categories*, is a projection based on the FY 22/23 budget of how SYBH MHSA programs will shift to the new funding categories to meet BHSA requirements. For instance, the FSPs which are currently funded under the Community Services and Supports (CSS) category will have their own category of 35% of BHSA funding. There will be a new Housing category which is going to be 30% and then there will be a Behavioral Health Services and Supports (BHSS) bucket of 35%. The 19% that currently funds PEI will dissolve, with Prevention moving to the state and Early Intervention requirements moving to the BHSS bucket. Innovation which is currently funded at 5% will also be moved to the BHSS bucket, along with General System Development. All of the services and programs that are not eligible to be funded in the FSP or Housing category will now need to be funded in the BHSS category.

**MHSA Current Funding Sources**  
**How current MHSA Categories Will Move To BHSA Categories**  
**Based on FY 22/23 Budget**



The second chart entitled, *BHSA Funding Categories*, illustrates how SYBH funding will be reduced as BHSA is implemented, and how much funding we will have in each category to fund the existing programs.

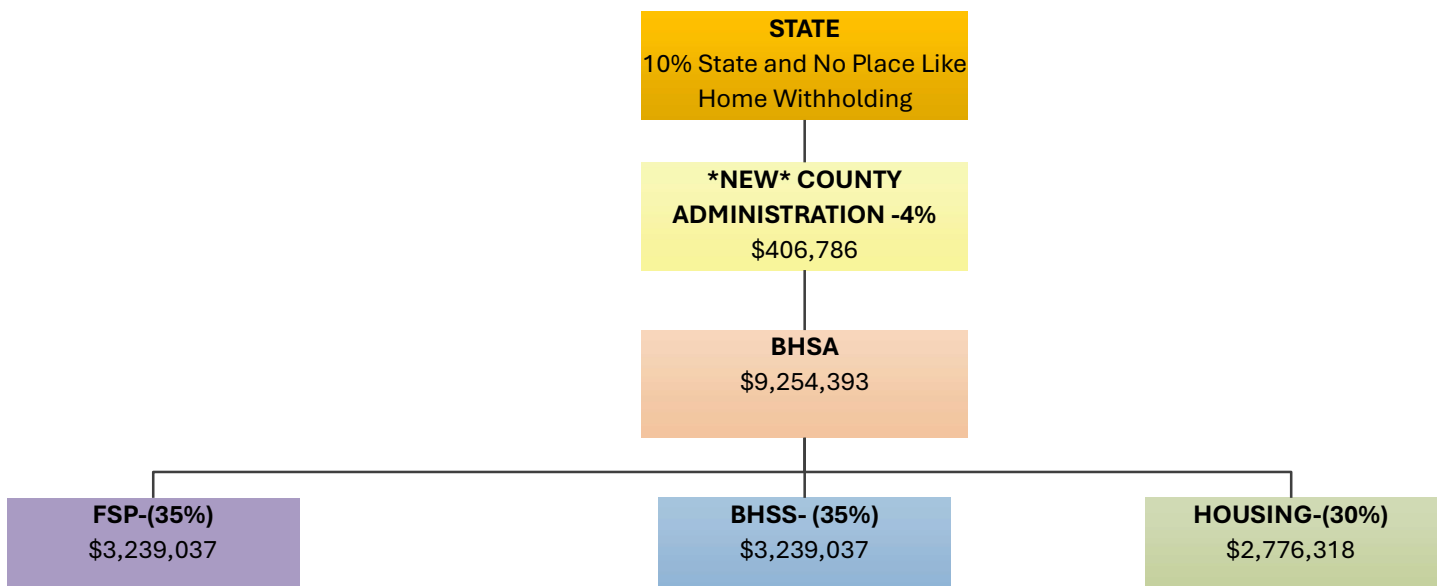
The first change is an increase in how much the state will withhold. This increases from 5% currently to 10% under BHSA. The increase is due to moving local prevention services to a statewide delivery model. The second increase that comes before funding programs and services is a strong recommendation by the state to use 4% of funding to develop needed infrastructure to produce mandated data and reports for BHSA. DHCS, who develops the reporting requirements has identified lack of county infrastructure as an impediment to being able to deliver required reports for BHSA and so has advised counties to use 2% (up to 4% for counties with a population of 200,000 or less) of funds to increase infrastructure so that they can complete required reports successfully and thus be able to utilize BHSA funds. Thus, in this projection SYBH has \$915,269.00 less funding for services and programs under BHSA than it did under MHSA.

This chart identifies the new BHSA categories. Using FY 22/23 budget data the local impact of these changes would mean reduction or redirection of services of up to \$2.8 million annually. The hardest hit of these services are prevention services which will be eliminated at the county level and administered and delivered from a statewide level. Full-Service Partnerships (FSPs) have their own category in BHSA funding but due to the redistribution of funds and the addition of the housing

category it is unknown whether SYBH will be able to continue to fund all FSP services at the current level. This will depend partly on data regarding payment reform which is being analyzed at this time. Most if not all of the MSHA services that SYBH currently offers except prevention and FSPs are eligible to be funded in the new BHSS category. However, the BHSS category does not have enough funds for all of these services as they are currently delivered. Additionally, the BHSS category will have requirements of its own that will make it less likely for some services to be funded. We do not know all the details of these requirements at this time. What we do know is that according to the projection using FY 22/23 funds, we will have at least \$3.6 million annually less to spend in this category under BHSA when compared to current funding under MHSA.

The housing category is new, and we do not have the regulations to define what can be funded in this category at this time. We are hopeful that both our supportive housing services and our homeless outreach services can be funded by this category.

**BHSA Funding Categories  
Based on FY 22/23 Budget**



The above overview charts clearly show how we will need to be reconfiguring our MHSA services during the BHSA implementation process. To look at how this will impact our overall services the below tables show which programs and services are at risk of reduction or elimination. They are separated into internal and contracted programs and services.

**Community Services & Supports – General System Development**

**These are part of the programs that need to be funded under the BHSa BHSS category, as funding allows.**

<b>SYBH Internal Programs</b>		<b>Contracted Programs</b>
<ul style="list-style-type: none"> <li>• Adult Open Access &amp; Urgent Services</li> </ul>	<ul style="list-style-type: none"> <li>• Youth &amp; Family Open Access &amp; Urgent Services</li> </ul>	<ul style="list-style-type: none"> <li>• Sutter County Superintendent of Schools (WEX &amp; Adult Education)</li> </ul>
<ul style="list-style-type: none"> <li>• Medication Support Services</li> </ul>	<ul style="list-style-type: none"> <li>• Hmong Outreach Center</li> </ul>	<ul style="list-style-type: none"> <li>• Telecare Supportive Housing Services (New Haven and Cedar Lane) <b>This may be able to be funded by BHSa Housing Category</b></li> </ul>
<ul style="list-style-type: none"> <li>• Latino Outreach Center</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive Housing Services (Teesdale &amp; Heather Glenn) <b>This may be able to be funded by BHSa Housing Category</b></li> </ul>	
<ul style="list-style-type: none"> <li>• Wellness &amp; Recovery Center</li> </ul>		<ul style="list-style-type: none"> <li>• Youth For Change (Peer Mentors)</li> </ul>

**Community Services & Supports – Full-Service Partnerships (FSP)**

**BHSa will have a FSP category, so FSP's will be funded, but we need to determine if the funding equals our current funding level.**

<b>SYBH Internal Programs</b>	<b>Contracted Programs</b>
<ul style="list-style-type: none"> <li>• Transitional Age Youth – (TAY FSP)</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Full-Service Partnership – Youth for Change</li> </ul>
<ul style="list-style-type: none"> <li>• Healthy Options for Promoting Empowerment (HOPE)</li> </ul>	
<ul style="list-style-type: none"> <li>• LPS Services FSP (Conserved Clients)</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Full-Service Partnership – Telecare – Support, Hope, Independence, New Empowerment (SHINE)</li> </ul>

**Prevention & Early Intervention (PEI)**

**These are part of the programs that need to be funded under the BHSA BHSS category, as funding allows.**

<b>SYBH Internal Programs</b>			<b>Contracted Programs</b>
<i>There will be no local prevention services.</i>			Tri-County Diversity
<b>Stigma and Discrimination Reduction</b> Mental Health First Aid Training, Youth Mental Health First Aid Training, Mental Health First Aid Documentary, Sutter Museum Project, May is Mental Health Month Activities	<b>Unserved and Underserved Priority Populations</b> Veterans Art Group, Tri-County Diversity Services, Camptonville Community Partnership	<b>Suicide Prevention</b> Bridging Hope, ASIST Training, School Outreach, Signs of Suicide (SOS), SafeTALK, Suicide Prevention Month Outreach, Suicide Prevention Plan & Implementation	Camptonville Community Partnership  Sutter County Superintendent of Schools – PREP Program
<b>Community Mini-Grants</b>	<b>School Based Prevention</b> includes Girl's Circle, Boy's Council, Bullying Prevention	<b>Homeless Engagement and Resolution Team (HEaRT) &amp; Start to Finish Program This may be able to be funded by BHSA Housing Category</b>	Yuba County Office of Education- PREP Program

**Workforce Education & Training (WET)**

**These are part of the programs that need to be funded under the BHSA BHSS category, as funding allows.**

**Contracted Program**

- Regional WET Partnership – Student Loan Repayment & Hiring Incentives. This has provided \$220,000 to 23 staff since 2021.
- Project Cultivate – Tuition subsidy for master’s program specifically designed for working county employees. Two staff members are a part of this program. They will be license eligible upon completion of this program and have committed to work for SYBH for a 7-years a mental health therapist. If they do not fulfill the work obligation, they will have to repay the funding for master’s program.

**Innovation (INN)**

**These are part of the programs that need to be funded under the BHSA BHSS category, as funding allows.**

**Contracted Program**

- iCARE – Not threatened as an INN program and funded through 6/30/2025. What is threatened is the ability to integrate iCARE services into our BHSA budget and continue the program as is. Generally, when INN programs and services are successful the goal is to then integrate them into the continuum of MHSA/BHSA services. If there is no way to fund engagement services in BHSA this may prove difficult. Additionally, future innovation projects are at risk. BHSA will allow us to do INN projects but with the new categories it is difficult to see how SYBH could do this.
- Multi-County Innovation Plan – This project works with all SYBH’s FSP programs to ensure quality of services and evaluate for effectiveness. This project is funded in its entirety and will conclude in 2027.

Implementing BHSA will be complex and can't be done in one single action. It will take continuous planning and implementation from now until the new three-year plan for FY 26-27, FY 27-28 and FY 28-29 is submitted and approved. Given this, SYBH has already taken several actions to begin BHSA implementation. All MHSA positions have been frozen. If a position is vacant and needs to be filled, it goes through a programmatic and fiscal review to ensure that the position will align with new BHSA regulations. Additionally, SYBH has reduced contracts funded by MHSA in the FY 24/25 budget. To date these reductions, include over \$600,000.00 annually. This number is likely to increase as we renew additional contracts.

SYBH knows that the MHSA programs and services are important to the Sutter -Yuba communities and is committed to finding ways to keep as many programs and services as possible with the new funding requirements. We are exploring different funding options, reaching out to partners who may be able to help with this. We will be conducting an intensive CPPP process with more fiscal modeling to help identify how our programs will fit into the new BHSA categories and what needs to be done to bring us in line with the new BHSA funding reality. An essential element of this process is getting feedback from community members and stakeholders to help us make these difficult decisions.



**County: Sutter and Yuba**

**Annual Update FY 25/26**

**Description & Characteristics of County**

Suter 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 Suter 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. Suter and Yuba counties’ diversity is also reflected in the Asian Indian population. Suter 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
0-15	15	White	58	Female	52	English	86
16-25	21	Black/African American	5	Male	47	Spanish	4
26-59	52	Asian	5	Other/Unknown	1	Vietnamese	
60 +	12	Native Hawaiian/Pacific Islander				Cantonese	
Veteran Status	% of Total	American Indian/Alaska Native	2			Mandarin	
Yes	1	Other	13			Tagalog	
No	78	More than one race	1			Cambodian	
Unknown	1					Hmong	1
Decline	19					Russian	
						Farsi	
						Arabic	
						Other	8

Served	Unserved/Underserved Populations
1428	Hispanic/Latino
168	Punjabi/ Asian/Indian
73	Hmong
390	African American

Suter-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 23/24, 52% identified as female, 47% as male, and 1% as other or not reported. Additionally, 57.9% identified as White, 20.6% Hispanic/Latino, 5.6% African American, 5.6% Asian/Asian-Indian/Pacific Islander, 2.1% Native American, 1.03% identifying as two or more ethnicities, 11% as other, and 16.6% not reporting.

In FY 23/24, SYBH served 6,926 unique individuals, approximately 3.8% of the population of both Suter 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 Suter and Yuba counties, this percentage is equivalent to 10,286 individuals based on the population data for 2023. 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 underserved, underserved, and inappropriately served communities of Suter 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.

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.

## Community Program Planning and Local Review Process

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 Two-Year Program and Expenditure Plan as well as the FY 25/26 Annual Update to obtain feedback and provide comments on current and future programs, including the transition in BHSA.

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 discuss the FY 25/26 Annual Update to lessen participation fatigue. The MHSA team attended the following meetings:

- June 4, 2024, at 3:30PM, existing FIT Meeting
- June 18, 2024, at 3:00PM, existing BHSA Steering Committee Meeting

The MHSA team hosted five additional stakeholder forums or focus groups, one of which was conducted in Hmong and English. MHSA stakeholder forum participants were advised on current SYBH MHSA programs, and on current program development for the forthcoming changes with Proposition 1 and the future BHSA spending requirements. Stakeholder forums were held in person and via ZOOM. The MHSA stakeholder forums are listed as follows:

- June 27, 2024, at 5:00PM CPPP Public Virtual Meeting via ZOOM
- July 3, 2024, at 10:00AM CPPP personal request CPPP meeting
- July 9, 2024, at 10:00AM CPPP Hmong Outreach Center Public Meeting
- July 10, 2024, at 5:00PM CPPP Public Virtual Meeting via ZOOM
- July 29, 2024, at 1:30PM CPPP virtual Meeting with YCOE and SCSOS via ZOOM

The MHSA team, which is responsible for conducting the CPPP consists of the Adult Services Branch Director (MHSA Coordinator), the Adult Services Staff Services Manager, one Adult Services Staff Analyst and the Adult Services branch secretary.

The MHSA team has been trained in MHSA “basics” by watching the CBHDA MHSA bootcamps. The Adult Services Staff Analyst 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 Behavioral Health Information 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.

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:

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

During the CPPP meetings an open discussion takes place. Questions are asked by stakeholders regarding policy, funding, staffing, decisions, and all are answered 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 Leadership-Program Development Meeting, 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.

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, flyers, CPPP PowerPoint presentation, and agendas from the above-described meetings.

**Local Review Process:**

- 30-DAY PUBLIC COMMENT PERIOD BEGIN DATE: 9/9/2024 END DATE 10/9/2024.
- DATE OF PUBLIC HEARING: 10/10/2024 held by County Behavioral Health Advisory Board (BHAB)
- Receive a list of substantive comments provided during the 30-day Public Comment period and Public Hearing; or acknowledgement that no substantive comments/recommendations for revision were received.
- Provide staff responses to those comments.
- Provide details of any substantive changes made to the proposed Two-Year-Plan, or Annual 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 Public Meeting Notice, as well as the meeting agenda and minutes from the County BHAB.

DATE OF ADOPTION BY COUNTY BOARD OF SUPERVISORS: \_\_\_\_\_

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

**CSS**

**PROGRAM NUMBER/NAME: ADULT URGENT SERVICES**

**NON – FSP SERVICES**

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

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

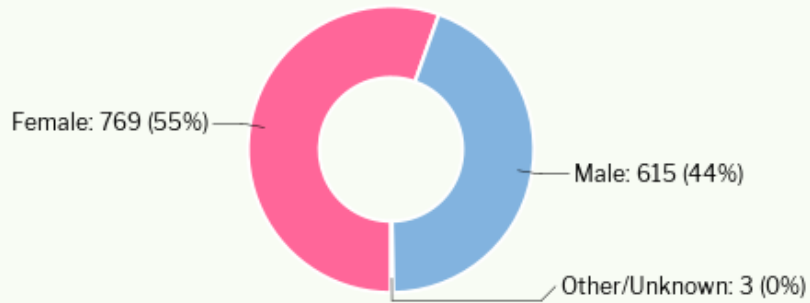
**Program Description:** The Adult Urgent Services team provides timely access to behavioral health services to those who have moderate to severe behavioral health conditions who are in psychiatric distress. A goal of the Adult Urgent Services team is to provide treatment to clients with severe behavioral 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.

**Demographic data for individuals served during the prior 23/24 fiscal year:**

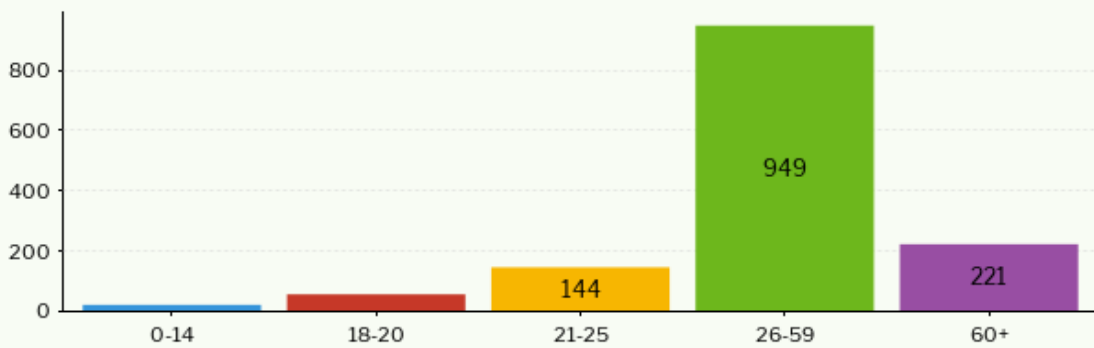
Unduplicated Number of Clients

1387

## Unduplicated Number of Clients by Preferred Gender

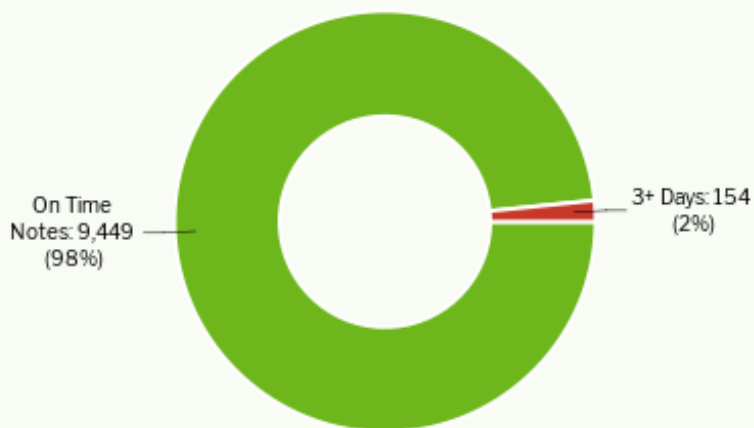


## Unduplicated Number of Clients by Age Group



### Outcome Data:

## Timeliness of Notes Entry





**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15				
TAY 16-25	150	\$1,718		
Adults 26-59	900	\$1,718		
Older Adults 60+	200	\$1,718		

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan, which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**PROGRAM NUMBER/NAME: YOUTH AND FAMILY URGENT SERVICES**

**NON- FSP SERVICES**

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

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

**Program Description:**

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 multi-disciplinary 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.

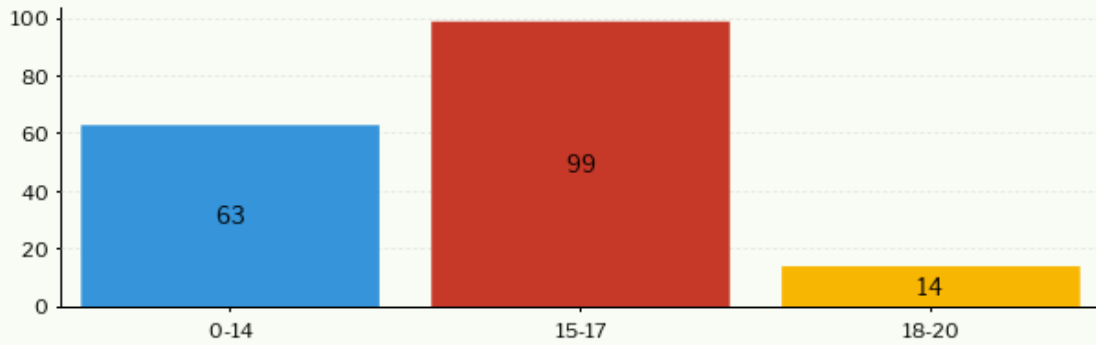
The Urgent Services team works with some of the most vulnerable children and youth in our community. The primary goal is to ensure that those children and youth who have been PES and/or who were psychiatrically hospitalized, are offered the most appropriate and effective, intensive outpatient behavioral 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

Demographic data for individuals served during the prior 23/24 fiscal year:

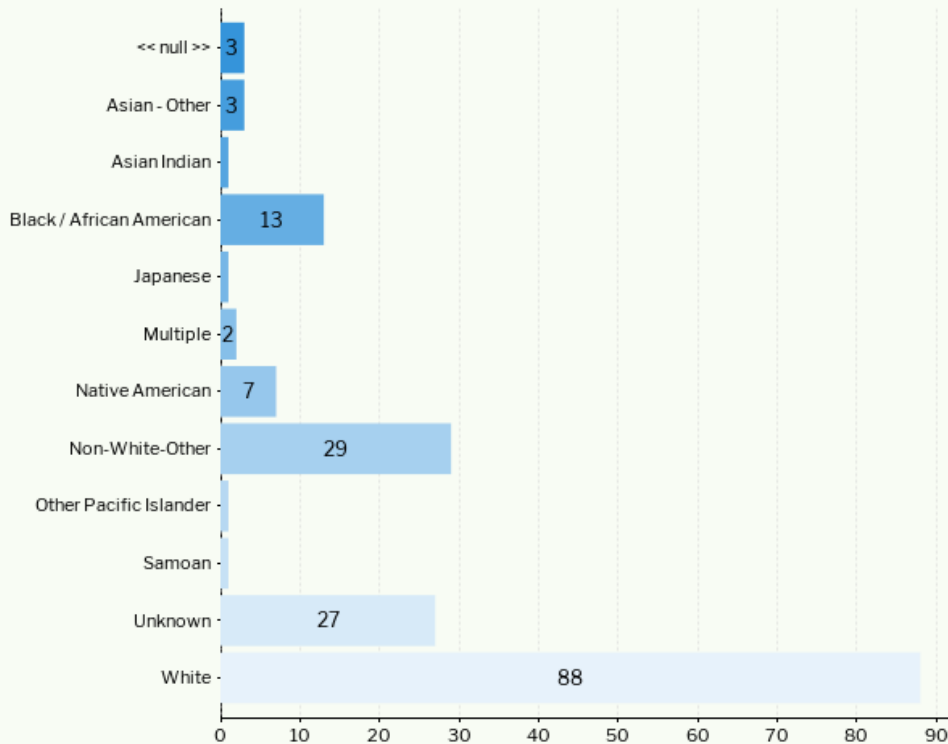
Unduplicated Number of Clients

176

Unduplicated Number of Clients by Age Group



Unduplicated Number of Clients by Race



**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15	65	\$4,538		
TAY 16-25	115	\$4,538		
Adults 26-59				
Older Adults 60+				

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-Year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**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	X
Cultural Population (specify below)	X
Hmong	
Veterans	
Other (Specify below)	

**Program Description:**

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, treatment of mental health conditions, co-occurring mental health and substance use disorders, along with linkage to community resources and supports. Further service linkage and coordination includes medication evaluation, support for mental health conditions, housing assistance, counseling, nutrition education, 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 accessing services throughout the entire public system and help staying connected for all their needs; this will help reduce contributing factors of poor mental health conditions.

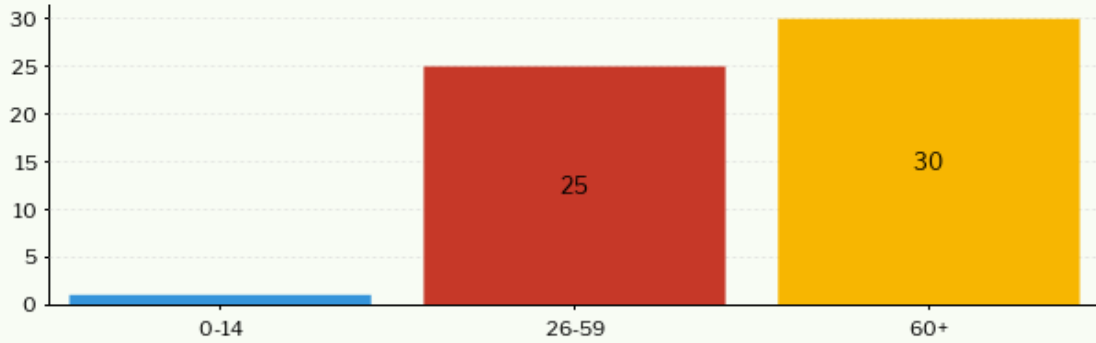
The Hmong Center continues to be in an area where most of the Hmong population resides and is also located along the bus route, increasing accessibility for those who might have transportation issues. In addition, the HOC program provides transportation to those that need it to increase accessibility.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

Demographic data for individuals served during the prior 23/24 fiscal year:

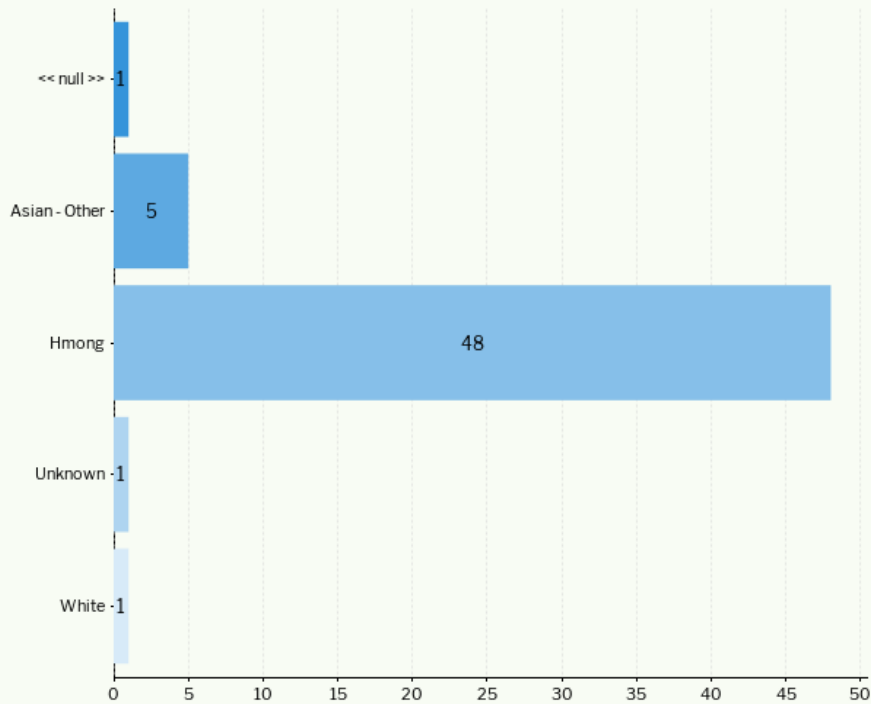
Unduplicated Number of Clients

56

Unduplicated Number of Clients by Age Group



Unduplicated Number of Clients by Race



**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15	5	\$14,989		
TAY 16-25				
Adults 26-59	25	\$14,989		
Older Adults 60+	30	\$14,989		

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-Year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**PROGRAM NUMBER/NAME: LATINO OUTREACH CENTER**

**NON- FSP SERVICES**

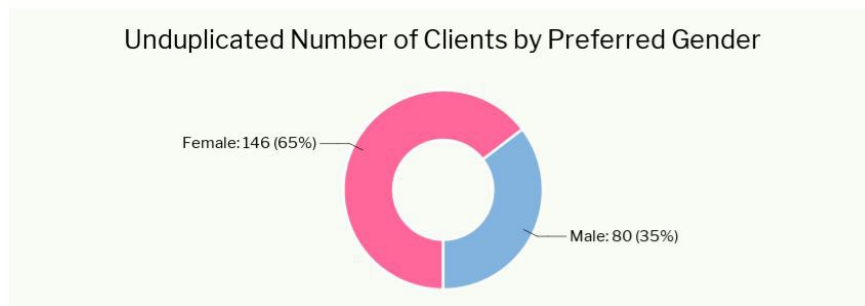
The population(s) of focus for this program is/are:

Homeless	
Forensic	
Involved in Social Services System	
Unservd/Underserved	X
Cultural Population (specify below)	X
Latino/x	X
Veterans	
Other (Specify below)	

**Program Description:**

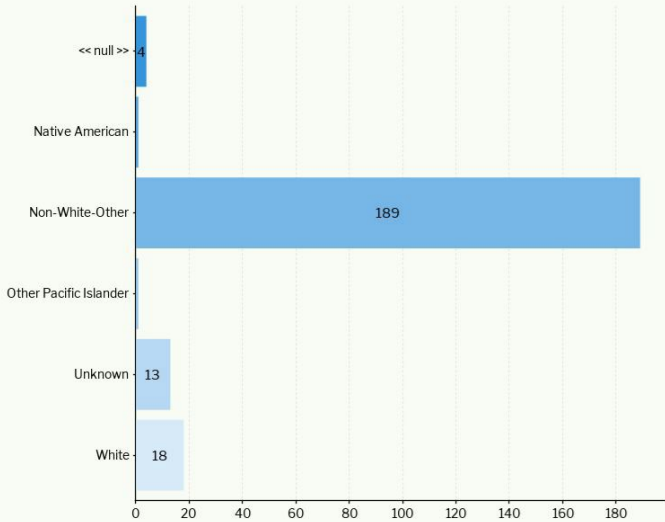
The Latino Outreach Center provides individual, group, and family therapy services to support and reduce both ethnic and cultural disparities within the Latino/x population of Sutter and Yuba counties. The Latino Outreach Center serves both children and adults, and the services provided are both culturally 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. 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. Triage 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.

**Demographic data for individuals served during the prior 23/24 fiscal year:**

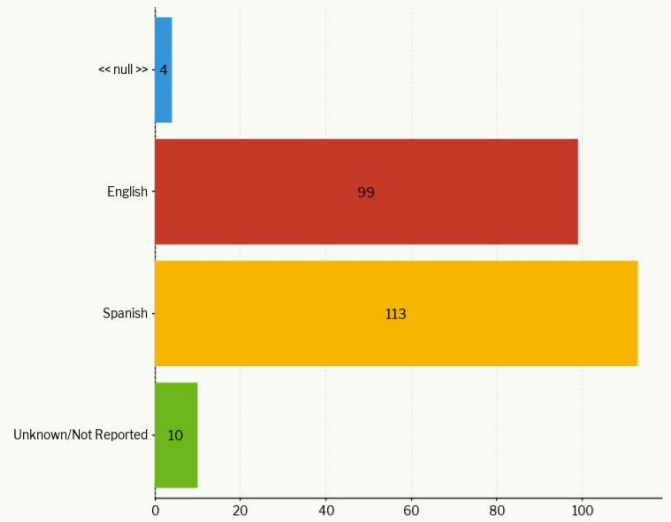




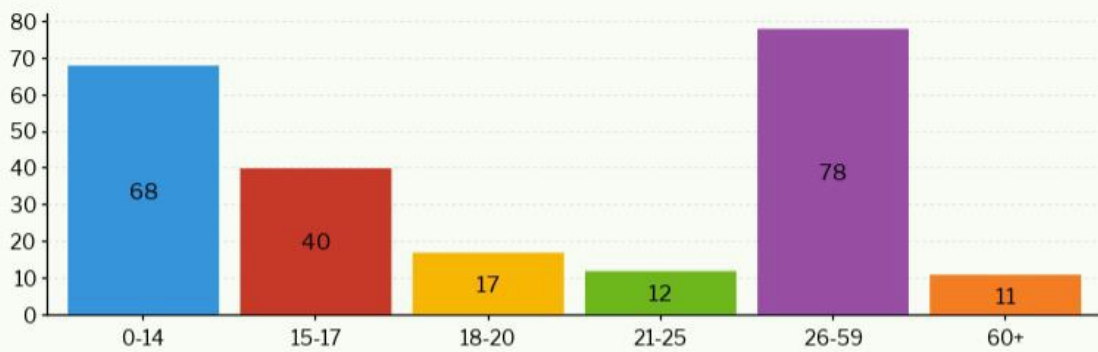
Unduplicated Number of Clients by Race



Unduplicated Number of Clients by Preferred Language



Unduplicated Number of Clients by Age Group



Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 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	60	\$12,924		
TAY 16-25	60	\$12,924		
Adults 26-59	75	\$12,924		
Older Adults 60+	10	\$12,924		

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**PROGRAM NUMBER/NAME: SUPPORTIVE HOUSING SERVICES**

**NON- FSP SERVICES**

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

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

**Program Description:**

**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 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**

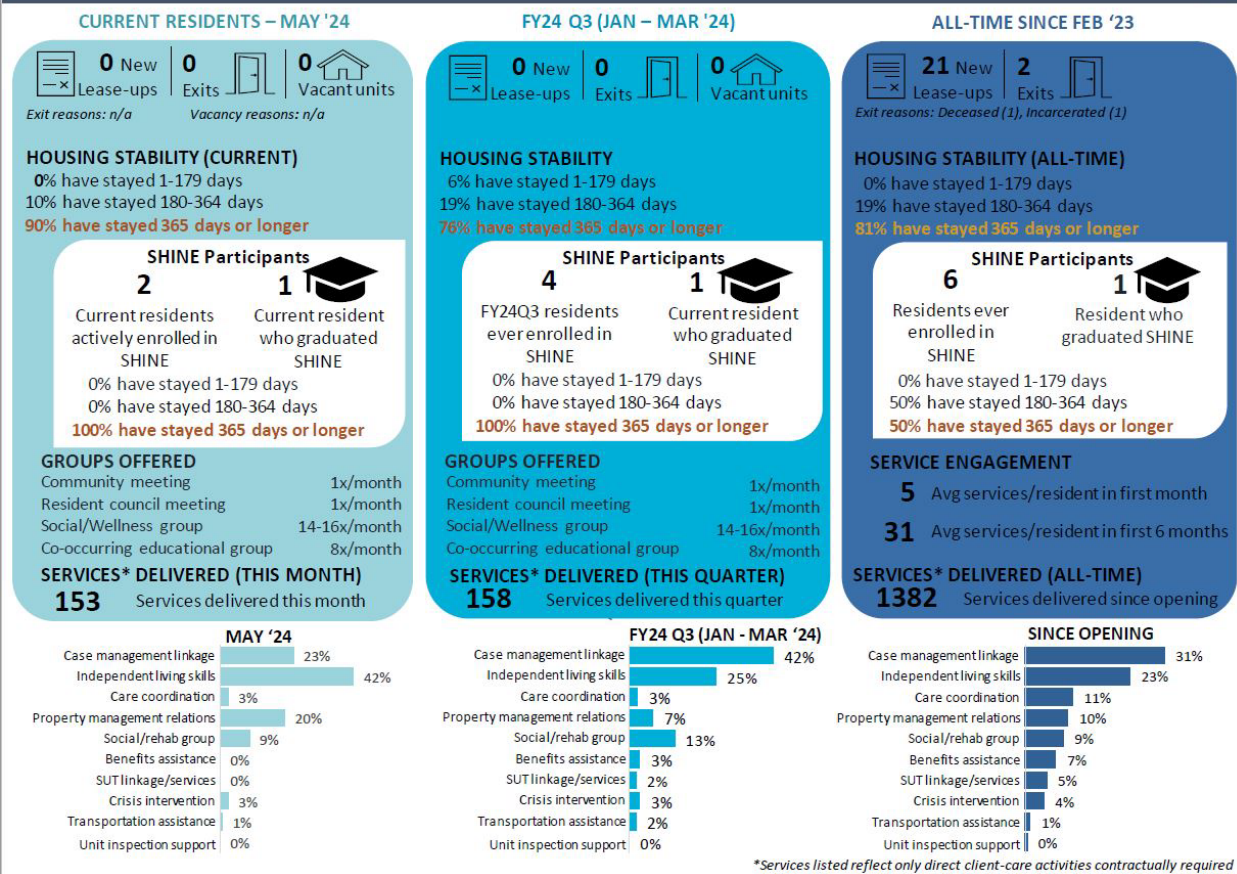
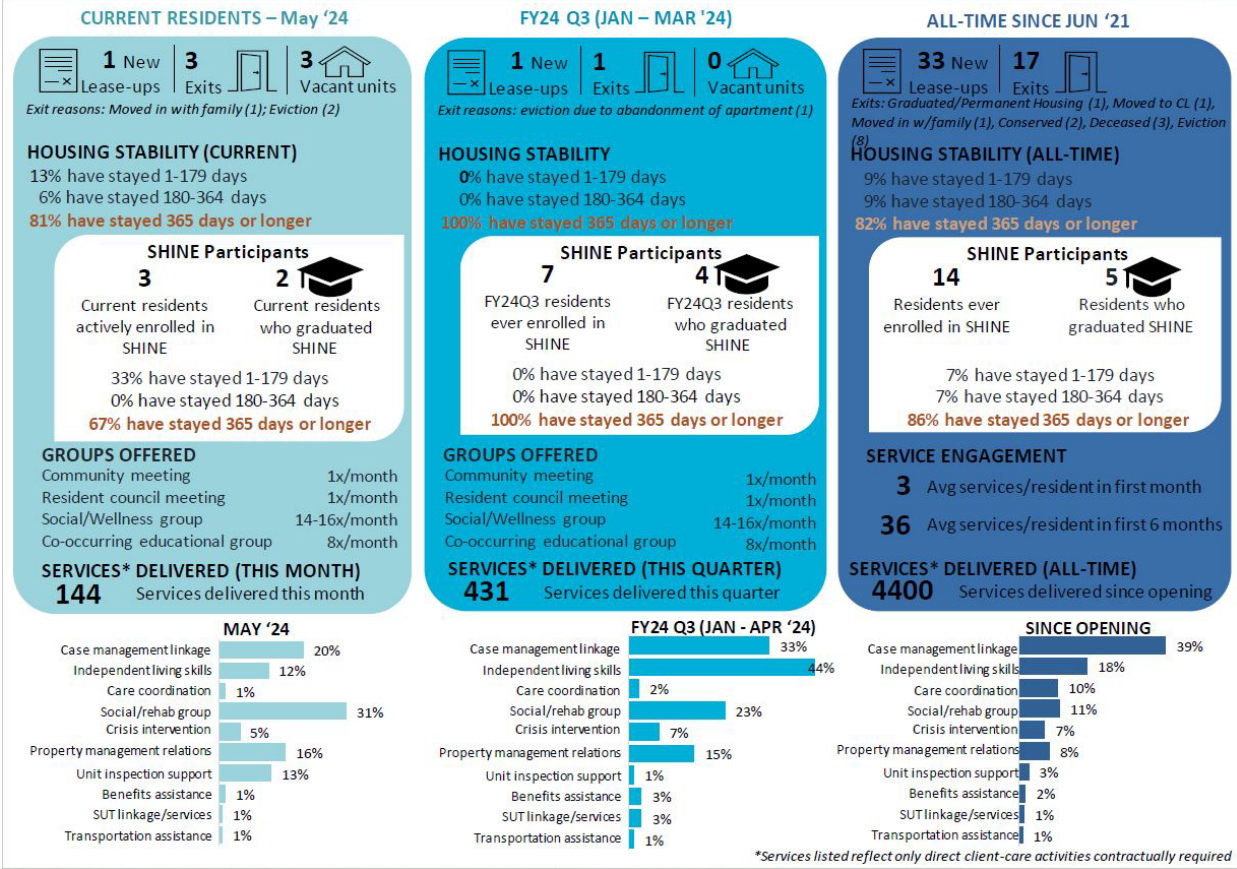
Teesdale and Heather Glen are two properties that were bought using the original 2016 MHSA Housing Program funds. Both locations are shared housing developments or multi-family Duplex housing units that serve as permanent and supportive housing for up to 16 total SYBH clients. Both TAY and Adult clients 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 can receive supplies and linkage to resources. Staff also receive direct referrals from the Psychiatric Hospital Facility for support with those who are experiencing a 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 a 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 advocates 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.

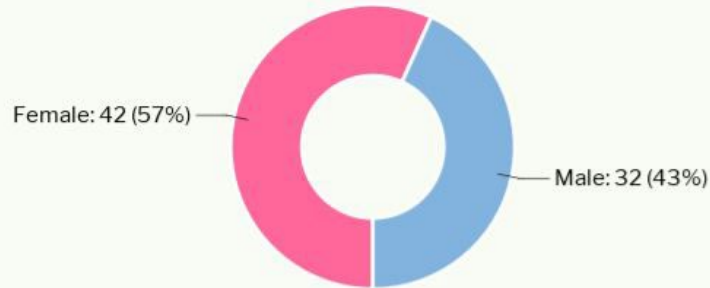


Demographic data for individuals served during the prior 23/24 fiscal year:

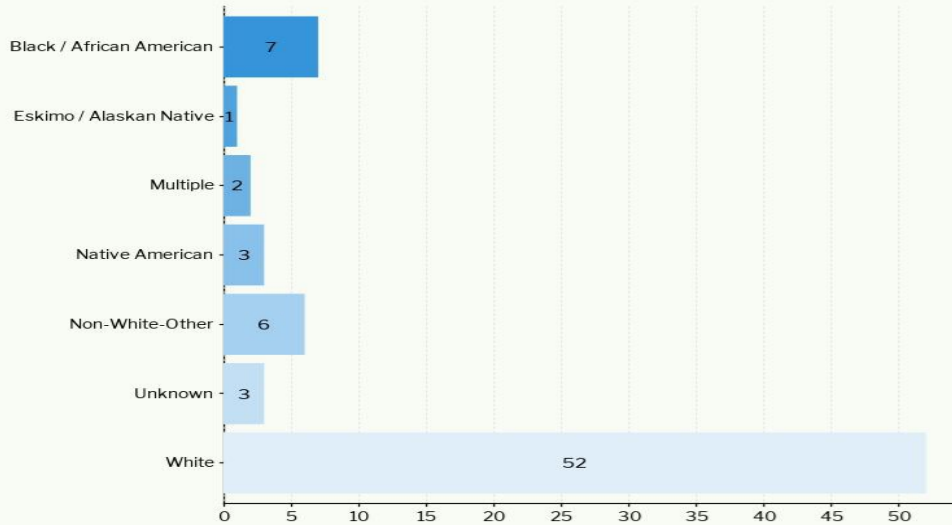
Unduplicated Number of Clients

74

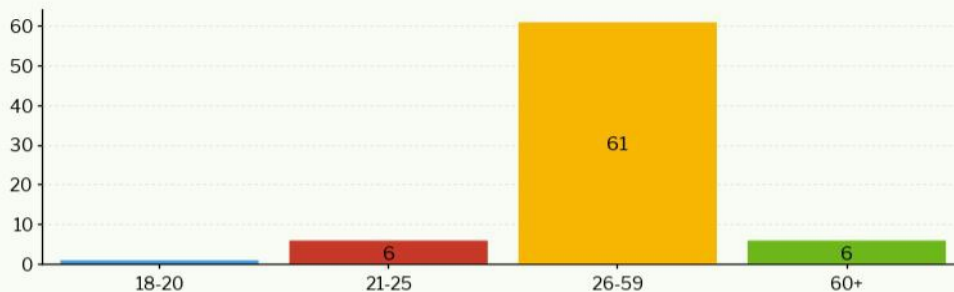
Unduplicated Number of Clients by Preferred Gender



Unduplicated Number of Clients by Race



Unduplicated Number of Clients by Age Group



**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15				
TAY 16-25	5	\$10,964		
Adults 26-59	60	\$10,964		
Older Adults 60+	5	\$10,964		

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**PROGRAM NUMBER/NAME: HOPE (HEALTHY OPTIONS FOR PROMOTING EMPOWERMENT)**

**FULL-SERVICE PARTNERSHIP SERVICES**

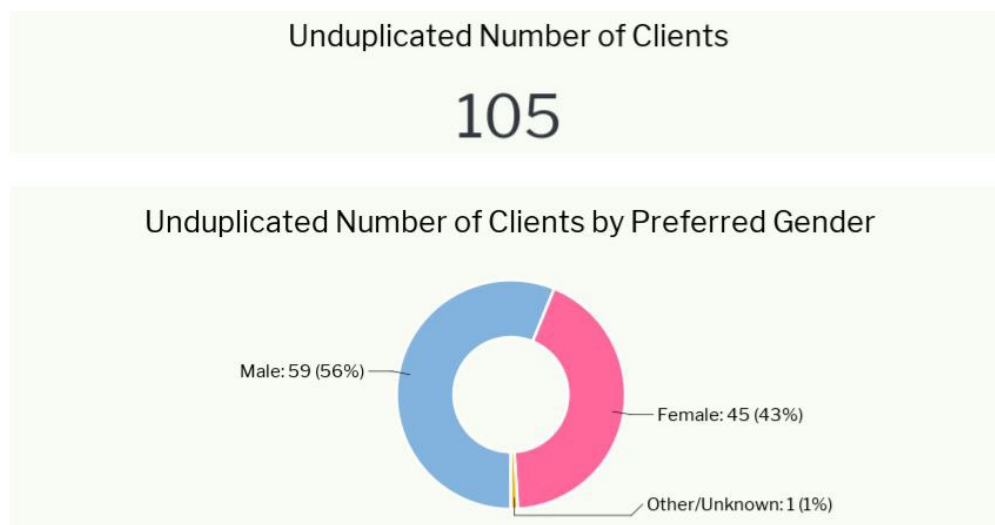
The population(s) of focus for this program is/are:

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

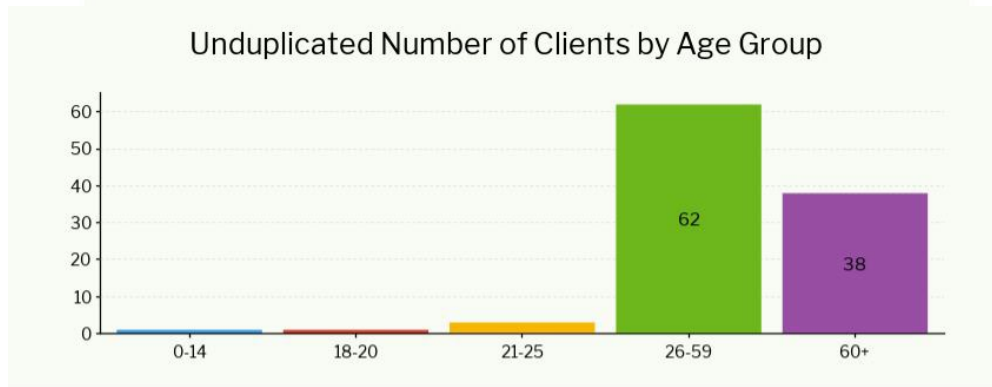
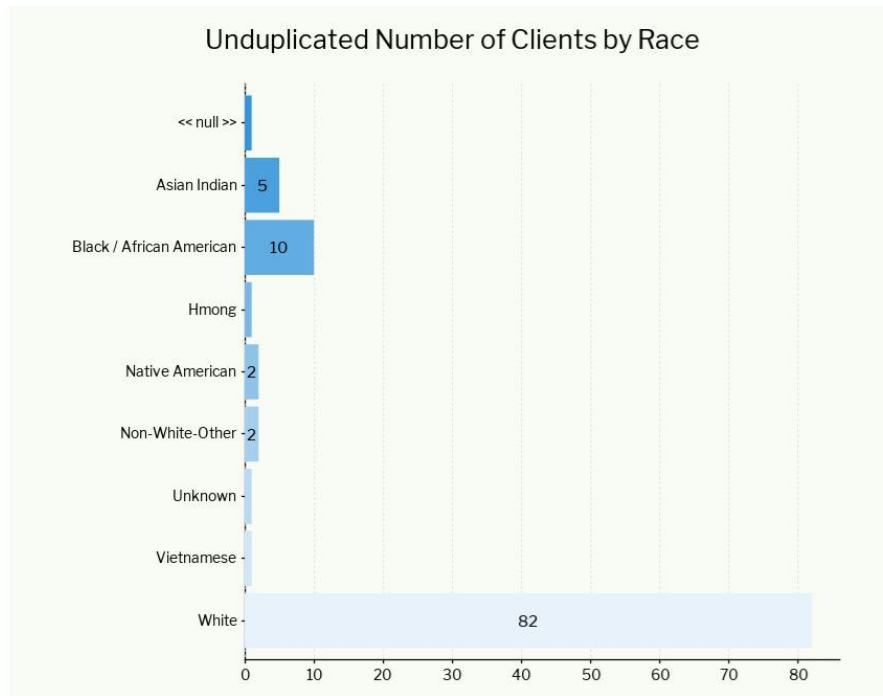
**Program Description:**

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 maintain 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.

**Demographic data for individuals served during the prior 23/24 fiscal year:**







**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual	O & E # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15				
TAY 16-25				
Adults 26-59	55	\$10,496		
Older Adults 60+	55	\$10,496		

**Changes to the program from the Approved 24/26 Two-year Plan:**

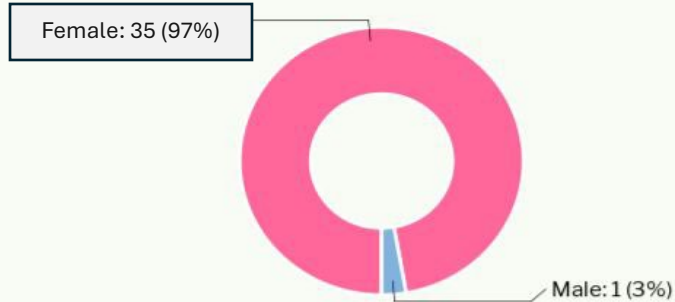
HOPE has absorbed our BEST (Bi-County Elderly Services Team) program in an effort to provide more streamlined services. Senior clients will have specialized groups within the HOPE FSP program to meet their specific needs. SYBH overall is planning increased services to seniors in other programs including Adult Protective Services.

Demographic data for individuals served during the prior 23/24 fiscal year in BEST:

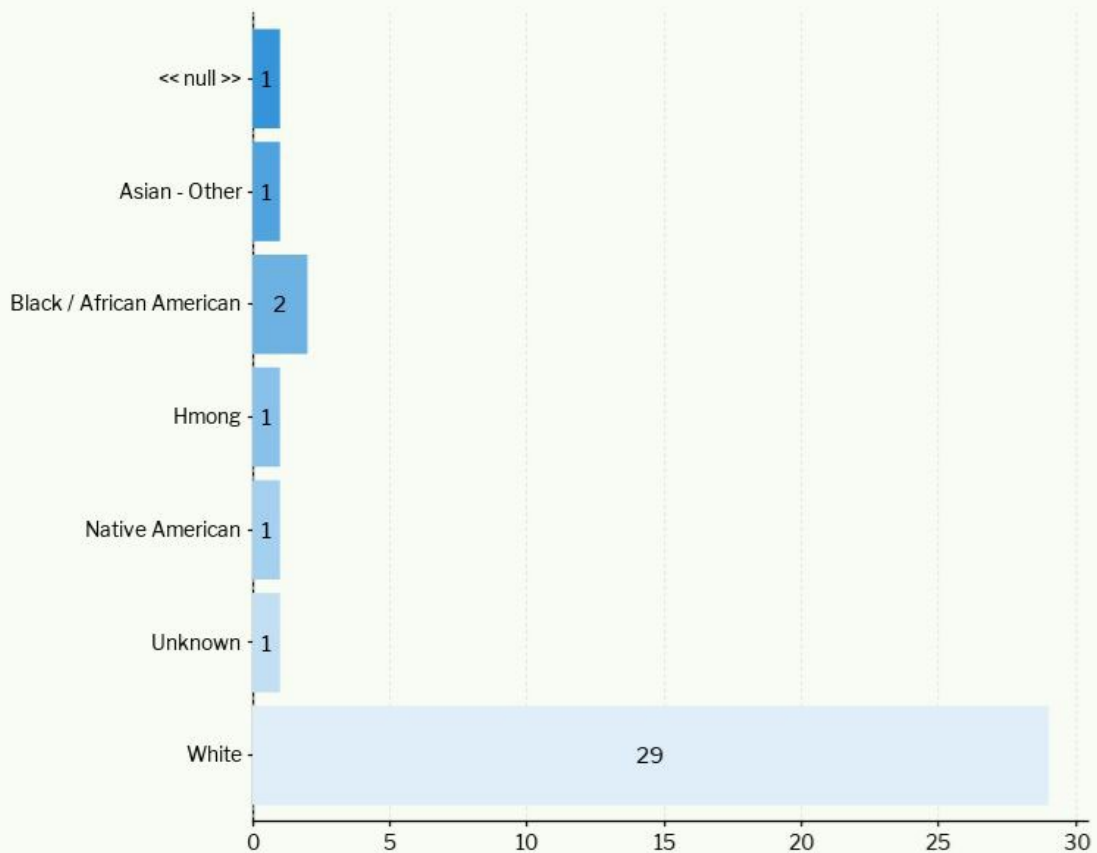
Unduplicated Number of Clients

36

Unduplicated Number of Clients by Preferred Gender



Unduplicated Number of Clients by Race



**BHSA implementation and future changes or updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

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

**FULL-SERVICE PARTNERSHIP SERVICES**

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

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

**Program Description:**

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 underserved in the past. Members may be experiencing or at risk of 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 strength-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

In order to increase quality of services the SHINE FSP is part of an MHSA Innovation Plan which will be led by Third Sector. The Multi-County FSP Innovation Plan responds to challenges by reframing FSP programs around meaningful outcomes and the client experience. It gives the opportunity for

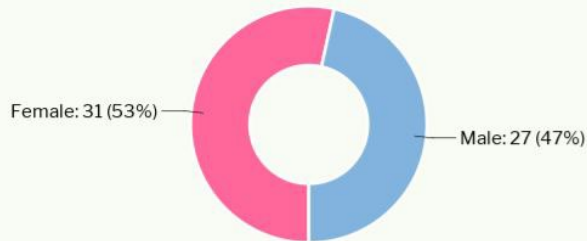
participating counties to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

**Demographic data for individuals served during the prior 23/24 fiscal year:**

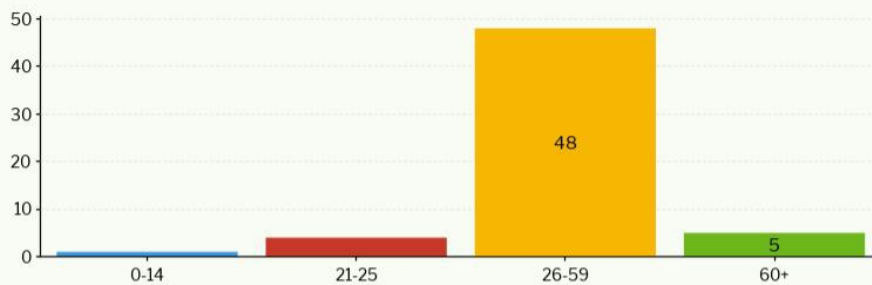
Unduplicated Number of Clients

58

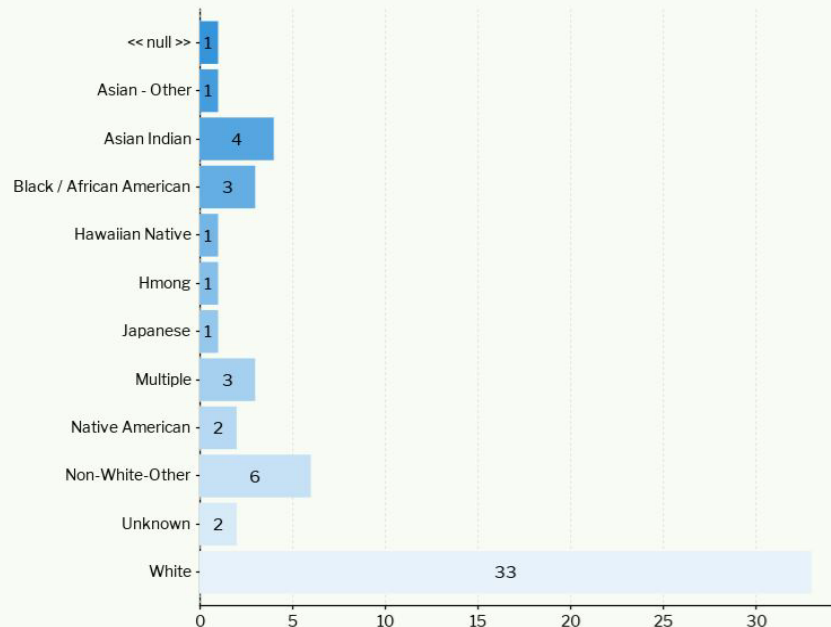
Unduplicated Number of Clients by Preferred Gender



Unduplicated Number of Clients by Age Group



Unduplicated Number of Clients by Race



**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15				
TAY 16-25	5	\$11,299		
Adults 26-59	45	\$11,299		
Older Adults 60+	5	\$11,299		

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**PROGRAM NUMBER/NAME: LPS**

**FULL-SERVICE PARTNERSHIP SERVICES**

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

Homeless	X
Forensic	X
Involved in Social Services System	
Unservd/Underserved	X
Cultural Population (specify below)	
Latino/x	
Veterans	
Other (Specify below)	

**Program Description:**

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 full 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 the clients' 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.

Immediately prior to being put on an LPS conservatorship, individuals are deemed to be gravely disabled and 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 need emergency services to keep them out of harm's way. In Sutter and Yuba Counties, LPS conservatorships have increased by 81.8% since 2019, growing from 55 cases in 2019 to 100 cases and growing in 2024. The addition of recently passed and upcoming legislation will continue to increase the number of LPS conservatees. 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. 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 Multi-County FSP Innovation Plan which will be led by Third Sector.

**Demographic data for individuals served during the prior 23/24 fiscal year:**

This is a new program set to begin in FY 24/25.

**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15				
TAY 16-25				
Adults 26-59	50	\$10,496		
Older Adults 60+	15	\$10,496		

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-Year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.



**CSS**

**PROGRAM NUMBER/NAME: TRANSITION AGE YOUTH (TAY)**

**FULL-SERVICE PARTNERSHIP SERVICES**

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

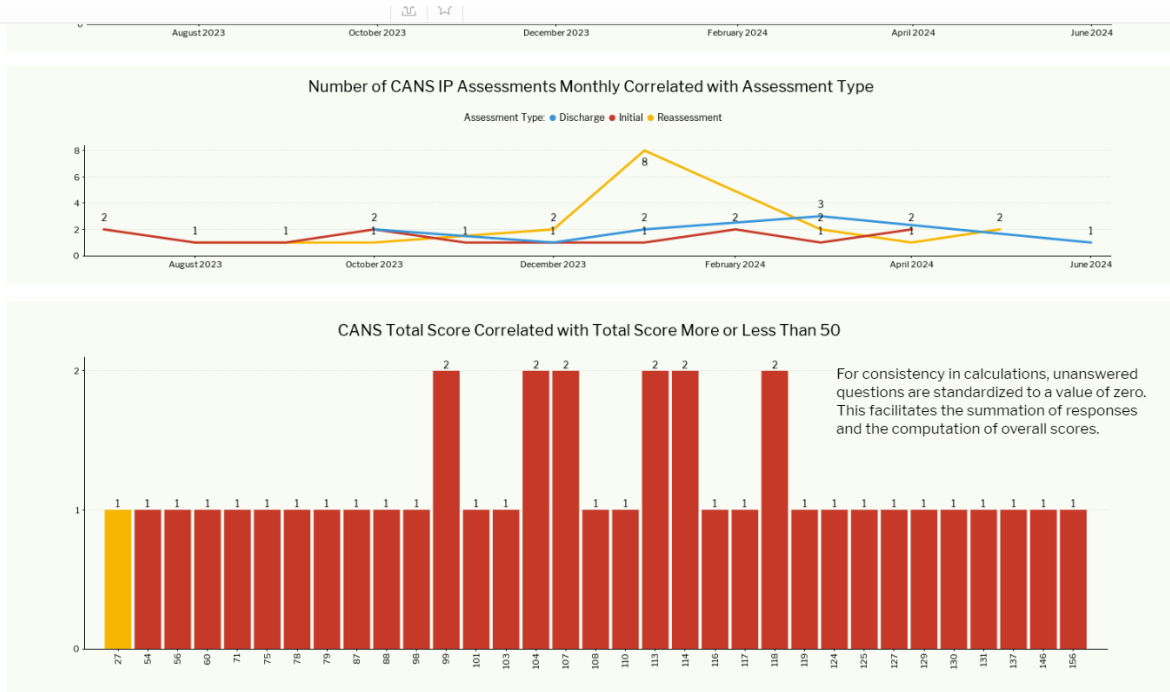
Homeless	X
Forensic	X
Involved in Social Services System	X
Unserved/Underserved	X
Cultural Population (specify below)	X
Latino/x, Black, LGBTQ, Native American, Asian/Pacific Islander	X
Veterans	
Other (Specify below)	

**Program Description:**

- The TAY (FSP) program goals are to partner with youth and supportive person(s) to improve the overall quality of life for the youth, as well as reducing negative psychiatric symptoms, reducing incarcerations, hospitalizations, and homelessness. The program hopes to empower youth in successfully transitioning to adulthood, living healthy and safely in a setting of the youth’s choosing while engaging in meaningful activity such as work, volunteer, or education. Program staff have a particular focus on the instillation of hope, wellness, recovery, and resiliency. Each TAY Student has an assigned therapist, case manager, peer mentor, and psychiatrist (as needed). This group of service providers works as a team partnering with the youth and support persons identified by the youth. Services range from individual therapy, therapy groups, individual life skill training, group life skill training, case management, medication evaluation, and both individual and group positive leisure time activities. 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 youths 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.

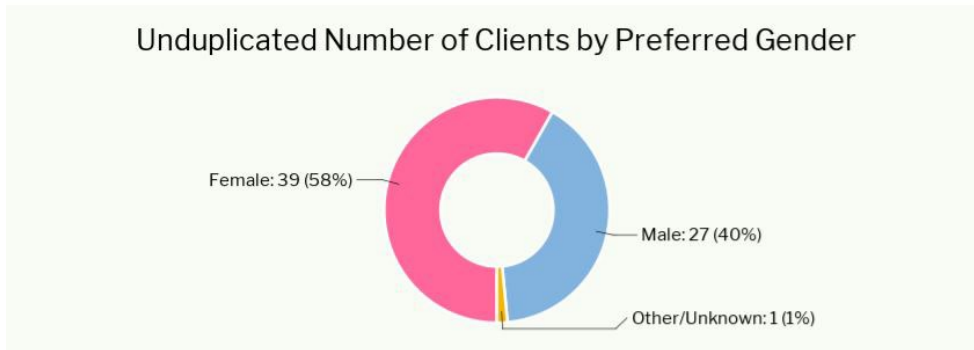
To ensure that SYBH provides these services in a quality manner this FSP program, along with other SYBH FSP programs, will be part of a Multi-County FSP Innovation Plan which will be led by Third Sector.

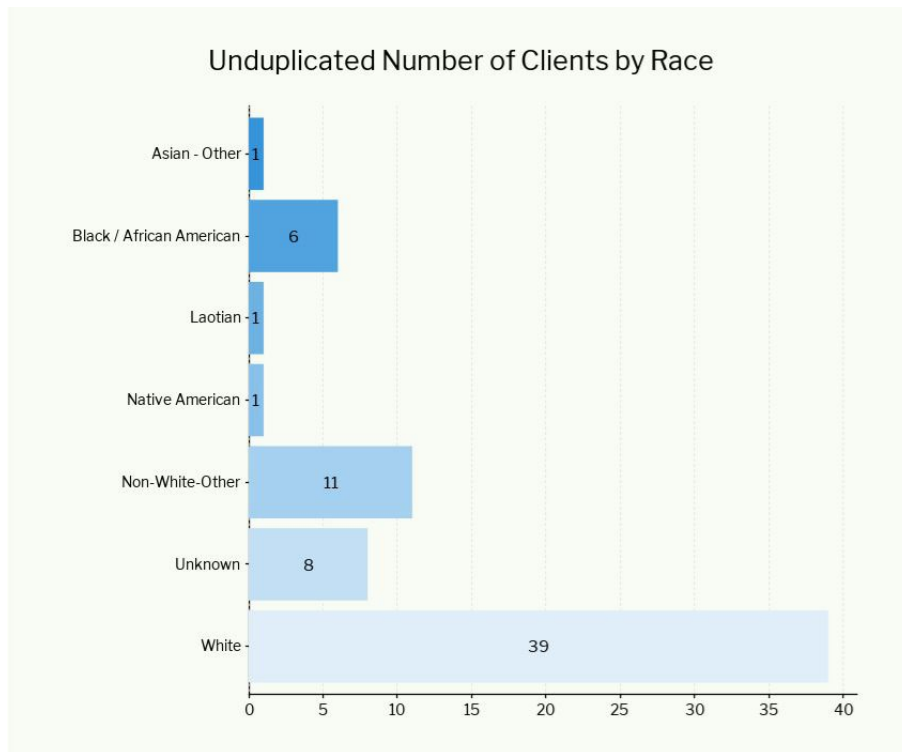
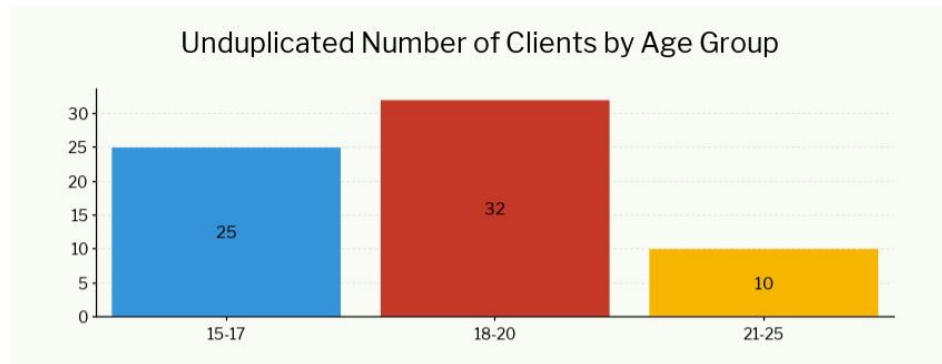


**Demographic data for individuals served during the prior 23/24 fiscal year:**

Unduplicated Number of Clients

**67**





**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15	5	\$27,628		
TAY 16-25	55	\$27,628		
Adults 26-59				
Older Adults 60+				

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**PROGRAM NUMBER/NAME: YOUTH FOR CHANGE**

**FULL-SERVICE PARTNERSHIP SERVICES**

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

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

**Program Description:**

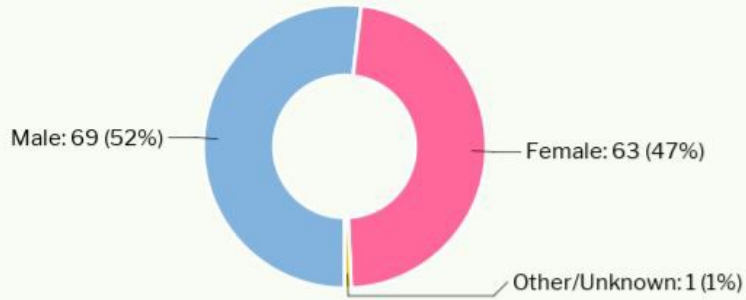
To identify and serve the underserved population and develop culturally relevant services the following steps are taken (a) needs assessment, crisis stabilization and safety planning for child and family members; (b) peer support from a parent partner who have had similar experiences to navigate systems, 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 benefiting 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. 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 offer 24/7 crisis response services. 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 Multi-County FSP Innovation Plan which will be led by Third Sector.

**Demographic data for individuals served during the prior 23/24 fiscal year:**

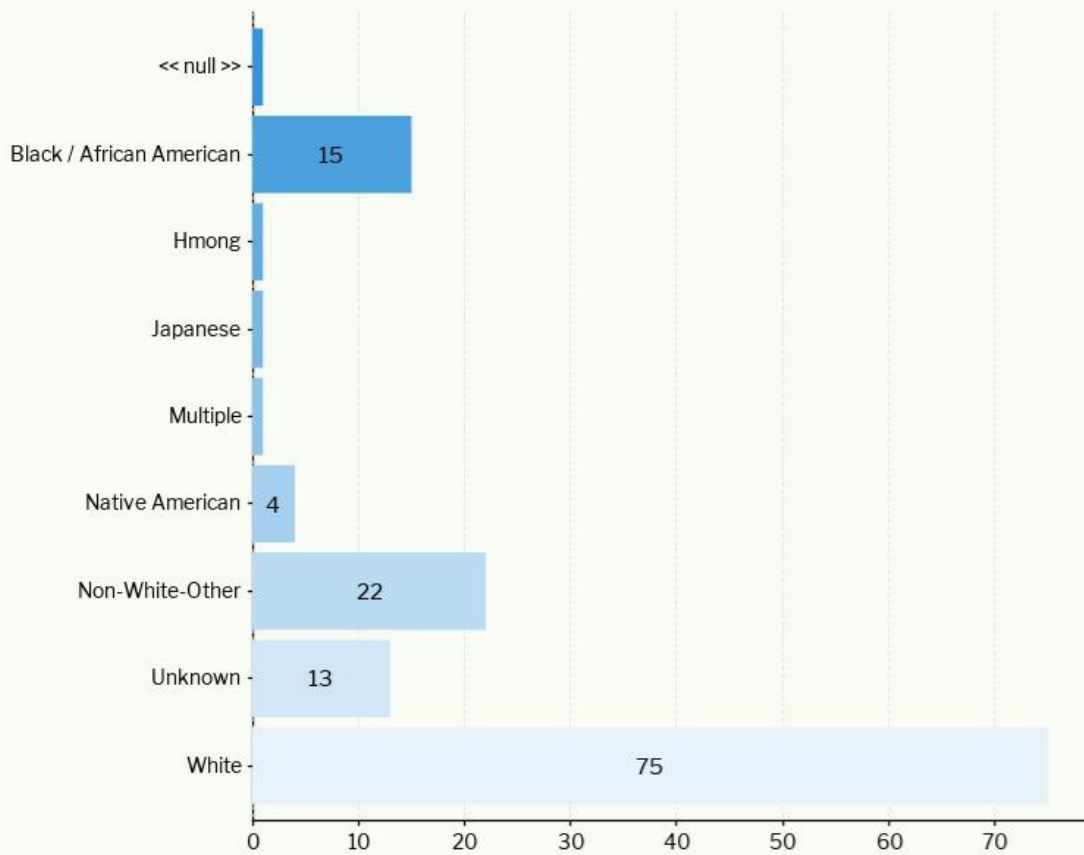
Unduplicated Number of Clients

133

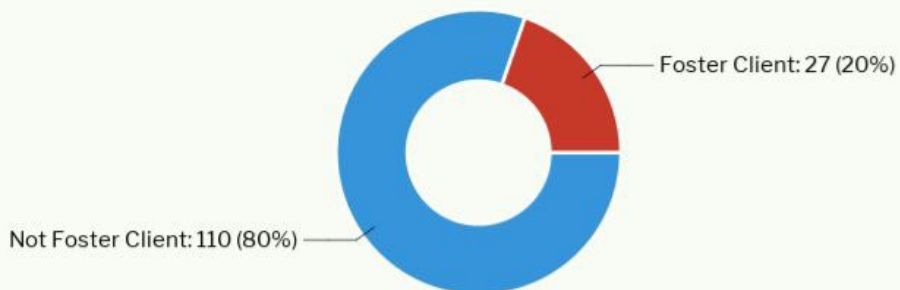
### Unduplicated Number of Clients by Preferred Gender



### Unduplicated Number of Clients by Race



### Unduplicated Number of Clients by Foster Child Status



**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 is:**

<b>Age Group</b>	<b>GSD # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>	<b>O &amp; E # individuals to be served</b>	<b>Estimated Annual Cost per Individual</b>
Child & Youth 0-15	125	\$3,478		
TAY 16-25				
Adults 26-59				
Older Adults 60+				

**Changes to program from the Approved 24/26 Two-year Plan:**

At this time, no changes have been to this program that diverge from the approved FY 24-26 Two-year Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**CSS**

**PROGRAM NUMBER/NAME: WELLNESS AND RECOVERY CENTER**

**NON- FSP SERVICES**

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

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

**Program Description:**

The Wellness and Recovery Program offers recovery-oriented groups and individual support to consumers with serious mental health conditions or co-occurring mental health and substance use disorders. Team members include Mental Health Therapists, Peer Specialists and Resource Specialists. The program also partners with Sutter County Schools to provide an onsite Adult Education and Work Wellness program. The program also partners with Youth for change who provides peer staff for both youth and adult services. Together, these programs help consumers work toward their social, occupational, and educational goals.

Participation is for current SYBH consumers by referral from their provider. Peer staff, Peer volunteers, and County providers work as an integrated team to provide a wide range of wellness and recovery-oriented activities and services such as Mindfulness, Life Skills, Culinary Academy, This Way Up depression group, Pathways to Recover, Town Hall, Art, and Music Groups, Getting Fit and Peer Counseling. The goal is to facilitate increased social supports, positive community re-integration and additional employment training opportunities. The W&R team takes participants on various social outings throughout the year including Sacramento Kings games, Folsom Zoo, and the State Fair. This allows participants the opportunity to engage in new experiences outside their home while remaining positively supported by fellow participants and W&R staff.

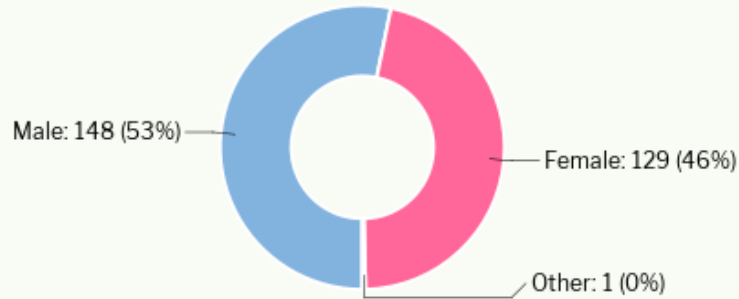
**Demographic data for individuals served during the prior 23/24 fiscal year:**

Unduplicated Number of Clients

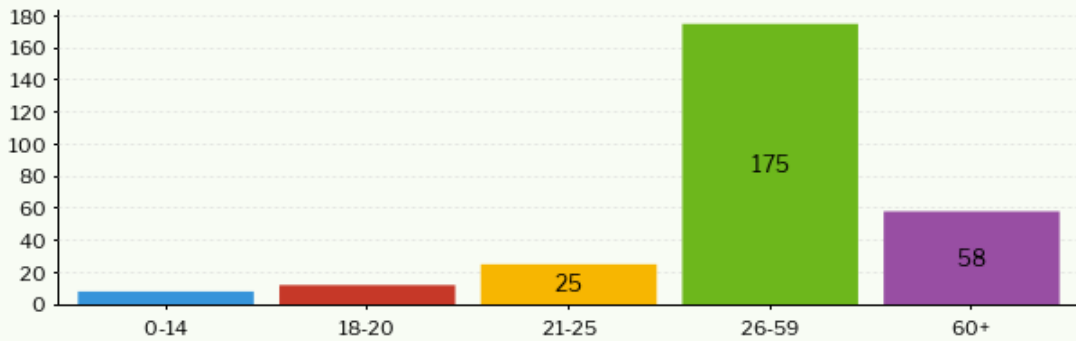
278



## Unduplicated Number of Clients by Preferred Gender



## Unduplicated Number of Clients by Age Group



**Estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2025/26 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	8	\$5,563		
TAY 16-25	15	\$5,563		
Adults 26-59	180	\$5,563		
Older Adults 60+	60	\$5,563		

**Changes to program from the Approved 24/26 Two-year Plan:**

With the enactment of Calif SB 803, the W/R Peer Program has worked to obtain official Peer Specialist Certification with the State of California for the peer staff who wish to be certified. The Certified Peer Specialists will be able to bill Medi-Cal. At this point in time, we are exploring moving this program to PEI to better fit the goals and intent of the MHSA categories.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

PREVENTION AND EARLY INTERVENTION (PEI) FY 25/26 ANNUAL UPDATE

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:

**Program Description**

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. 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 with external contracts, and they include Bullying Prevention, Boys Council, Girl’s Circle, Unity Circle, and our external contracts with Sutter County and Yuba County 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.

**Program Performance FY 2023-2024**

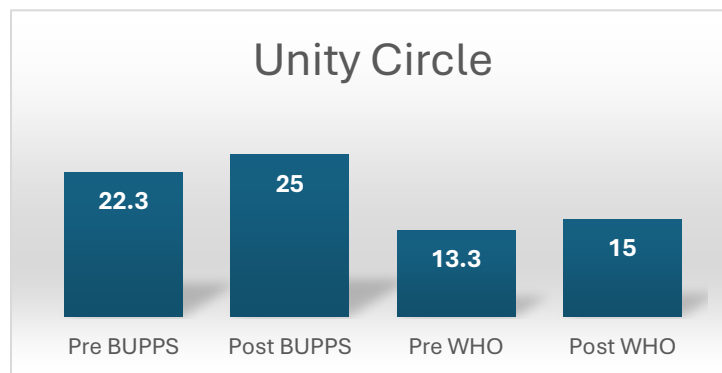
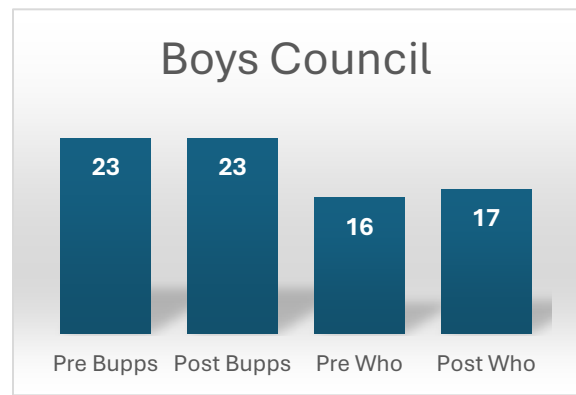
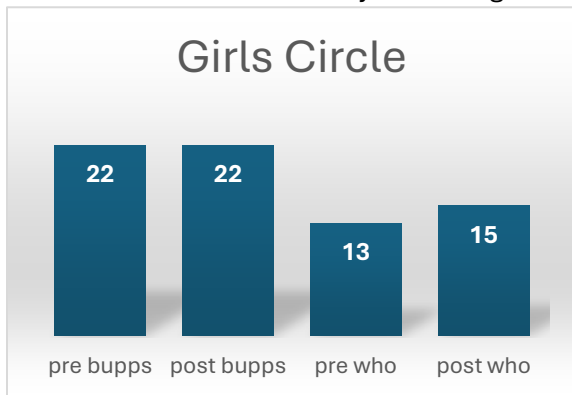
The school-based prevention and early intervention program served a total of 7,384 students and staff across all its groups and contracts in both Sutter and Yuba counties. The groups in the program offer youth the ability to connect with peers, get support and feel included.

### **Examples of Community Impact**

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. 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. We are measuring PEI outcomes using Brief Universal Prevention Program Surveys (BUPPS) and World Health Organization (WHO) wellbeing. BUPPS measures protective factors: hopefulness, social connectedness, good coping skills and emotional self-regulation. WHO measures protective factors, resilience/social & emotional competence, sense of purpose and physical health. The surveys are given at the beginning and conclusion of each group. Below are some of the BUPPS/WHO survey results and impact statements made by students.

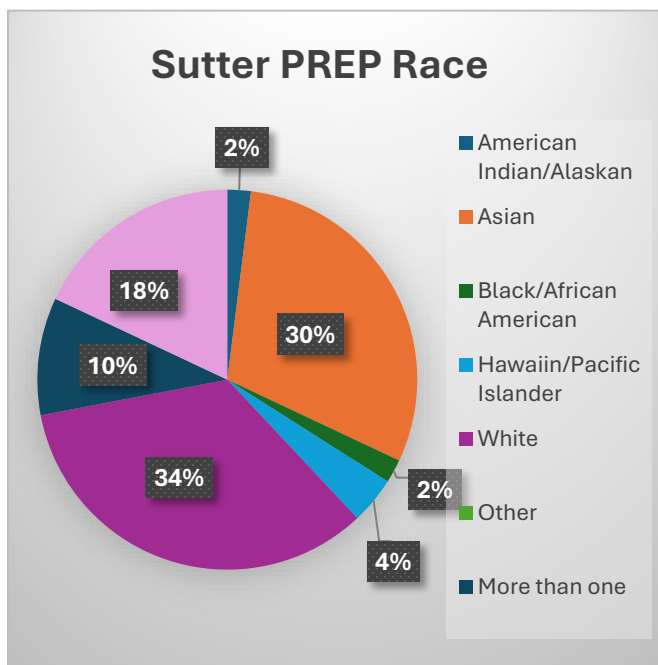
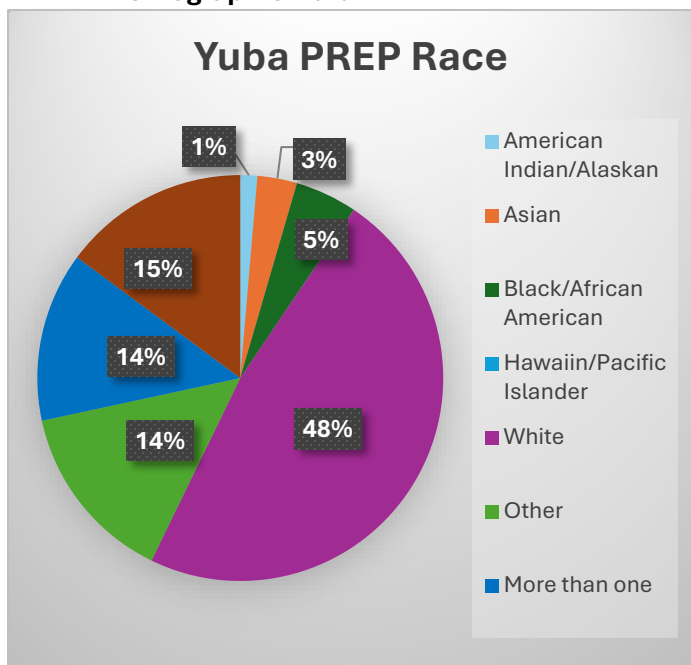
#### **What did you learn from the program?**

- That I can depend on others when I need help.
- That opening up is good.
- More ways to cope with my problems.
- How to help people.
- That it is ok to share your feelings.



AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	823	125
TAY (16-25 years)	1722	125
Adults (26-59 years)		
Older Adults (60 years +)		
Annual Total # of individuals to be served (estimate)	2545	250
Cost per Person	\$71.56	\$71.56

**Demographic Data:**



**What changes have been or will be made to this program per the FY 24-26 program plan.**

With the passing of Proposition 1 our internal school-based prevention groups will no longer be provided. We will continue our external contracts with Yuba County Office of Education (YCOE), Sutter County Superintendent of Schools (SCSOS), and Pathways to provide school-based services. As part of BHSA implementation, both of our PREP (YCOE and SCSOS) annual contracts have been reduced from \$250,000 to \$100,000 beginning FY 24/25.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MSHA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and

community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**The annual PEI 3-Year Evaluation Report is included in the Appendix.**

PREVENTION AND EARLY INTERVENTION (PEI) FY 25/26 ANNUAL UPDATE

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:

**Program Description**

The goal of our Stigma and Discrimination Program is to educate community members regarding mental health issues and diverse populations in order to reduce stigma and discrimination. Our Stigma and Discrimination Reduction program includes Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), Each Mind Matters Outreach, and various outreach events. SYBH has been working with their internal cultural competency committee, seeking outside input with this goal of developing a community based cultural competency group that will help inform and guide SYBH in their efforts to decrease stigma and discrimination and increase access to these communities. Specific work has been done with the African American Community and the internal cultural competence committee has been evolving into a community driven group with representation from the diverse populations in Sutter and Yuba Counties. MHFA/YMHFA can be taught in person or virtually to adults 18 years old or older. Each Mind Matters is outreach to the entire community. SYBH PEI has a goal of increasing outcomes for specific populations, including unserved and underserved populations such as Latino, Hmong, Punjabi, Youth and LGBTQ+.

**Program Performance FY 2023-2024**

During FY 23/24 MHFA and YMHFA served 235 individuals. Outreach events and Each Mind Matters reached 2,154 individuals. To allow for better access to the community, MHFA and YMHFA are provided free of charge to anyone over the age of 18-years-old 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 youths and adults.

### **Examples of Community Impact**

A common issue expressed by our community 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 also prevents them from reaching out to their peers if they think someone else might need assistance or 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 crisis or experiencing a mental health challenge. Both programs are offered in English and Spanish, making them more inclusive to members in the community.

SYBH created a MHFA documentary that provides a candid and insightful look at behavioral health disorders and the road to wellness and recovery. Through interviews with local individuals who have struggled with behavioral health disorders as well as local experts in the field, the film sheds light on the complexities of these disorders and the multitude of factors that can contribute to their development. By presenting factual data and personal stories from local individuals, “Yes, There is Hope” offers viewers a deeper understanding of the challenges faced by those dealing with behavioral health disorders while also emphasizing the hope and healing that can come from seeking help and treatment. Emphasis is placed on reducing the stigma around asking for help and highlights the effectiveness of Mental Health First Aid Training. Through the honest portrayal of the ups and downs of recovery, this film reminds viewers that healing is a journey that requires courage, resilience, and support. SYBH wants everyone to know that There is Hope and help is always available. There were multiple free public showings of “Yes, There is Hope” in FY 23/24 which had an attendance of 302 people. Below are the FY 23/24 showings.

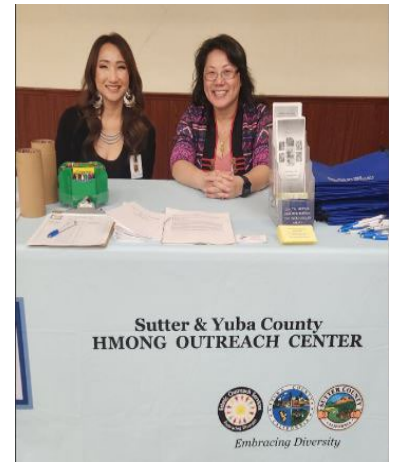
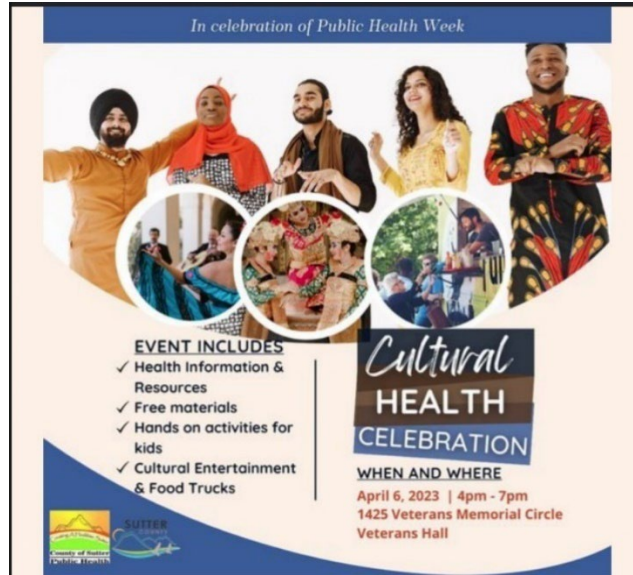
- 4/4/24 hosted by SYBH at Lee Burrows Theater
- 4/13/24 hosted by SYBH at Sutter Theater
- 6/5/24 hosted by Yuba County Health and Human Services
- 6/5/24 hosted by Yuba County Health and Human Services
- 6/13/24 hosted by Yuba Sutter Homeless Consortium
- 6/26/24 hosted by Sutter County Health and Human Services





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.

SYBH PEI Team participated in the Cultural Health Celebration on April 6, 2024, at Sutter County's Veteran's Hall. The Cultural Health Celebration included health information and resources, hands-on activities for kids and cultural entertainment and food trucks. 144 people came to participate in the event.

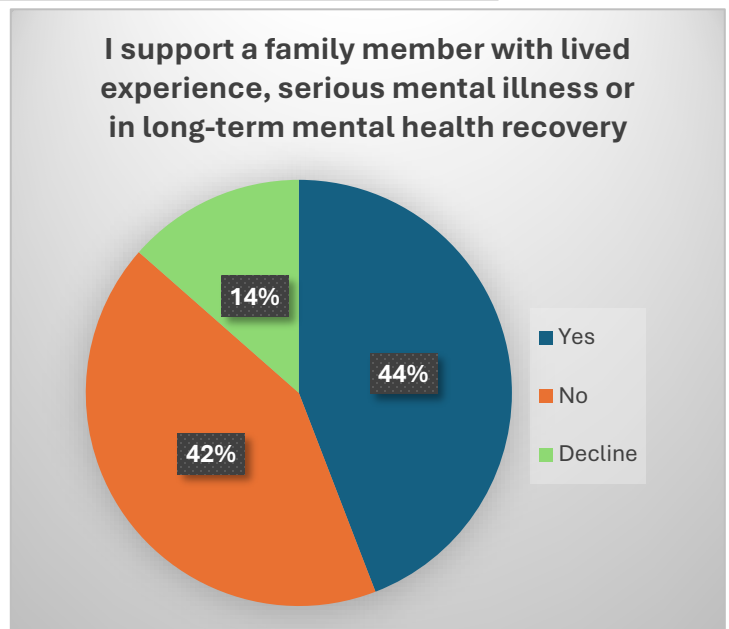
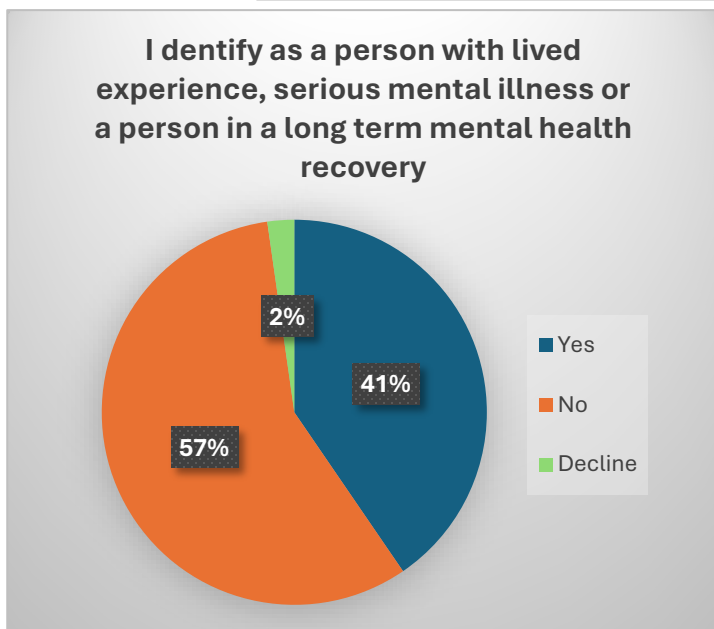
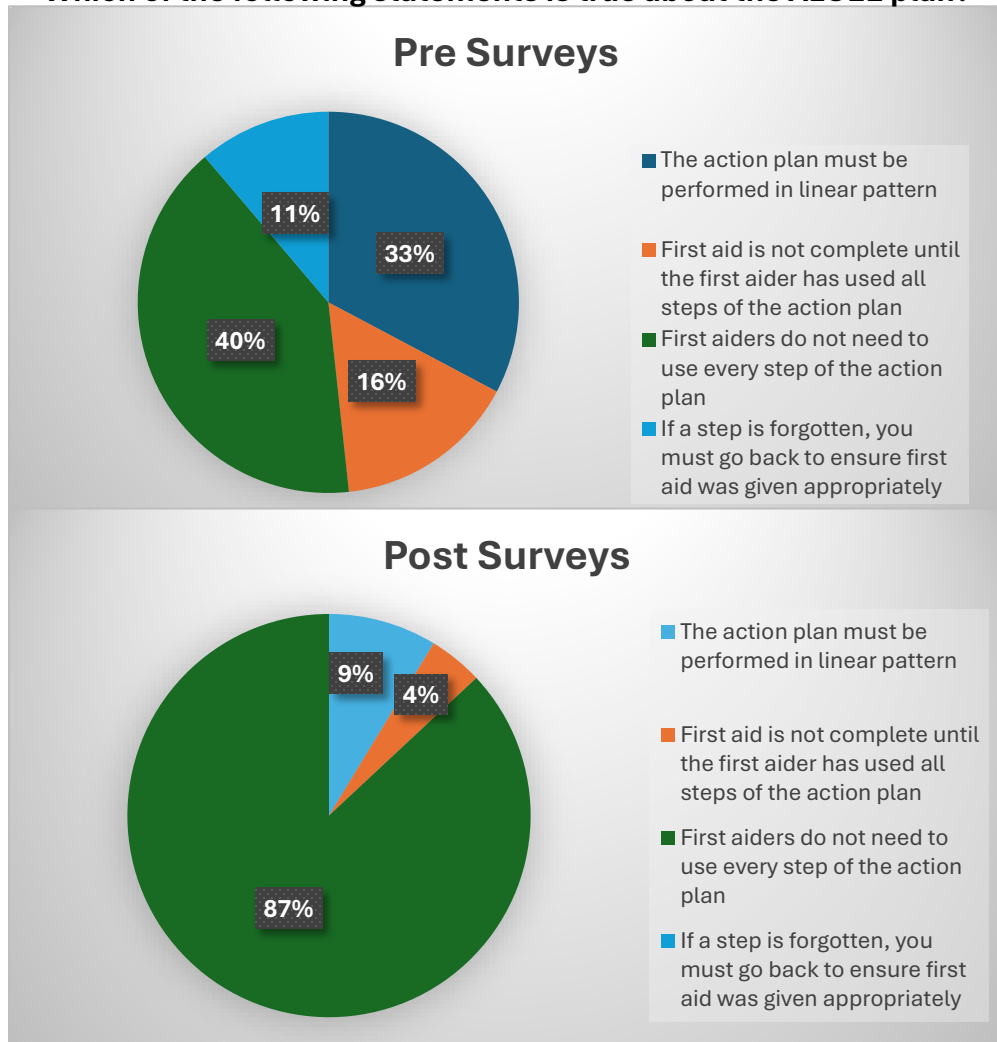


Sutter County and Yuba County each had a Juneteenth event that the SYBH PEI Team participated in. The event(s) had exhibits, booths, speakers, cooking demonstrations, entertainment, and free food. The Sutter County Juneteenth event was held at the Sutter County Library and had about 90 participants. The Yuba County Juneteenth event was held at Bethel AME Church and had about 50 participants.



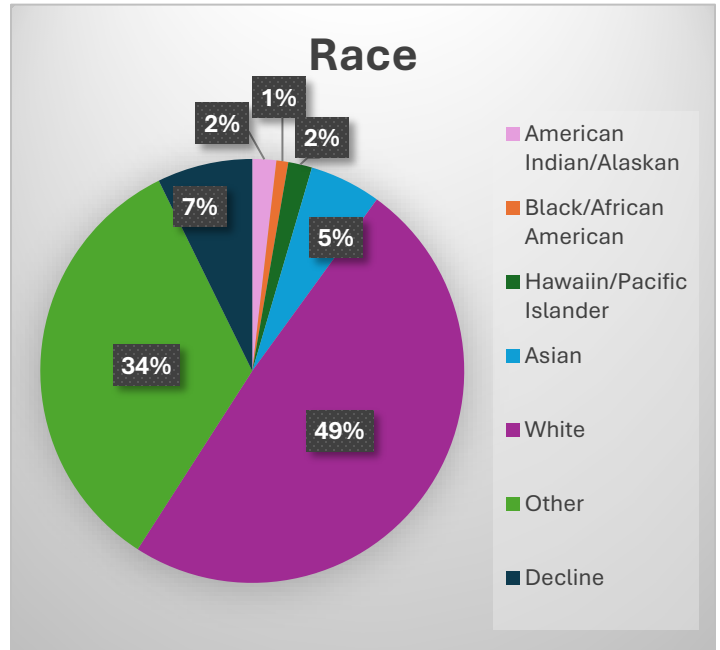
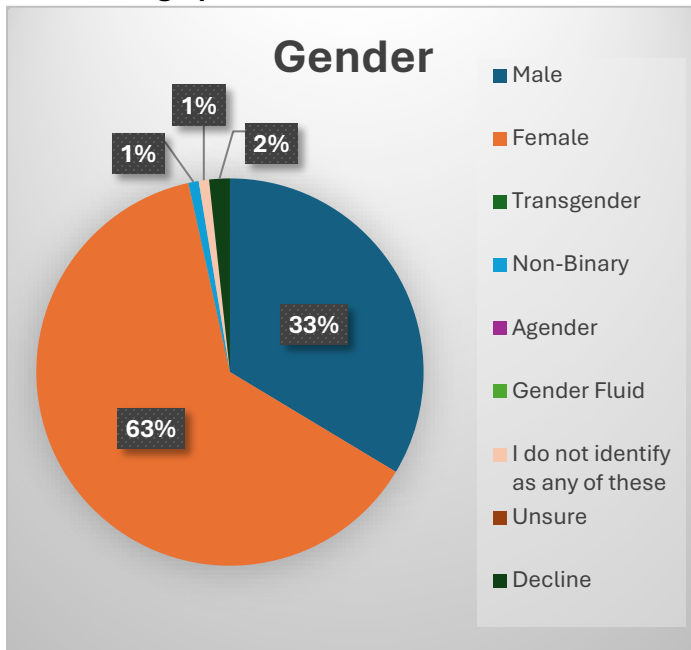
MHFA/YMHFA collect pre and post surveys for each course. Below are some of the results of the surveys that were collected.

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



AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	715	
Adults (26-59 years)	1170	
Older Adults (60 years +)	315	
Annual Total # of individuals to be served (estimate)	2200	
Cost per Person	\$799	

**Demographic data:**



**What changes have been or will be made to this program per the FY 24-26 program plan.**

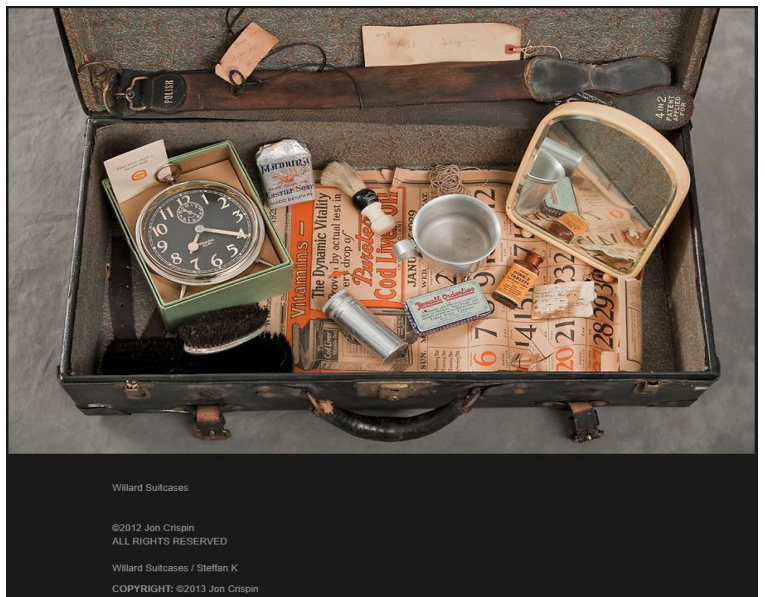
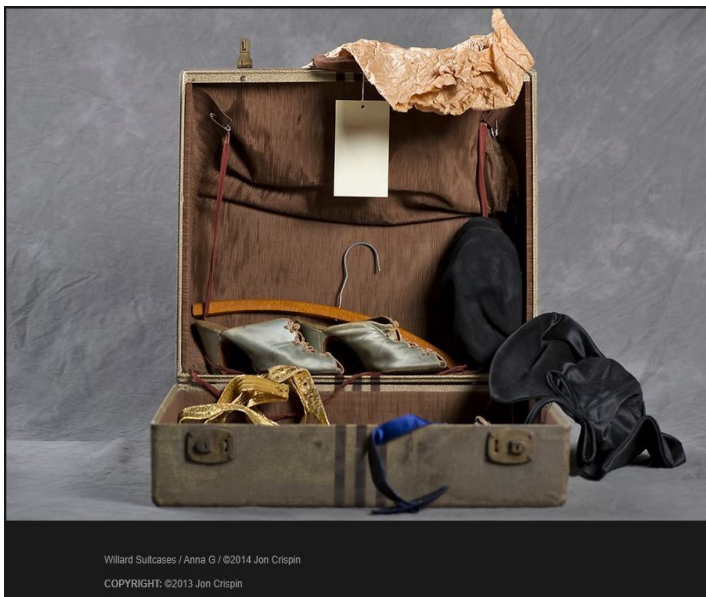
Due to the passing of Proposition 1, our Prevention and Early Intervention team is being reduced which will affect the amount of outreach we are able to provide during the year. At this time, we are still planning on doing Each Mind Matters outreach during May, Mental Health Awareness Month. There are no foreseen changes to MHFA/YMHFA at this time.

SYBH is currently working on completing a contract with the Sutter County Museum to display the “Willard Asylum Suitcases” exhibit, tentatively scheduled from December 18, 2024 – February 8, 2025. This exhibit was created as the following unfolded:

“In 1995, the New York State Office of Mental Health closed the Willard Psychiatric Center in Willard, NY. It would eventually become a state-run drug rehabilitation center for prisoners. A Willard employee, Bev Courtwright, was given the task of going through all of the psych center buildings to determine what should be salvaged. She unlocked an attic

door behind which was a collection of over 400 suitcases containing the possessions of former patients. The cases had been put into storage when their owners were admitted to Willard sometime between 1910 and 1960. And since the facility was set up to help people with chronic mental illness, most of these folks never left, and many were buried in the cemetery across the road. In 2004 Jon Crispin went to the opening of an exhibit produced by the New York State Museum which featured a small number of the cases and the life histories of the patients who owned them. Part of the New York State Museum's mandate is to help researchers study elements of New York State history by providing access to the collections. Jon had extensively photographed abandoned New York State asylum buildings in the 1980s and this project was an extension of that work. Jon requested and was granted access to the collection and began photographing the cases in March of 2011." - WillardSuitcases.com

These photographs became the documentation of small glimpses into people's lives before they lived at the facility. Sutter County and the Sutter County Museum are honored to be hosting this moving exhibition.



### **BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**The annual PEI 3-Year Evaluation Report is included in the Appendix.**

PREVENTION AND EARLY INTERVENTION (PEI) FY 25/26 ANNUAL UPDATE

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:

**Program Description**

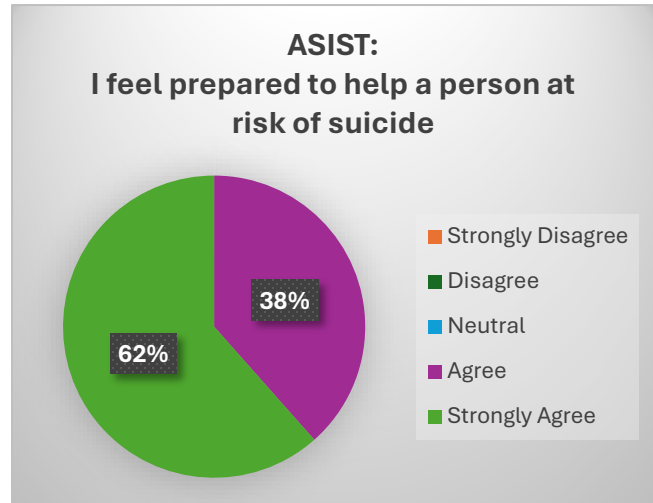
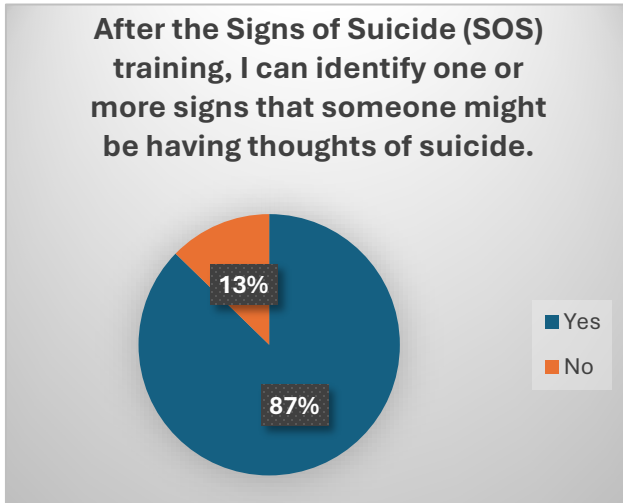
The Suicide Prevention Program includes Yellow Ribbon, SOS (Signs of Suicide), ASIST, Bridging Hope and Suicide Prevention Outreach. The programs are taught in a school setting and in the community. Yellow Ribbon and SOS are designed to emphasize personal help-seeking behavior and/or help-seeking on behalf of a friend, teach warning signs and protective factors, and decrease suicide and suicide attempts. Yellow Ribbon and SOS are designed for students from middle school to high school. ASIST is a two-day workshop featuring powerful audiovisuals, discussions, and simulations designed for adults 18-years-old or older. 2024 will be the second year Sutter Yuba Behavioral Health (SYBH) will be hosting Bridging Hope which is a bi-county community event to raise awareness of suicide, local resources and decrease stigma. Bridging Hope is open to everyone in the community.

**Program Performance FY 2023-2024**

Between all the trainings and outreach in FY 23/24, the Suicide Prevention Program has served 3,080 youth and adults. Being able to offer these programs in a school setting and in the local communities has allowed SYBH to provide more youth and adults with information on suicide prevention, available local resources, and being able to identify risk factors.



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. The SYBH PEI team includes bilingual staff that speak Spanish, Punjabi, and Hmong. This allows us to serve the unserved/underserved communities more easily. Below are some survey results from our trainings and some impact statements from community members.



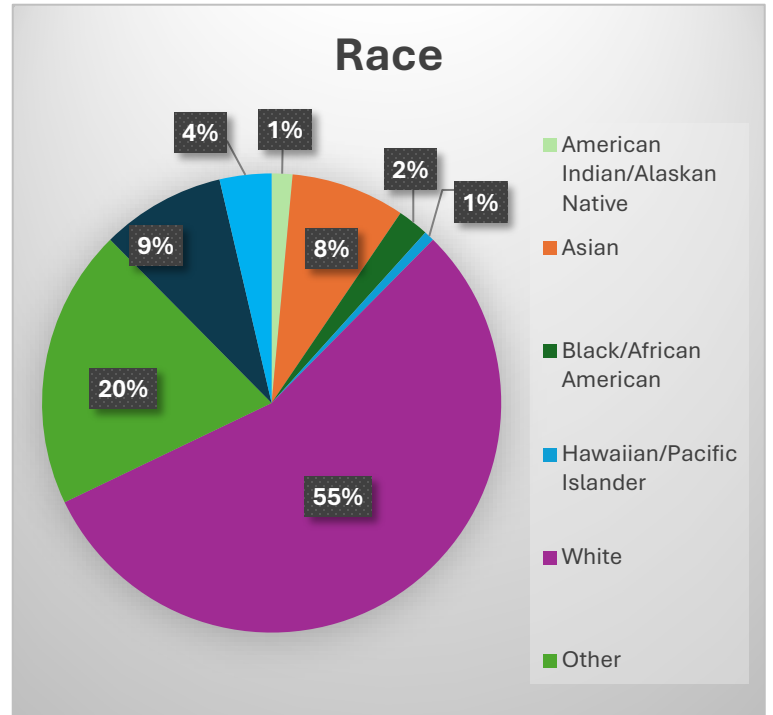
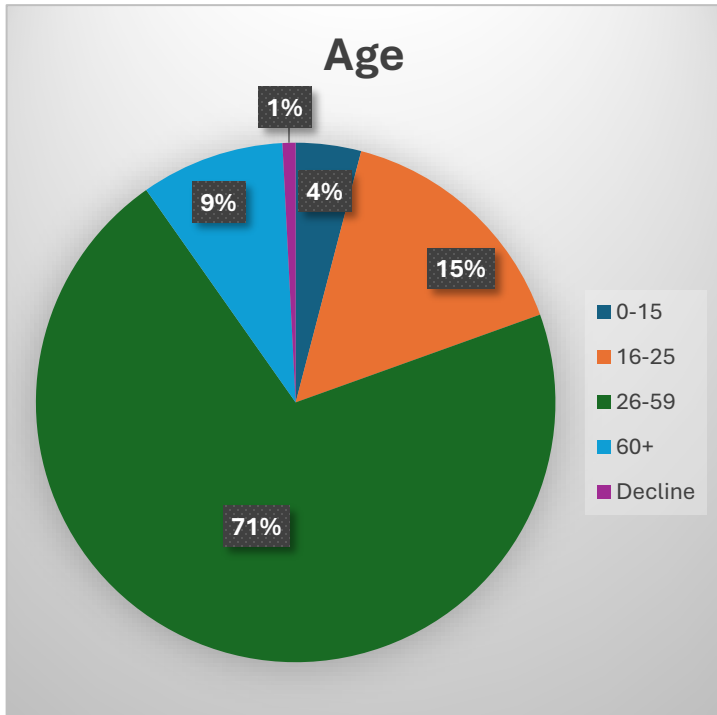
**Impact Statements:**

- “I am excited to help those in need in our community! Thank you!”
- “I will be recommending this to everyone I know.”
- “I really enjoyed this workshop and applicable tools provided to us.”
- “Thank you so much, I will absolutely recommend this to all of my coworkers.”

**Numbers to be served annually.**

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)		
TAY (16-25 years)	50	
Adults (26-59 years)	256	
Older Adults (60 years +)	20	
<b>Annual Total # of individuals to be served (estimate)</b>	326	
<b>Cost per Person</b>	\$799	

**Demographic data:**



**What changes have been or will be made to this program per the FY 24-26 program plan.**

Due to the passing of Proposition 1, our budgets are being reallocated. We will continue to try to provide ASIST trainings to the community and will continue to host our annual walk for suicide awareness, Bridging Hope. The in-school trainings will no longer continue.

SYBH completed contracts to obtain two Suicide Prevention/Postvention consultants for Sutter County Superintendent of Schools to help create a Suicide Postvention Plan. Yuba County Office of Education, along with other community members and entities are going to be involved in the creation of the postvention plan. When the Postvention Plan is complete, the goal is to share with all of the school districts for possible implementation.

SYBH completed contracts to obtain two Suicide Prevention consultants to lead a community driven Suicide Prevention Team and help Sutter and Yuba Counties to implement the new Sutter Yuba Strategic Suicide Prevention Plan. The consultants have a series of, at minimum, 12 meetings both virtual and in person which will help define and begin action steps related to the goals in the Suicide Prevention Plan.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The



next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

**The annual PEI 3-Year Evaluation Report is included in the Appendix.**

PREVENTION AND EARLY INTERVENTION (PEI) FY 25/26 ANNUAL UPDATE

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
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:

**Program Description**

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/Brownsville population 1,161, Dobbins population 152, Brownsville and Oregon House population 1253. Rally Point and Foothill Youth Initiative (FYI) are two youth groups, one held in Camptonville (Rally Point), and one held in Challenge (FYI). Both groups meet twice a month for two hours per meeting in their respective locations. Focusing on 10–18-year-olds from the Yuba foothills, CCP utilizes food, incentives, team-building games, and community presentations on various careers, skills, and hobbies to provide socialization, mentorship opportunities, and personal development for these isolated, at-risk youth. An afterschool program is a fee based 2 hours a day/4 days a week program, open to student’s 2<sup>nd</sup>—8<sup>th</sup> grade. This program offers a variety of enrichment and educational afterschool activities such as homework help, creative writing, dance, games, music, gardening, art, etc.

Our external contractor, Tri-County Diversity (TCD) targets the unserved and underserved LGBTQ+ community of Yuba and Sutter Counties. The 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. TCD holds events such as Youth

Peer Support Socials, Young Adult Groups, Craft Clubs, Game Nights, Movie Nights and does outreach at local community events to help decrease stigma and increase awareness of resources.

Both CPP & TCD programs are likely to reduce the relevant MHSa negative outcomes by increasing social interaction, providing outreach and education, holding social and community events, manning hotlines, and peer support groups. These activities and events along with others can combat isolation, low self-esteem, and school failure which in turn is likely to reduce the chance of incarceration and prolonged suffering.

#### **Program Performance FY 2023-2024**

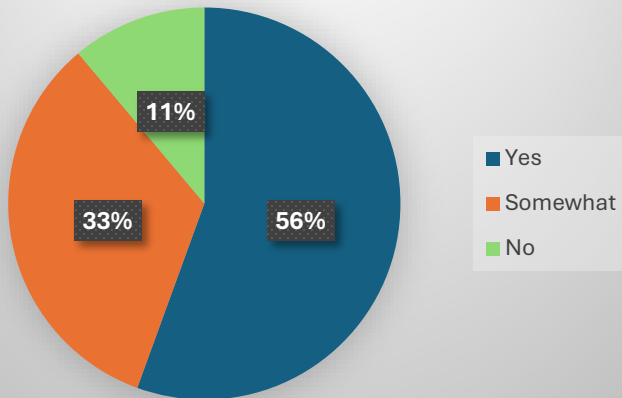
During FY 23/24 CCP had a total of 40 unduplicated youth with a total attendance of 1,398 across all their offered services, Rally Point, Foothill Youth Initiative, and their after-school program. CCP also offers small stipends for mentorships and skill building projects which provide opportunities for adults in the community to work with the youth. This year included the Garden Mentorship, which provided the opportunity to learn while assisting in the school garden. The Garden Mentorship had 3 unduplicated participants with a total attendance of 16. The challenges that CCP faces is trying to reach all the extremely underserved and isolated youth in the Yuba County foothills. There is little to no public transportation offered to allow participation. It is a 100-mile round trip to Marysville and Yuba City where the vast majority of prevention services are offered.

During FY 23/24, TCD had a total of 156 events with a total attendance of 1,888. This includes 48 YOUTH! events, 5 fundraisers, 11 outreach events and 79 adult events. TCD implements a variety of programs to increase access to services. These programs include the use of their office phone hotline, text, the phone YOUTH! program hotline, peer support groups/social engagement events held both during the week and on weekends, and virtual events for social interaction from home or other locations. TCD provides various 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 various local venues and virtual events, to accommodate those with limited transportation options. The TCD Center is also located on a bus route, provides bus transit information, encourages the use of the bus transit system by providing bus route information, bus tickets, on an as-needed basis, to include the promotion of the after-hours dial-a-ride program.

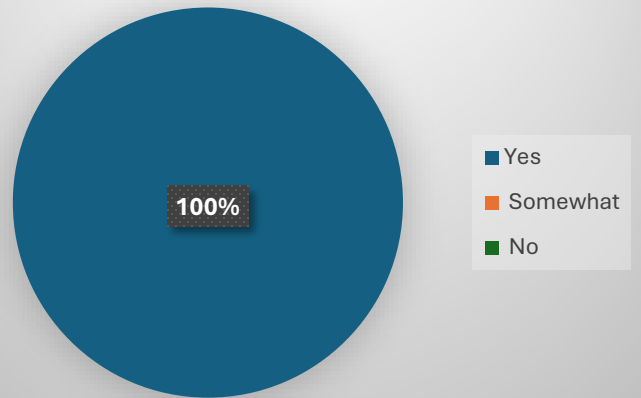
#### **Examples of Community Impact**

CCP has increased the foothill community capacity to sustain youth engagement and provide prevention and early intervention opportunities for youth by offering a variety of mentoring and recreational support opportunities. CCP has utilized food, incentives, team-building games, and community presentations on various careers, skills, and hobbies to provide socialization, mentorship opportunities, along with personal development for these isolated, at-risk youth. Below are some survey results from Rally Point and FYI.

## Did you learn anything new?



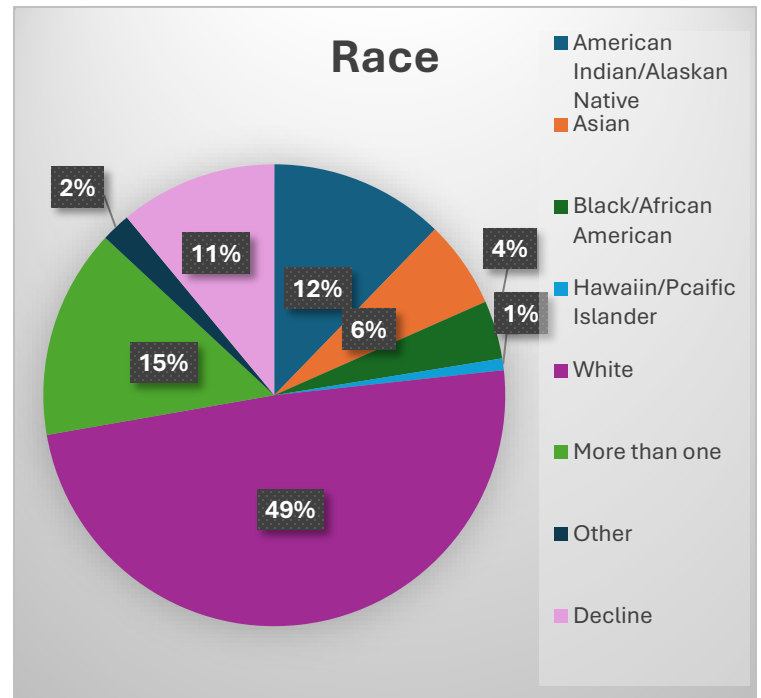
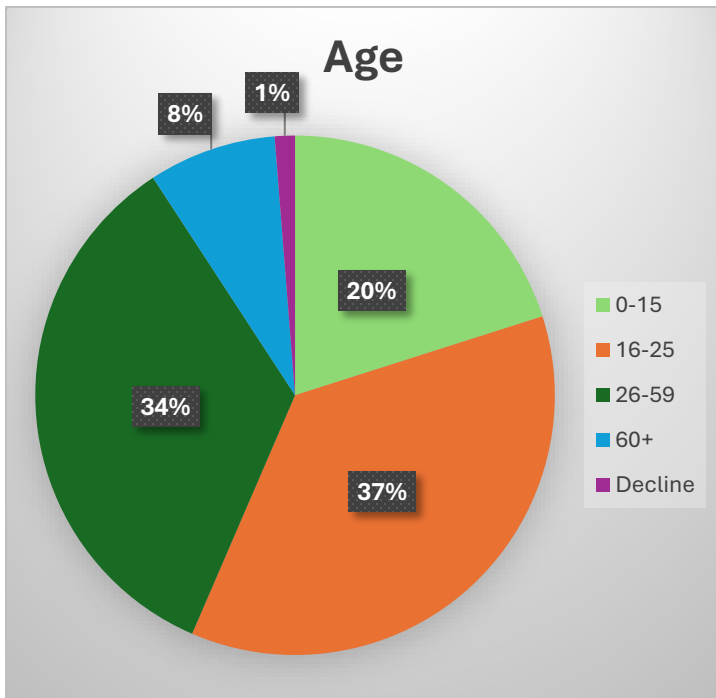
## Would you want the meetings to continue?



TCD held many events and activities to change attitudes, knowledge, and behaviors associated with mental illness and seeking mental health services. These events/activities include 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, normalize seeking out and utilizing mental health services, to change the attitudes and increases participants knowledge of such treatments and services.

AGE GROUP	PREVENTION # Individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 years)	670	
TAY (16-25 years)	420	
Adults (26-59 years)	250	
Older Adults (60 years +)	250	
Annual Total # of individuals to be served (estimate)	1590	
Cost per Person	\$80.26	

**Demographic data:**



**What changes have been or will be made to this program per the FY 24-26 program plan.**

Funding changes for both external contracts are as follows: SYBH increased the CCP contract from \$46,00 to \$78,108. This change allowed CCP to keep both Rally Point and FYI open. Without this funding increase, CCP would have had to close Rally Point down completely. SYBH increased the TCD contract from \$46,000 to \$49,500, which will help TCD to keep funding activities and events and to help keep staff. TCD suffers from difficulty in finding volunteers. The need for staff to help keep the events and hotlines running is vital.

SYBH is working on completing a contract with Yuba Sutter Arts & Culture (YSAC). With support from SYBH, YSAC will conduct a series of free ceramics workshops and events led by Veterans for Veterans to learn hand building, slab building, coiling, slump/hump/drape molding, glazing techniques, bisque firing, and finish firing in a kiln. Veterans will decorate and glaze the objects and the project includes public events and sales of finished objects for the benefit of local Yuba Sutter Veterans organizations. This project is inspired by Steve Dilley and the VetArt project (Vetart.org) “providing Deep Arts Engagement, D.A.E.© and Art Therapy, a process intensive arts encounter proven to help Veterans and Active Duty (some with PTSD, TBI, MST) find their voice and work through the life-changing process of transitioning from military to civilian life.”

YSAC’s Veterans Art Project is called “Ceramics for Veterans–With Just a Hundred Pounds of Clay,” and will be a one-year program. Workshops, lectures, and gallery shows/sales will be part of the program. Veterans may participate in any or all of the five 8-week sessions based in Marysville. We will also conduct two 4-week wheel throwing sessions at a studio in Sacramento. Each session will last 3 hours. Regardless, Veterans will leave with a sense of accomplishment and finished projects.

All workshops and classes will be offered between May 2024 - April 2025 with breaks in between and during holidays. In December we will host a Veterans Ceramic Art Show and Veterans who opt in may choose to sell some of their pieces as part of a fundraiser to benefit Veterans' organizations.



## Ceramics: A creative outlet for vets

Registration for free October course open now for veterans, active-duty military and their families

Appeal-Democrat

Those who serve in the military, or who have served, might be used to muddy boots, but what about muddy hands? Or, more accurately, clay-covered hands.

Registration is now open for Yuba Sutter Arts' "Ceramics for Veterans" program, which is free for active-duty military, veterans and their families.

Starting Oct. 1, classes will be held 6 p.m.-8:30 p.m. every Monday through the end of the month in the Tucker Room at the Veterans Memorial Community Building, 1425 Veterans Memorial Circle in Yuba City. The Tucker Room is on the back side of the building and has its own separate entrance.

At the end of the month-long session, students will receive their finished kiln-fired bowls and other objects made in class during a pot luck dinner Oct. 29.

Ceramic artist Chris Thompson, who is also an Air Force veteran, will teach students the fundamentals of pottery. Participants will learn the basics of working



**LEFT:** Participants dip their projects in glaze during the first session of Yuba Sutter Arts' "Ceramics for Veterans" program. **RIGHT:** Bowls from the first session of Yuba Sutter Arts' "Ceramics for Veterans" are displayed during a pot luck dinner.

with clay and hand-building techniques, providing a powerful creative outlet for veterans, servicemen and women, a press release states.

David Read, executive director of Yuba Sutter Arts, said the ceramics course is part of a 10-month long program, which includes lectures, gallery shows, sales and a fundraiser for local veterans orga-

nizations.

"The first series of classes just wrapped up and were a great success by any account," Read said. "The bowls and other objects created by the veterans were so varied and wonderful, and the joy expressed when each student saw their finished projects was priceless."

"Ceramics for Veterans" is funded by

Yuba Sutter Arts and the California Arts Council's Veterans in the Arts program, according to a press release. The goal of the council's program is to improve the veterans with art programs.

The program is open to all veterans, active-duty military and their families at no cost. To register, or for additional information, call Read at 749-8065.

### BHSA Implementation and Future Changes or Updates planned.

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

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PREVENTION AND EARLY INTERVENTION (PEI) FY 25/26 ANNUAL UPDATE

PROGRAM NAME: **HEaRT (HOMELESS ENGAGEMENT AND RESOLUTION TEAM)**

**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:

**Program Description**

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 events. The program will reduce MHSA negative outcomes by repeat and endless efforts towards engagements of difficult to engage populations of people who experience low supportive services and are unable to gain access to these services. The intended population includes those who are unhoused, who struggle with mental health, substance use and are not developing or maintaining adherence to medical care.

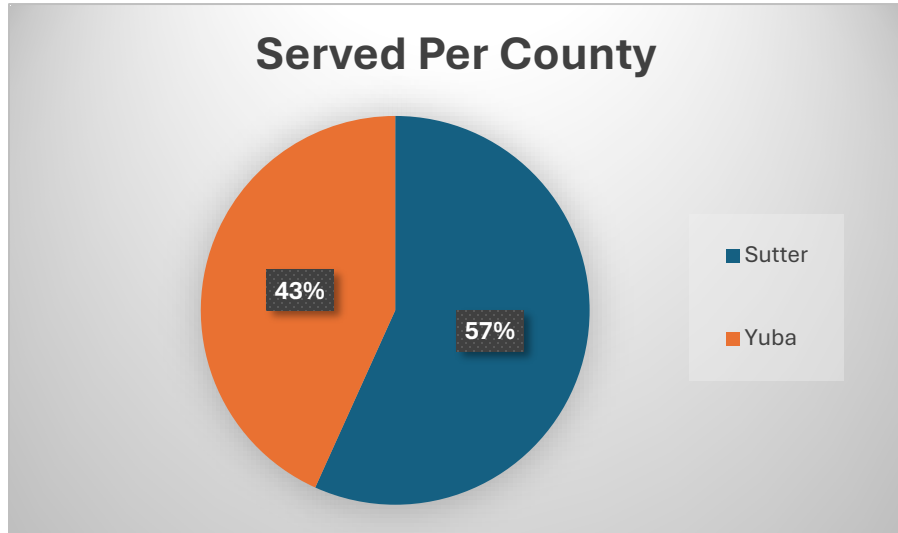
**Program Performance FY 2023-2024**

The HEaRT team engaged with 474 unhoused individuals in FY 23/24, 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.

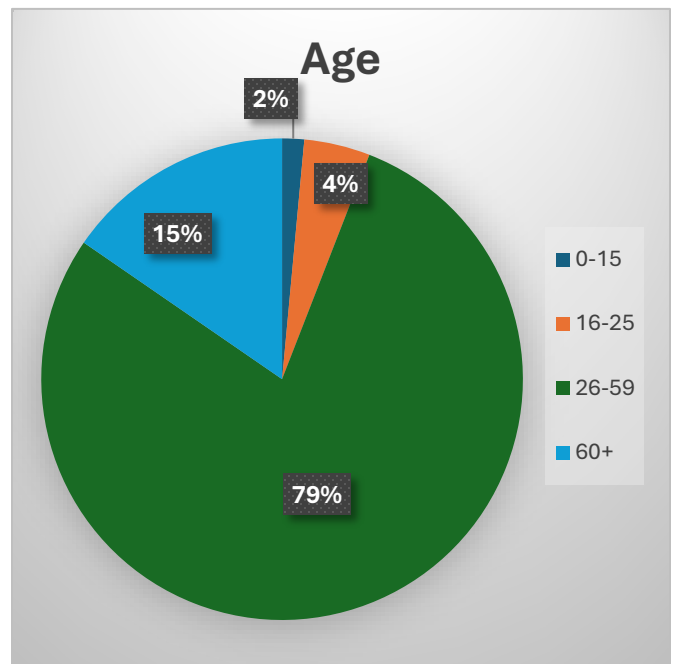
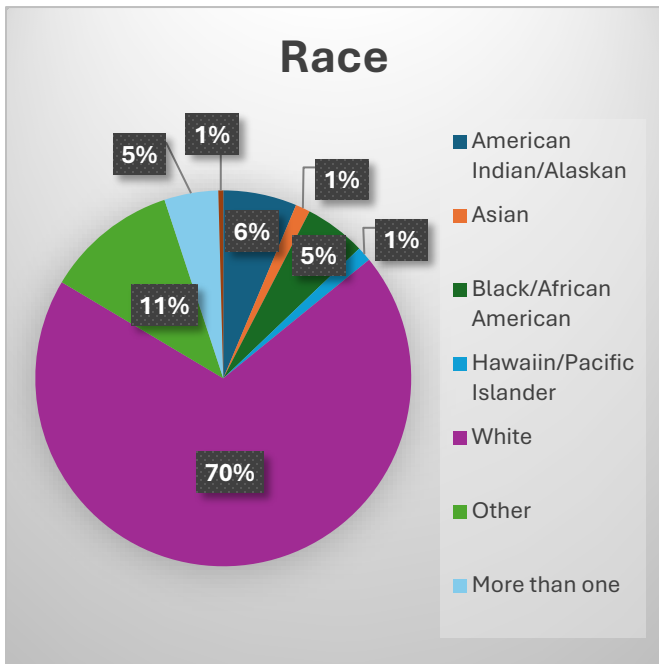
**Examples of Community Impact**

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. 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.



**Include program data and demographic data.**





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)	20	
Adults (26-59 years)	375	
Older Adults (60 years +)	70	
Annual Total # of individuals to be served (estimate)	475	
Cost per Person	\$799	

**What changes have been or will be made to this program per the FY 24-26 program plan.**

At this point in time there are no major changes anticipated to the program for FY 25/26. With the passing of Proposition 1, this program will be moved under the new housing funding source.

**BHSA Implementation and Future Changes or Updates planned.**

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PREVENTION AND EARLY INTERVENTION (PEI) FY 25/26 ANNUAL UPDATE

PROGRAM NAME: **PEI MINI GRANTS**

**PREVENTION PROGRAM**

**EARLY INTERVENTION PROGRAM**

**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
X	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:

**Program Description**

Sutter Yuba Behavioral Health is providing a one-time grant for community mental health services and events. Grants will be awarded to community-based organizations up to \$7,500.00. Grants will be used to:

- Decrease stigma and discrimination associated with mental health
- Increase access to mental health services through culturally congruent social marketing messaging and community engagement;
- Increase awareness of and access to mental health services and resources, implemented through community-based approaches
- Increase knowledge of trauma, toxic stress, and social determinants of health through community centered methods for raising awareness and understanding;
- Activities that address one or more of the MHSA PEI identified negative effects of untreated mental illness.

**Program Performance FY 2023-2024**

PEI Mini Grants program went live on July 1, 2024.

**What changes have been or will be made to this program per the FY 24-26 program plan.**

Due to the passing of Proposition 1, the funding for the PEI Mini Grants has been changed from \$500,000 over two years to \$100,000 over one year.

**BHSA Implementation and Future Changes or Updates planned.**

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**The annual PEI 3-Year Evaluation Report is included in the Appendix.**

**INNOVATION**

**PROGRAM NUMBER/NAME: Innovative & Consistent Application of Resources and Engagement (iCARE)**

**Project Overview / Description:**

A mobile engagement team was identified as a needed and helpful resource to explore via an innovation project called Innovative & Consistent Application of Resources and Engagement (iCARE). The iCARE mobile engagement team serves individuals that are high utilizers of emergency or inpatient care, calling law enforcement or emergency medical services repeatedly, or are unengaged in care and living with untreated severe and or chronic behavioral health conditions. The iCARE team is focused on getting to know clients, understanding their ideas about personal wellness, desires for their own life, building trust and spending time getting to know 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.

In April 2023 SYBH entered a contract with Third Sector to schedule, facilitate, and lead BEHAVIORAL HEALTH meetings and stakeholder engagement activities and provide project management support including regular summary updates and tracking next steps. We have completed the Learning Framework Design and Framework Review, as well as the Stakeholder Engagement phases of the contract. We are currently in Phase II- Consumer Defined Engagement & Recovery Metrics.

**Status update of how the project is meeting its learning goals to date:**

Challenge/Problem	Potential Solution
Staff turnover and lack of formal written processes to ensure continuity with program processes	The Evaluation contract with the company Third Sector began a process map overview to review, refine and document all processes needed to ensure a standard level of care across the board.
Review during bi-weekly workgroups with of all learning goals with SYBH, Telecare and Third Sector to ensure all measurable metrics and data sources are viable and accurate as stated in the proposal	Workgroup meetings have identified that the initial proposal identified metrics or data sources that were /are not available to SYBH staff, and some listed are not considered valid sources of information. Third Sector has worked to create new and consistent measurable metrics that have been implemented into the newly updated process.

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

Over the course of the last year, the iCARE workgroup has made significant changes and updates to the project. Many processes have been detailed and written to include specific guidelines and

process maps. These include but are not limited to Inactive/Pause status, Case Transfer, and Referral Protocol.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

## **INNOVATION**

### **PROGRAM NUMBER/NAME: Multi-County Innovation Plan (New contract 23/24)**

#### **Project Overview / Description:**

Sutter-Yuba Behavioral Health (SYBH) operates four Full-Service Partnership (FSP) programs. Two are internal FSP programs run by SYBH staff, the Transitional Age Youth (TAY), and the Adult. The remaining two FSP programs are external contracts, a Children's FSP operated by Youth For Change and an Adult FSP, SHINE, operated by Telecare.

Our FSPs combine to serve approximately 225 individuals annually. Program eligibility is determined by diagnosis and risk factors pursuant to the Mental Health Service Act (MHSA) regulations for FSP criteria. Each Partner is assigned a case manager that works in the appropriate program as determined by the Partner's age, receiving treatment services such as case management and linkages, rehabilitation, therapy, and ongoing assessment and plan development. FSPs may also receive psychiatric services and/or housing support services upon referral by the primary service provider. Many FSP participants also receive services through the Wellness and Recovery program and peer support services.

SYBH has identified many issues that need to be addressed to strengthen all of our FSP programs. This project is designed to help us identify solutions to these issues. Both the issues and emerging resolutions are discussed below.

Due to the specificity and flexibility of the FSP program, the county has encountered difficulty developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices. Sutter-Yuba Behavioral Health utilizes the Data Collection Reporting (DCR) database developed by the State to track outcomes, however, due to a variety of systematic and technical challenges, the DCR has limited utility for informing treatment decisions or promoting quality improvements. SYBH has experienced significant staff turnover throughout the years and some staff have left abruptly without reassigning partners to other staff or closing partners who are no longer receiving services. As a result of this situation, there are outliers in the DCR that skew the outcome results and don't present an accurate picture of the true outcomes of the FSP programs. Efforts to resolve these outliers with DCR Technical Assistance have been unsuccessful and so these outliers continue to skew outcomes and invalidate outcome reports.

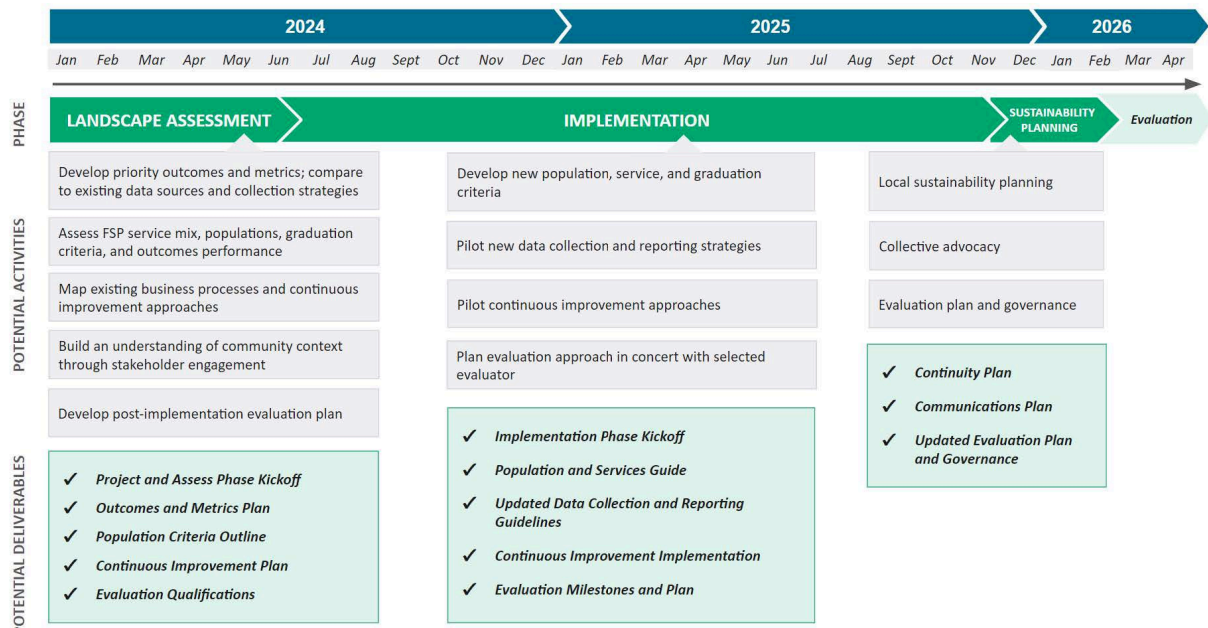
SYBH management and community stakeholders have consistently identified the need for clear, consistent, and reliable data and outcomes to assist programs in identifying goals, measuring success, and pinpointing areas that may need improvement. Though outcome measures are desired and have been a source of continued focus, SYBH has rarely received program feedback based on quantitative outcome data. We have relied on qualitative data and reports obtained from the Electronic Health Record (EHR). FSP staff are committed to providing high-quality care for their FSP partners and focus on completing progress notes for our Electronic Health Record. The Children's and TAY programs have been able to pull data from the EHR and thus have been able to analyze quantitative data and provide some outcomes. Unfortunately, staff are not as consistent entering data into the DCR and neglect to complete Key Event Tracking or 3M Quarterly Forms because it is a separate data entry process, and their priorities are focused on documentation of the services they provide to ensure they are maintaining good clinical records. Conversations with Sutter-Yuba County FSP staff and clinicians have revealed that outcome goals and metrics are not

regularly reassessed or informed by community input, nor are they well-connected to actual services received and provided by FSP programs.

SYBH is seeking to establish, identify, and define clear guidelines (“milestones”) for each step in a client’s journey through FSP to support decision making and provide clients with a clear vision for their experience in the program, while retaining the flexible “whatever it takes” FSP philosophy. Historically, vagueness around these steps has resulted in confusion and challenges for providers and clients and made it difficult to manage the program with a data-driven approach. For example, without a clear definition for standards of engagement, SYBH has struggled to set targets for regular contact with clients that are tailored to the client’s needs and stage of recovery. If these standards were in place and informed by relevant outcomes data on an ongoing basis, SYBH would be able to more effectively allocate provider time to meet clients “where they are” while focusing resources where they are needed most. Similarly, clear standards for “graduation” or “step down” from FSP would give clients a long-term goal to work towards, while facilitating more consistent, tailored services as clients progress in their recovery.

<b>Challenge/Problem</b>
Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation
Explore how appropriate goals and metrics may vary based on population (e.g., age, acuity, etc.)
Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices
Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning
Improve existing FSP performance management practices (i.e., when, and how often program data and progress towards goals is discussed, what data is included and in what format, and how next steps and program modifications are identified)

### Work Plan and Timeline



**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.



**WET**

**PROGRAM NUMBER/NAME: CalMHSA / WET Central Region Partnership**

**During the 23/24 FY, the County conducted the following activities and major accomplishments in the following areas:**

**Financial Incentive Programs**

SYBH participated in the final Round 3 of the Central Region Partnership for Loan Repayment and has had ongoing Hiring incentives.

The final Round 3 awards totaled \$50,000 to 5 new applicants, and \$25,000 to 5 returning applicants from prior rounds. There have been no new Hiring Incentive awardees.

This Regional Partnership Agreement contract is expiring with CalMHSA, and all funds have been expended.

\$220,000 has been awarded since 2021, to 23 staff in the following job classifications:

<b>Mental Health Therapist I</b>	<b>Mental Health Therapist II</b>	<b>Mental Health Therapist III</b>	<b>Forensic Mental Health Specialist II</b>
<b>12</b>	<b>2</b>	<b>7</b>	<b>2</b>

SYBH also partnered with CalMHSA and Palo Alto University to offer Project Cultivate, a master’s degree program to our current staff. There are two current staff members enrolled in the program. One student began in Cohort 1 and will begin her internship in September 2024, and our second student began in Cohort 2. This program will prepare and educate current California county employees to earn a mental health counseling degree from Palo Alto University.

**Describe how this program/activity addresses workforce shortages and deficits.**

The loan repayment hiring incentives have been offered on new and current positions that fit the hard to retain criteria, as defined by the program planning guide designed with CalMHSA. By offering a Loan Repayment or cash payment offer for 12 months of continuous service to SYBH, we hope to draw in new applicants and retain current staff to our understaffed positions.

**BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MSHA programs and services. SYBH is in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MSHA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

## **CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)**

There was No Allocation for CFTN in the 24-26 Program Plan, and there is no update or changes for FY 25/26

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, which has been completed.
    - Hardware replacement that is ligature resistant for doors, which is in the process of being completed.
- The 1965 Live Oak Blvd. Campus which includes Beter Way Homeless Shelter
  - Full resurfacing and paving of existing parking lot and communal walkways
  - In collaboration with the City of 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 Beter Way Homeless shelter to provide therapy, case management, and group services to residents.
  - Sewage installation for improved infrastructure and operations at Beter 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; we get continuous input from stakeholders on desired projects. MHSA funds are one funding source used to complete these projects. Generally, a blend of eligible funding sources are used for these projects. Therefore, though we review the projects to find the best funding for each one we can't project how much MHSA funding may be used for any one project, though this will be detailed in future fiscal reports.

### **BHSA Implementation and Future Changes or Updates planned.**

As discussed previously in this report the implementation of BHSA is an ongoing event which will significantly change MHSA programs and services. SYBH will be in the process of actively implementing BHSA from now until June 30, 2026. Thus, there will be many changes to programs and services which we can't articulate in this report at this point in time. SYBH will keep our

stakeholders and community members apprised of these changes through our regular communication channels. The next three-year plan which will put forth programs and services under the new BHSA funding categories will detail the changes to MHSA funding and what BHSA funding categories will fund for FY 26-27, FY 27-28 and FY 28-29.

## Estimated Budget: FY 2025/26

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: 9/01/2024

	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
<b>C. Estimated FY2025/26 Funding</b>							
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	
<b>D. Estimated FY2025/26 Expenditures</b>	10,726,983	2,681,621	705,857				
<b>G. Estimated FY2025/26 Unspent Fund</b>	2,172,408	6,526,088	2,202,250	0	0	0	

### 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
<b>FSP Programs</b>						
1 Full Service Partnership (FSP)	4,934,626					
<b>Non-FSP Programs</b>						
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						
<b>CSS Administration</b>	1,051,244					
<b>CSS MHSa Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	10,726,983					
<b>FSP Programs as Percent of Total</b>	51%					

**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 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 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 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						