

**Appendix**  
**23/24 Annual Update**

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<b>LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER</b>		<b>United States<sup>®</sup> Census Bureau</b>
<b>Note: The table shown may have been modified by user selections. Some information may be missing.</b>		
<b>DATA NOTES</b>		
TABLE ID:	C16001	
SURVEY/PROGRAM:	American Community Survey	
VINTAGE:	2021	
DATASET:	ACSDT5Y2021	
PRODUCT:	ACS 5-Year Estimates Detailed Tables	
UNIVERSE:	Population 5 years and over	
FTP URL:	None	
API URL:	<a href="https://api.census.gov/data/2021/acs/acs5">https://api.census.gov/data/2021/acs/acs5</a>	
<b>USER SELECTIONS</b>		
GEOS	Yuba County, California; Sutter County, California	
TOPICS	Language Spoken at Home	
<b>EXCLUDED COLUMNS</b>		
	None	
<b>APPLIED FILTERS</b>		
	None	
<b>APPLIED SORTS</b>		
	None	
<b>PIVOT &amp; GROUPING</b>		
PIVOT COLUMNS	None	
PIVOT MODE	Off	
ROW GROUPS	None	
VALUE COLUMNS	None	

Table: ACSDT5Y2021.C16001

<b>WEB ADDRESS</b>	<a href="https://data.census.gov/table?q=language&amp;t=Language+Spoken+at+Home&amp;g=0500000US06101,06115&amp;tid=ACSDT5Y2021.C16001">https://data.census.gov/table?q=language&amp;t=Language+Spoken+at+Home&amp;g=0500000US06101,06115&amp;tid=ACSDT5Y2021.C16001</a>
<b>TABLE NOTES</b>	<p>Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.</p>
	<p>Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Technical Documentation section.</p> <p>Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.</p>
	Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates
	<p>Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see ACS Technical Documentation). The effect of nonsampling error is not represented in these tables.</p>
	<p>In 2016, changes were made to the languages and language categories presented in tables B16001, C16001, and B16002. For more information, see: 2016 Language Data User note.</p>
	<p>The 2017-2021 American Community Survey (ACS) data generally reflect the March 2020 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances, the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineation lists due to differences in the effective dates of the geographic entities.</p>
	<p>Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.</p>

Table: ACSDT5Y2021.C16001

	<p>Explanation of Symbols:- The estimate could not be computed because there were an insufficient number of sample observations. For a ratio of medians estimate, one or both of the median estimates falls in the lowest interval or highest interval of an open-ended distribution. For a 5-year median estimate, the margin of error associated with a median was larger than the median itself.N The estimate or margin of error cannot be displayed because there were an insufficient number of sample cases in the selected geographic area. (X) The estimate or margin of error is not applicable or not available.median- The median falls in the lowest interval of an open-ended distribution (for example "2,500-")median+ The median falls in the highest interval of an open-ended distribution (for example "250,000+").** The margin of error could not be computed because there were an insufficient number of sample observations.*** The margin of error could not be computed because the median falls in the lowest interval or highest interval of an open-ended distribution.***** A margin of error is not appropriate because the corresponding estimate is controlled to an independent population or housing estimate. Effectively, the corresponding estimate has no sampling error and the margin of error may be treated as zero.</p>
<b>COLUMN NOTES</b>	None

Table: ACSDT5Y2021.C16001

	<b>Sutter County, California</b>	<b>Yuba County, California</b>	Total Bi-County Persons	Total Percentage
<b>Label</b>	<b>Estimate</b>	<b>Estimate</b>		
Total:	92,604	74,255	166,859	
English	59,574	54,651	114,225	68.5%
Spanish:	18,570	14,022	32,592	19.5%
French, Haitian, or Cajun:	126	121	247	0.1%
German or other West Germanic languages:	111	153	264	0.2%
Russian, Polish, or other Slavic languages:	138	457	595	0.4%
Other Indo-European languages:	12,113	557	12,670	7.6%
Korean:	63	44	107	0.1%
Chinese (incl. Mandarin, Cantonese):	169	227	396	0.2%
Vietnamese:	349	290	639	0.4%
Tagalog (incl. Filipino):	555	423	978	0.6%
Other Asian and Pacific Island languages:	611	2,995	3,606	2.2%
Arabic:	85	12	97	0.1%
Other and unspecified languages:	140	303	443	0.3%

<b>AGE AND SEX</b>		<b>United States<sup>®</sup> Census Bureau</b>
<b>Note: The table shown may have been modified by user selections. Some information may be missing.</b>		
<b>DATA NOTES</b>		
TABLE ID:	S0101	
SURVEY/PROGRAM:	American Community Survey	
VINTAGE:	2021	
DATASET:	ACSST5Y2021	
PRODUCT:	ACS 5-Year Estimates Subject Tables	
UNIVERSE:	None	
FTP URL:	None	
API URL:	<a href="https://api.census.gov/data/2021/acs/acs5/subject">https://api.census.gov/data/2021/acs/acs5/subject</a>	
<b>USER SELECTIONS</b>		
TOPICS	Age and Sex; Language Spoken at Home	
GEOS	Yuba County, California; Sutter County, California	
<b>EXCLUDED COLUMNS</b>		
	Sutter County, California!!Percent!!Margin of Error	
	Sutter County, California!!Male!!Estimate	
	Sutter County, California!!Male!!Margin of Error	
	Sutter County, California!!Percent Male!!Estimate	
	Sutter County, California!!Percent Male!!Margin of Error	
	Sutter County, California!!Female!!Estimate	
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	Sutter County, California!!Percent Female!!Margin of Error	
	Yuba County, California!!Percent!!Margin of Error	
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	Yuba County, California!!Male!!Margin of Error	
	Yuba County, California!!Percent Male!!Estimate	

Table: ACSST5Y2021.S0101

	Yuba County, California!!Percent Male!!Margin of Error
	Yuba County, California!!Female!!Estimate
	Yuba County, California!!Female!!Margin of Error
	Yuba County, California!!Percent Female!!Estimate
	Yuba County, California!!Percent Female!!Margin of Error
<b>APPLIED FILTERS</b>	None
<b>APPLIED SORTS</b>	None
<b>PIVOT &amp; GROUPING</b>	
PIVOT COLUMNS	None
PIVOT MODE	Off
ROW GROUPS	None
VALUE COLUMNS	None
<b>WEB ADDRESS</b>	<a href="https://data.census.gov/table?q=age&amp;t=Language+Spoken+at+Home&amp;g=0500000US06101,06115&amp;tid=ACSST5Y2021.S0101">https://data.census.gov/table?q=age&amp;t=Language+Spoken+at+Home&amp;g=0500000US06101,06115&amp;tid=ACSST5Y2021.S0101</a>
<b>TABLE NOTES</b>	<p>Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.</p> <p>Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Technical Documentation section.</p> <p>Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.</p>
	Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Table: ACSST5Y2021.S0101

	Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see ACS Technical Documentation). The effect of nonsampling error is not represented in these tables.
	The age dependency ratio is derived by dividing the combined under-18 and 65-and-over populations by the 18-to-64 population and multiplying by 100.
	The old-age dependency ratio is derived by dividing the population 65 and over by the 18-to-64 population and multiplying by 100.
	The child dependency ratio is derived by dividing the population under 18 by the 18-to-64 population and multiplying by 100.
	When information is missing or inconsistent, the Census Bureau logically assigns an acceptable value using the response to a related question or questions. If a logical assignment is not possible, data are filled using a statistical process called allocation, which uses a similar individual or household to provide a donor value. The "Allocated" section is the number of respondents who received an allocated value for a particular subject.
	The 2017-2021 American Community Survey (ACS) data generally reflect the March 2020 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances, the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineation lists due to differences in the effective dates of the geographic entities.
	Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Table: ACSST5Y2021.S0101

	<p>Explanation of Symbols:- The estimate could not be computed because there were an insufficient number of sample observations. For a ratio of medians estimate, one or both of the median estimates falls in the lowest interval or highest interval of an open-ended distribution. For a 5-year median estimate, the margin of error associated with a median was larger than the median itself.N The estimate or margin of error cannot be displayed because there were an insufficient number of sample cases in the selected geographic area. (X) The estimate or margin of error is not applicable or not available.median- The median falls in the lowest interval of an open-ended distribution (for example "2,500-")median+ The median falls in the highest interval of an open-ended distribution (for example "250,000+").** The margin of error could not be computed because there were an insufficient number of sample observations.*** The margin of error could not be computed because the median falls in the lowest interval or highest interval of an open-ended distribution.***** A margin of error is not appropriate because the corresponding estimate is controlled to an independent population or housing estimate. Effectively, the corresponding estimate has no sampling error and the margin of error may be treated as zero.</p>
<b>COLUMN NOTES</b>	None

Table: ACSST5Y2021.S0101

	Sutter County, California		Yuba County, California		
	Total	Percent	Total	Percent	
Total population	99,080		80,404		179,484
AGE					
Under 5 years	6,476	6.50%	6,149	7.60%	
5 to 9 years	7,159	7.20%	6,683	8.30%	
10 to 14 years	7,629	7.70%	6,222	7.70%	
15 to 19 years	6,924	7.00%	5,174	6.40%	
20 to 24 years	6,020	6.10%	5,369	6.70%	
25 to 29 years	7,027	7.10%	6,533	8.10%	
30 to 34 years	6,951	7.00%	6,131	7.60%	
35 to 39 years	6,485	6.50%	5,660	7.00%	
40 to 44 years	5,741	5.80%	4,945	6.20%	
45 to 49 years	5,689	5.70%	4,104	5.10%	
50 to 54 years	5,801	5.90%	4,188	5.20%	
55 to 59 years	5,606	5.70%	4,158	5.20%	
60 to 64 years	6,509	6.60%	5,077	6.30%	
65 to 69 years	4,639	4.70%	3,730	4.60%	
70 to 74 years	3,920	4.00%	2,706	3.40%	
75 to 79 years	2,872	2.90%	1,542	1.90%	
80 to 84 years	1,730	1.70%	1,004	1.20%	
85 years and over	1,902	1.90%	1,029	1.30%	
<b>0-15</b>	<b>21,264</b>		<b>19,054</b>		<b>40,318</b>
<b>16-25</b>	<b>12,944</b>		<b>10,543</b>		<b>23,487</b>
<b>26-59</b>	<b>43,300</b>		<b>35,719</b>		<b>79,019</b>
<b>60+</b>	<b>21,572</b>		<b>15,088</b>		<b>36,660</b>

Table: ACSST5Y2021.S0101

Total population	
AGE	
Under 5 years	
5 to 9 years	
10 to 14 years	
15 to 19 years	
20 to 24 years	
25 to 29 years	
30 to 34 years	
35 to 39 years	
40 to 44 years	
45 to 49 years	
50 to 54 years	
55 to 59 years	
60 to 64 years	
65 to 69 years	
70 to 74 years	
75 to 79 years	
80 to 84 years	
85 years and over	
<b>0-15</b>	<b>22.5%</b>
<b>16-25</b>	<b>13.1%</b>
<b>26-59</b>	<b>44.0%</b>
<b>60+</b>	<b>20.4%</b>

Definitions

Prevalence of Any Mental Illness (AMI)

Mental Health Services — AMI

Prevalence of Serious Mental Illness (SMI)

Mental Health Services — SMI

Prevalence of Any Mental Disorder Among Adolescents

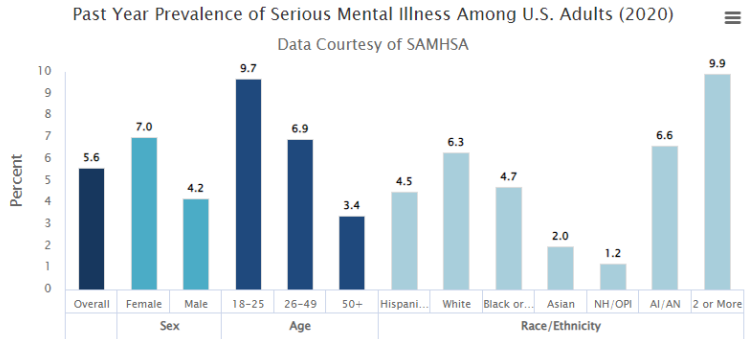
Data Sources



\*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. Note: Estimates for Native Hawaiian / Other Pacific Islander, American Indian / Alaskan Native, and Two or More Race groups are not reported in the above figure due to low precision of data collection in 2020.

### Prevalence of Serious Mental Illness (SMI)

- Figure 3 shows the past year prevalence of SMI among U.S. adults.
  - In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI. This number represented 5.6% of all U.S. adults.
  - The prevalence of SMI was higher among females (7.0%) than males (4.2%).
  - Young adults aged 18-25 years had the highest prevalence of SMI (9.7%) compared to adults aged 26-49 years (6.9%) and aged 50 and older (3.4%).
  - The prevalence of SMI was highest among the adults reporting two or more races (9.9%), followed by American Indian / Alaskan Native (AI/AN) adults (6.6%). The prevalence of SMI was lowest among Native Hawaiian / Other Pacific Islander (NH/OPI) adults (1.2%).

Figure 3



<b>SUTTER-YUBA BEHAVIORAL HEALTH</b>	<b>POLICY AND PROCEDURE</b>		<b>#11-055</b>
	PROGRAM: Mental Health Services Act (MHSA)		
	FUNCTIONAL AREA: Outreach, Access and Service Delivery		
	SUBJECT: MHSA Community Program Planning Process (CPPP)		
	CONTACT PERSON:		APPROVED BY:
 <hr/> MHS Coordinator		 <hr/> Behavioral Health Director	
ORIGINAL DATE 6-27-19		REVISED DATE 7-29-20	

**POLICY:** It is the policy of Sutter-Yuba Behavioral Health (SYBH) to comply with the California Code of Regulations (CCR) for the Mental Health Services Act (MHSA) Community Program Planning Process (CPPP), including the Local Review Process (LRP) and development of the Three-Year Program and Expenditure Plans and Annual updates.

The purpose of the Mental Health Services Act (MHSA) Community Program Planning Process is to utilize a participatory research process to measure the impact and effectiveness of SYBH programs funded under the Mental Health Services Act. Through the CPPP process, SYBH aims to strengthen partnerships with stakeholders and insure the consideration of the needs of the community, particularly the unserved, underserved, and inappropriately served communities, by promoting inclusiveness, encouraging dialogue, and providing transparency.

The MHSA Team will be responsible for discussing avenues for gathering stakeholder input and reporting those findings to SYBH senior management quarterly. Additionally, the MHSA Team will conduct quarterly meetings to review the MHSA CPPP and LRP process for each draft Three-Year Program and Expenditure Plan, or Plan Update, as part of the development process, as required by California Code of Regulations 9 CCCR § 3300 and Welfare and Institution Codes (WIC) Sections 5892(c), 5830, 5846 and 5847.

**PROCEDURE:**

- I. **Community Program Planning Process (CPPP)**
  - A. SYBH will conduct year-around CPPP as part of the development of its Three-Year Program and Expenditure Plans and Plan Updates. The MHSA Team Meetings and consultation with senior management will shape the overall CPPP. The Three-Year Program and Expenditure Plans and Annual Updates will include the input received in the aforementioned meetings, stakeholder input, and input received from Ad Hoc Stakeholder meetings, as necessary.

- B. In shaping the Community Program Planning Process, SYBH will maintain emphasis on communities that are unserved, underserved, and inappropriately served and conduct targeted stakeholder forums and/or focus groups to obtain feedback from these populations.
- C. In fiscal years when there are no funds dedicated for the CPPP, SYBH may use up to five (5) percent of its Planning Estimate, as calculated by the state Department for that fiscal year, to conduct the CPPP (WIC, Section 5892(c) limits the amount of expenditures on planning to 5% of the revenues received).
- D. The CPPP will be managed by the MHSA Team Staff Analysts who shall be responsible for:
  - 1. The overall CPPP oversight and timeline.
  - 2. Coordination and management of the CPPP.
    - a. Including the elements of a focus groups centered around consumers and family members, members of community organizations, and agency personnel.
    - b. Provide materials for stakeholder focus groups including but not limited to focus group sign-in sheets, stakeholder feedback surveys and stakeholder participation guidances.
  - 3. Ensuring stakeholders have an opportunity to participate in the CPPP and reflect the demographic diversity of Sutter and Yuba counties, including, but not limited to, geographic location, age, gender, and race/ethnicity.
    - a. CPPP community stakeholder participation shall include representatives of the unserved, underserved, and inappropriately service populations and their family members.
    - b. These populations will be identified through prior stakeholder engagements and analysis of data for demographics served, including but not limited to cultural organizations, age group, and the homeless population.
      - i. Through consumer surveys
      - ii. Through existing convening groups that have this representation to include in our stakeholder meetings.
  - 4. Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate in the CPPP.
  - 5. Gathering, analyzing and synthesizing stakeholder input on a regular basis, to be included in the Three-Year Plan and Annual Update.

## E. Training

1. Training shall be provided, as needed, to SYBH staff designated responsible for any of the functions that will enable staff to establish and sustain a CPPP.
2. Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who participate in the CPPP.

## II. Stakeholders

### A. CCR, Section 3200.270 defines stakeholders as:

1. Individuals with serious mental illness and/or serious emotional disturbance and/or their families.
2. Providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education.
3. Representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families. Including Unserved, underserved populations.

## III. Local Review Process (LRP)

### A. The CPPP includes a LRP of the draft Three-year Program and Expenditure Plan or Annual Update.

1. The LRP includes distributing the current draft Three-Year Program and Expenditure Plan or Annual Update to stakeholders for review before the current plan is sent to the State Department.
2. The LRP will include a 30-day Public Comment Period during which:
  - a. SYBH will post the draft Three-Year Program and Expenditure Plan or Annual Update to stakeholders for Public Comment.
3. SYBH will distribute information regarding the date and time of the Behavioral Health Advisory Board (BHAB) Public Hearing within 30 days of the Public Hearing.
  - a. The BHAB Public Hearing on the Three-Year Program and Expenditure Plan or Annual Update will be documented.

4. A summary and analysis of any substantial recommendations and substantive changes made to the Three-year Program and Expenditure Plan or Annual Update circulated will be included in the final plan.
- B. For plan updates, other than the required Annual Updates, SYBH will conduct an LRP that includes:
1. A 30-Day Comment Period
    - a. SYBH will distribute documentation for public comment, including a description of the methods used to circulate a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.
  2. A summary and analysis of any substantive recommendations will be made available for public for stakeholder review.
  3. A description of any substantive changes made to the proposed update will be made available for public for stakeholder review.

#### **IV. Three-Year Program and Expenditure Plan or Annual Update**

- A. SYBH will comply with the CCR, Section 3310 requirements to:
1. Receive MHSAs funds by submitting a Three-Year Program and Expenditure Plan or Annual Update; comply with all other applicable requirements.
  2. Obtain the necessary approvals in accordance with WIC, Sections 5830, 5846, and 5847; and
  3. Enter into a valid MHSAs Performance Contract with the state Department.
- B. The Three-Year Program and Expenditure Plan and Annual Updates will address each of the following components:
1. Community Services and Supports (CSS) for:
    - a. Children and Youth, as defined in CCR, Section 3200.030
    - b. Transition Age Youth, as defined in CCR, Section 3200.280
    - c. Adults, as defined in CCR, Section 3200.010
    - d. Older Adults, as defined in CCR, Section 3200.230
  2. Capital Facilities and Technology Needs
  3. Workforce Education and Training

4. Prevention and Early intervention
  5. Innovative Programs
- C. SYBH will annually update either the Three-Year Program and Expenditure Plan or Annual Update.
  - D. SYBH will develop the Three-Year Program and Expenditure Plans and Annual Updates in collaboration with stakeholders, through the CPPP, as specified in the CCR I – IV in this policy and procedure.
    1. SYBH understands MHSA programs and/or services shall only be funded if the CPPP regulations are followed.
  - E. SYBH's Three-Year Program and Expenditure Plans and Annual Updates will include a statement explaining how the CCR requirements of the CPPP were met.
  - F. As part of the Three-Year Program and Expenditure Plans or Annual Updates, SYBH will submit documentation of the LRP, as required by the CCR described in the policies and procedures above.

#### **REFERENCES**

- Welfare and Institutions Code (WIC) Sections 5892(c), 5830, 5846 and 5847 [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=5892.&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5892.&lawCode=WIC)
- California Code of Regulations (CCR) Title 9, Sections 3200.010, 3200.230, 3200.270, 3280, 3300, 3310, 3315 <http://ccr.oal.ca.gov>

#### **REVISION HISTORY:**

- 6-7-19; 7-29-20

# Mental Health Services Act (MHSA) Community Program Planning (CPP) Process for FY 23/24 Annual Update and FY 24-26 Two Year Plan

Betsy Gowan

Branch Director, Adult Services



HEALTH AND  
HUMAN SERVICES

# What is the Mental Health Services Act (MHSA?)



WELLNESS • RECOVERY • RESILIENCE

- Proposition 63 – voter initiative passed in 2004
- The MHSA created a 1% tax on personal income in excess of \$1 million to expand mental health services – the “millionaire tax”
- Intent of the MHSA
  - Expand and transform mental health services in CA
  - Offer a wide range of prevention, early intervention, treatment services
  - Increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for mental health
- Guiding Principles
  - Client Driven
  - Family Driven
  - Cultural Competence
  - Community Collaboration
  - Integrated Service Experience
  - Focus on Wellness, Recovery, and Resilience

# MHSA Populations and Components

MHSA is intended to increase access and services for underserved, unserved, and inappropriately served populations in the following age groups:

- Children and Youth: ages 0-15
- Transition age youth (TAY): ages 16-25
- Adults: ages 26-59
- Older adults: ages 60+

## Components

- CSS: Community Services and Supports (76%)
  - CFTN: Capital Facilities and Technological Needs (combined up to 20 % )
  - WET: Workforce Education and Training
- PEI: Prevention and Early Intervention (19%)
- INN: Innovation (5%)

# Planning and Review Process

All counties receiving MHSA funds must develop a Three-Year Program Plan as well as an Annual Update.

- Three-Year Plans and Annual Updates shall be developed with community stakeholders through a process referred to as the Community Program Planning (CPP) Process
- Plans/updates to outline how MHSA funds will be spent according to requirements and CPPP input

Plans and Annual Updates go through the following public hearing process:

- A draft is developed through the CPP process
- The draft is circulated during a 30-day public comment period
- The Local Mental Health Board holds a public hearing on the draft to provide recommendations and proposed revisions
- The County adopts plan/update, incorporating public comments and feedback
- The County Board of Supervisors approves the final plan/update

# Child and Adolescent Needs and Strengths (CANS)

CANS covers 4 Domains and consists of several “Actionable” items including, but not limited to:

## Child Behavioral and Emotional Needs –

- Adjustment to Trauma
- Anger Control
- Anxiety
- Conduct
- Depression
- Oppositional
- Substance Use

## Cultural Factors –

- Language
- Traditions and Rituals

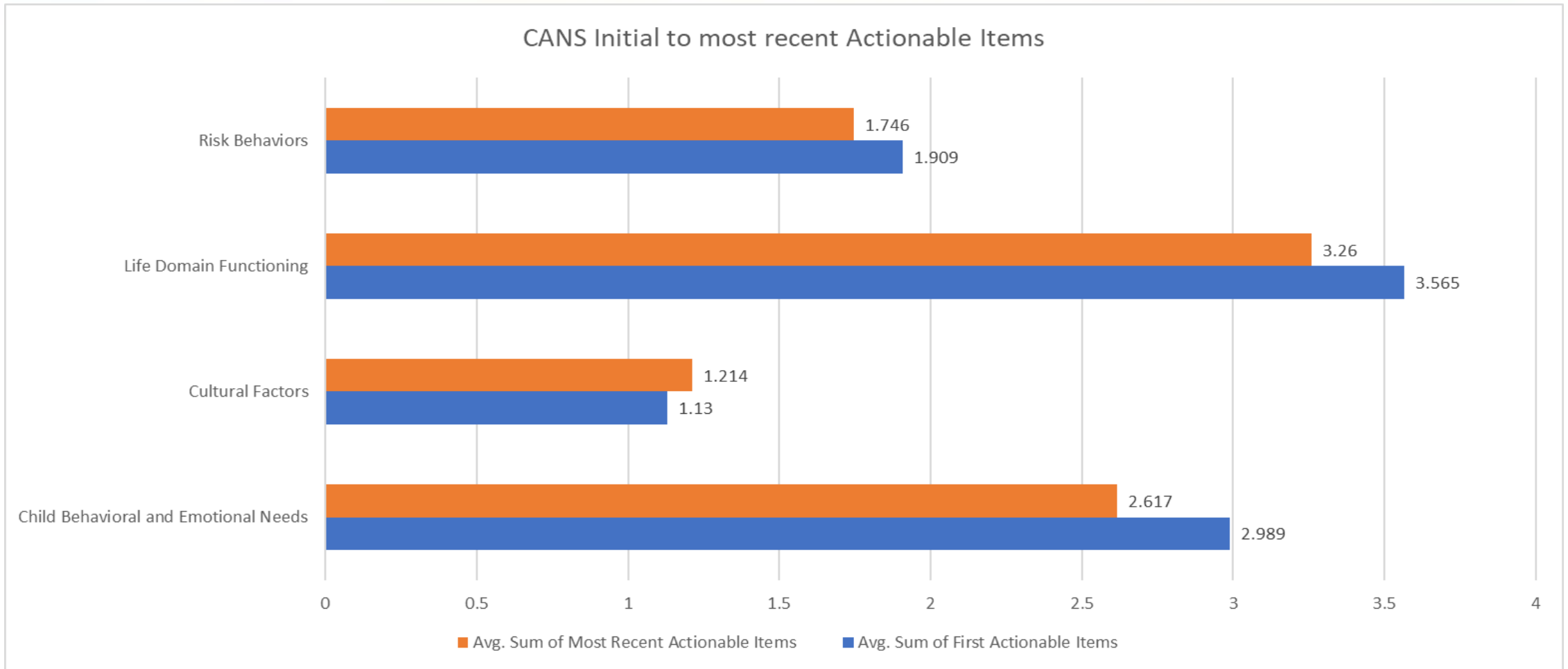
## Life Domain Functioning –

- Decision-Making
- Living Situation
- School Attendance

## Risk Behaviors –

- Danger to Others
- Non-Suicide Self Injury
- Suicide

# Yuba and Sutter CANS Outcomes Yuba and Sutter Assessments – Initial to Most Recent (Through 12/31/2022)



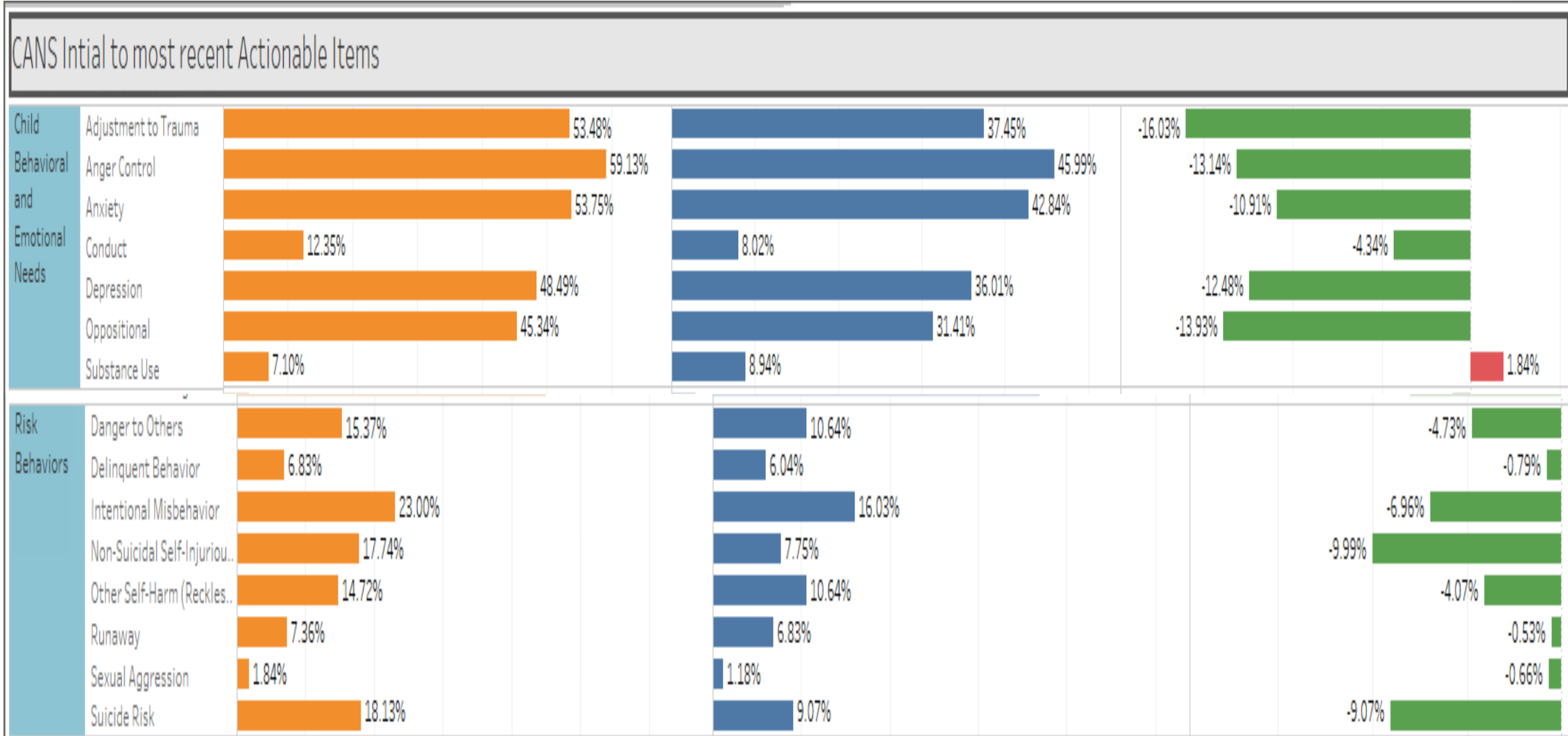
## What are the strengths of program/service?

As indicated by the CANS-IP strengths and outcomes on the next slide there are improvements in:

- suicide risk
- non-suicidal self-injury
- danger to others
- anxiety
- trauma response
- anger control

However, Substance Abuse issues have increased indicating a need for more awareness and services.

# Yuba and Sutter CANS Outcomes Yuba and Sutter through 10-21-2022

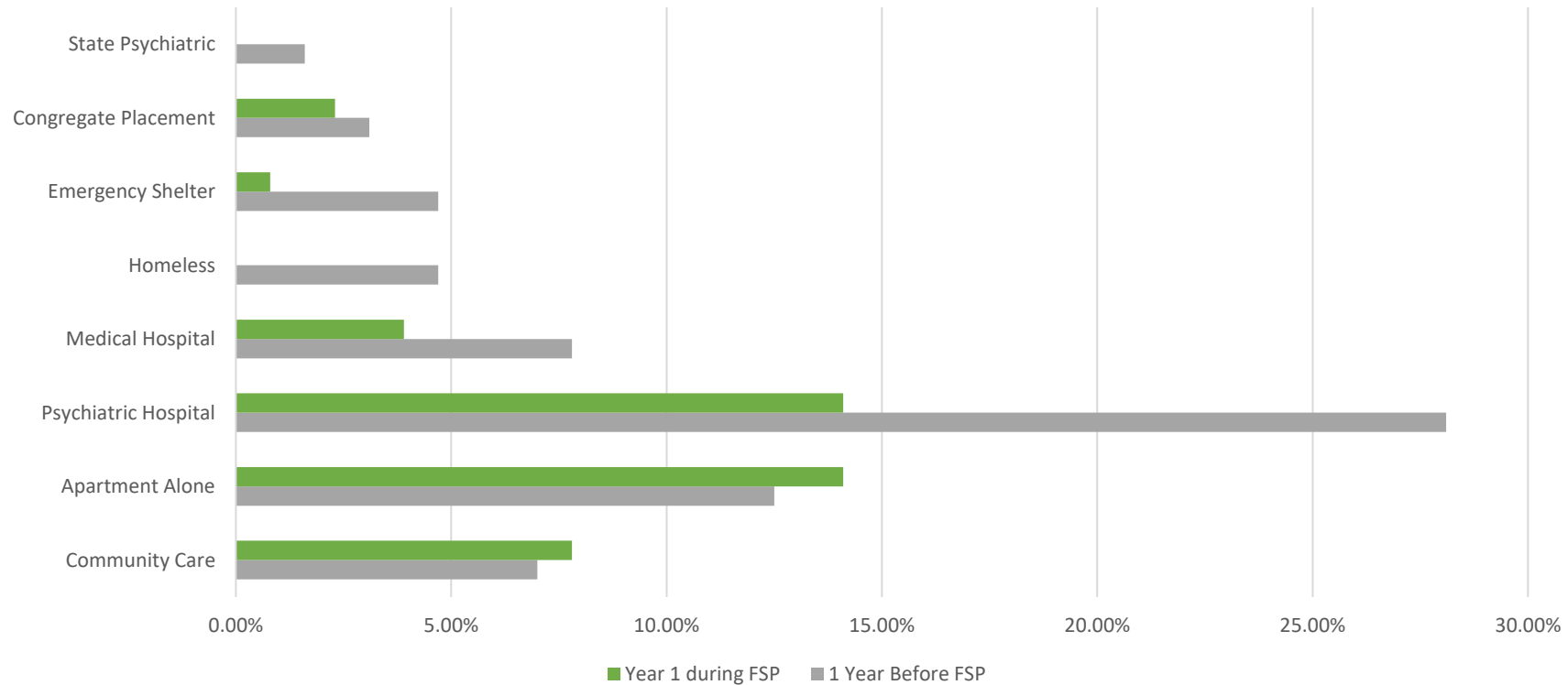


# SYBH Adult Mental Health Emergency Events FSP Indicator Report 7-1-21 through 6-30-22

7/1/2021- 6/30/2022 SYBH Adult FSP	Total Partners Served	Partners with Mental Health Emergency Events		Events / Total Partners		Events/ Partners with Events	Change in Events from Baseline (1 Year Before FSP)
						Events	
FSP Data Reported for Partners Who: Were Served Any Point During Service Period							
Year Prior to FSP Services	44	24	54.50%	1.91	3.5		
FSP Data Reported for Partners Who: Completed at Least 1 Year							
Year Prior to FSP Services	24	11	45.80%	1.96	4.27		
First Year with FSP Services	24		16.70%	0.21	1.25	42 decreased events	
FSP Data Reported for Partners Who: Completed at Least 2 Years							
Year Prior to FSP Services	18		44.40%	0.83	1.88		
First Year with FSP Services	18		5.60%	0.06	1	14 decreased events	
Second Year with FSP Services	18		0.00%	0	0	15 decreased events	

# SYBH Residential Adult FSP Indicator Report 7-1-21 through 6-30-22

Adult FSP Emergency Events  
7/1/2021-6/30/2022



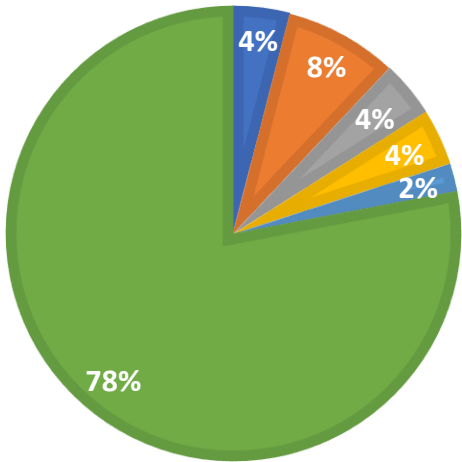
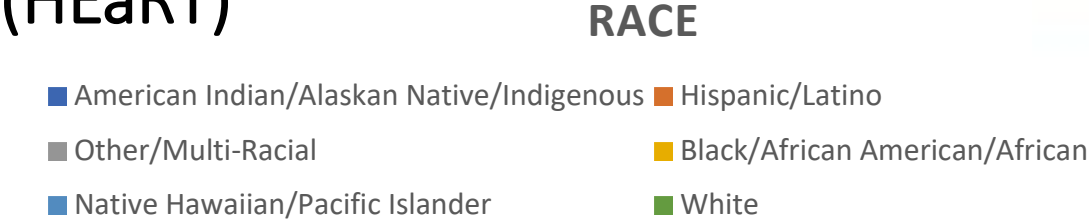
# Homeless Engagement and Resolution Team (HEaRT)

Total persons served: 323

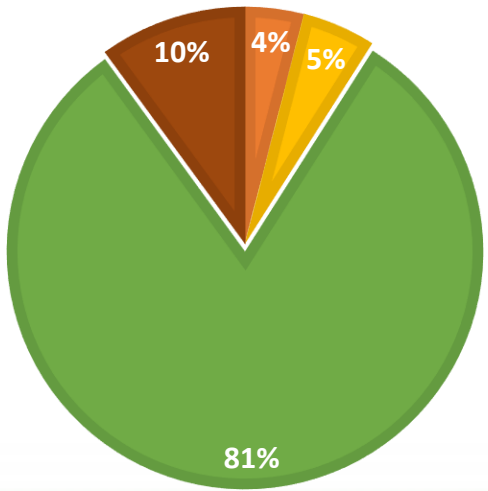
Number of people staying active with the program: 237

Number of chronically homeless persons: 127

Number of people who have left the program: 86



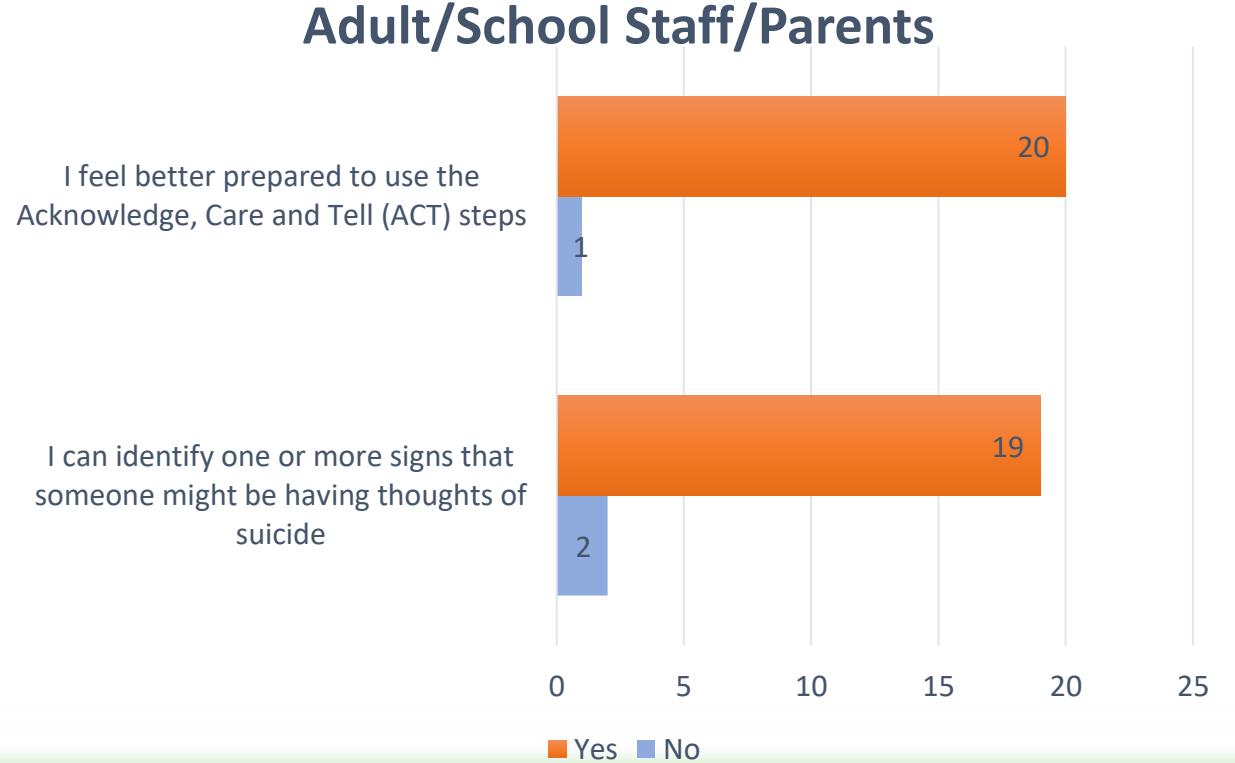
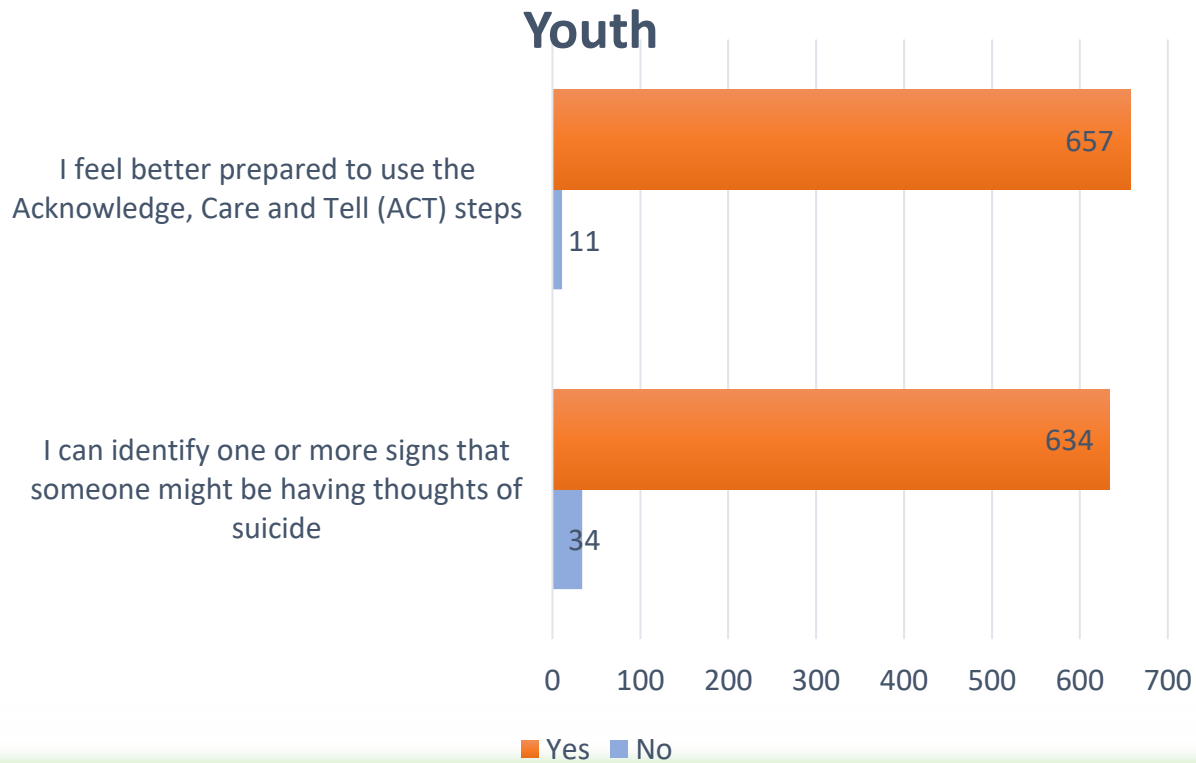
### AGE



# Signs of Suicide (SOS)

Total Youth Participants: 668 Surveys

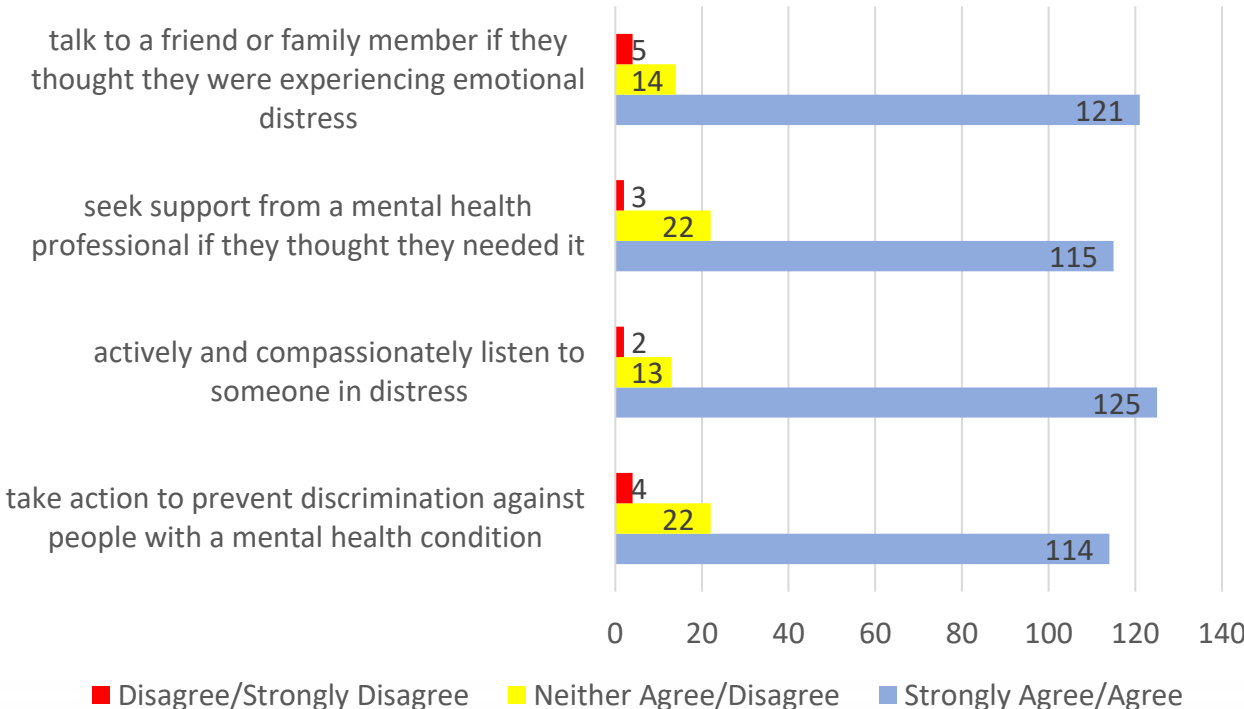
Adults/Staff/Parent Participants: 21 Surveys



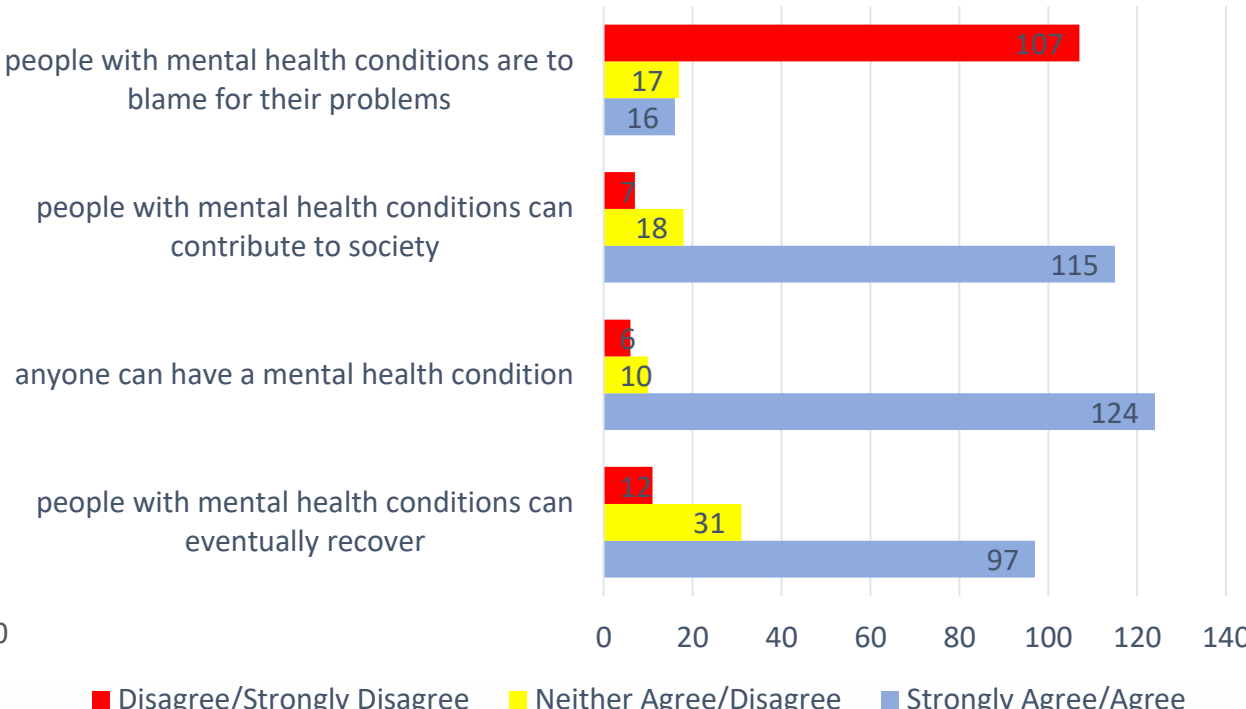
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Total Surveys Completed: 140

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- Staff training on MHSA and Re-Alignment funding
- Use of MHSA Capital Facilities and Information Technology funding
- Psychiatric Health Facility (PHF)
- Electronic Health Record and Parking Lot

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- Clarifying that children can receive family therapy services without a diagnosis and expanding use of dyadic therapy (i.e., treatment delivered to a parent and child simultaneously)
- Funding development of critical infrastructure to expand the continuum of behavioral health services in the community (e.g., mobile crisis, wellness centers, residential, acute psychiatric).
- Streamlining the administration of substance use and mental health services to address the reality that many people live with both mental health and substance use disorders, and to support integrated care delivery.

# SUTTER-YUBA BEHAVIORAL HEALTH (SYBH)

**YOUR GO TO**

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- CALL SYBH PSYCHIATRIC EMERGENCY (530) 673-8255



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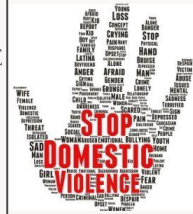
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OTHER RESOURCES:

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What have we been doing right?

Where could we use more focus?

What gaps could MHSA funding fill?

Please take our brief survey and provide your feedback and comments.

[MHSA CPPP Survey](#)

## Open Q & A and Discussion

For additional questions, comments or information regarding  
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[jhalford@co.sutter.ca.us](mailto:jhalford@co.sutter.ca.us)

# Mental Health Services Act (MHSA) Community Program Planning (CPP) Process for FY 23/24 Annual Update and FY 24-26 Two Year Plan

Betsy Gowan , Adult Services Branch Director



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HEALTH AND  
HUMAN SERVICES

# What is the Mental Health Services Act (MHSA?)



WELLNESS • RECOVERY • RESILIENCE

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- Guiding Principles
  - Client Driven
  - Family Driven
  - Cultural Competence
  - Community Collaboration
  - Integrated Service Experience
  - Focus on Wellness, Recovery, and Resilience

# MHSA Populations and Components

MHSA is intended to increase access and services for underserved, unserved, and inappropriately served populations in the following age groups:

- Children and Youth: ages 0-15
- Transition age youth (TAY): ages 16-25
- Adults: ages 26-59
- Older adults: ages 60+

## Components

- CSS: Community Services and Supports (76%)
  - CFTN: Capital Facilities and Technological Needs (combined up to 20 % )
  - WET: Workforce Education and Training
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# Child and Adolescent Needs and Strengths (CANS)

CANS covers 4 Domains and consists of several “Actionable” items including, but not limited to:

## Child Behavioral and Emotional Needs –

- Adjustment to Trauma
- Anger Control
- Anxiety
- Conduct
- Depression
- Oppositional
- Substance Use

## Cultural Factors –

- Language
- Traditions and Rituals

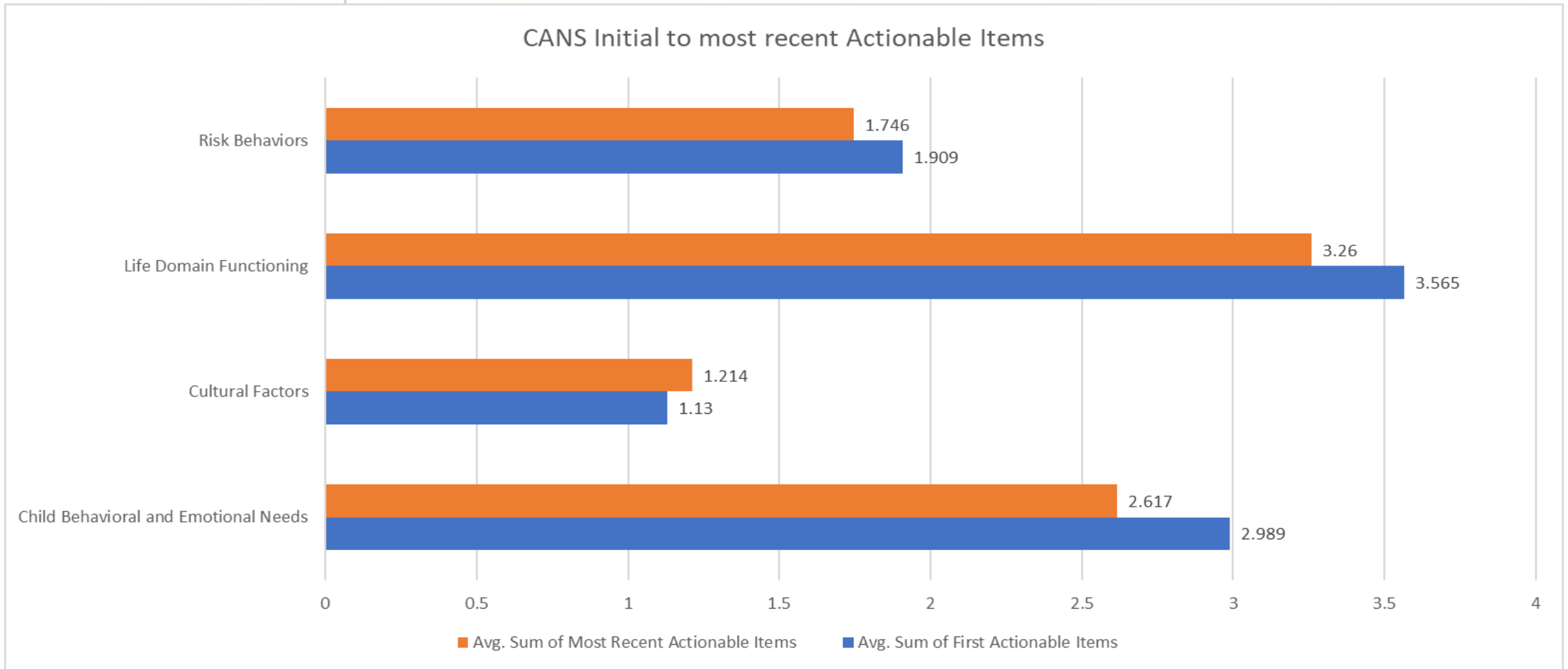
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## Risk Behaviors –

- Danger to Others
- Non-Suicide Self Injury
- Suicide

# Yuba and Sutter CANS Outcomes Yuba and Sutter Assessments – Initial to Most Recent (Through 12/31/2022)



# Second Step Bullying Prevention



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

Experiences during the early school years lay the foundation for ongoing peer relationships, and for too many children, this can include a pattern of being bullied (Hanish, Ryan, Martin, & Fabes, 2005). The Second Step Bullying Prevention Unit, combined with Second Step Social-Emotional Learning (SEL), empowers schools to engage in comprehensive research-based bullying prevention, starting in kindergarten.

# Suicide Awareness

## Signs of Suicide (SOS)

Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle school (ages 11–13) or high school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through “gatekeeper” education, and 5) encourage schools to develop community-based partnerships to support student mental health.



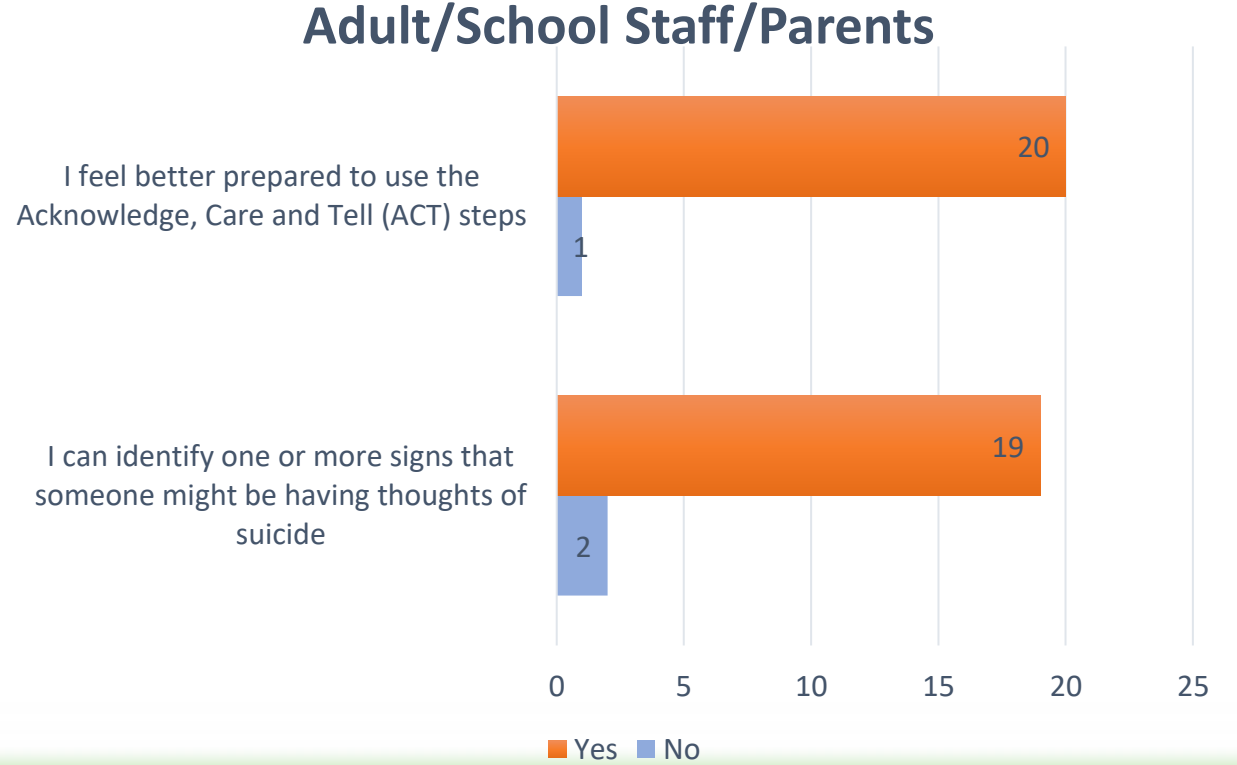
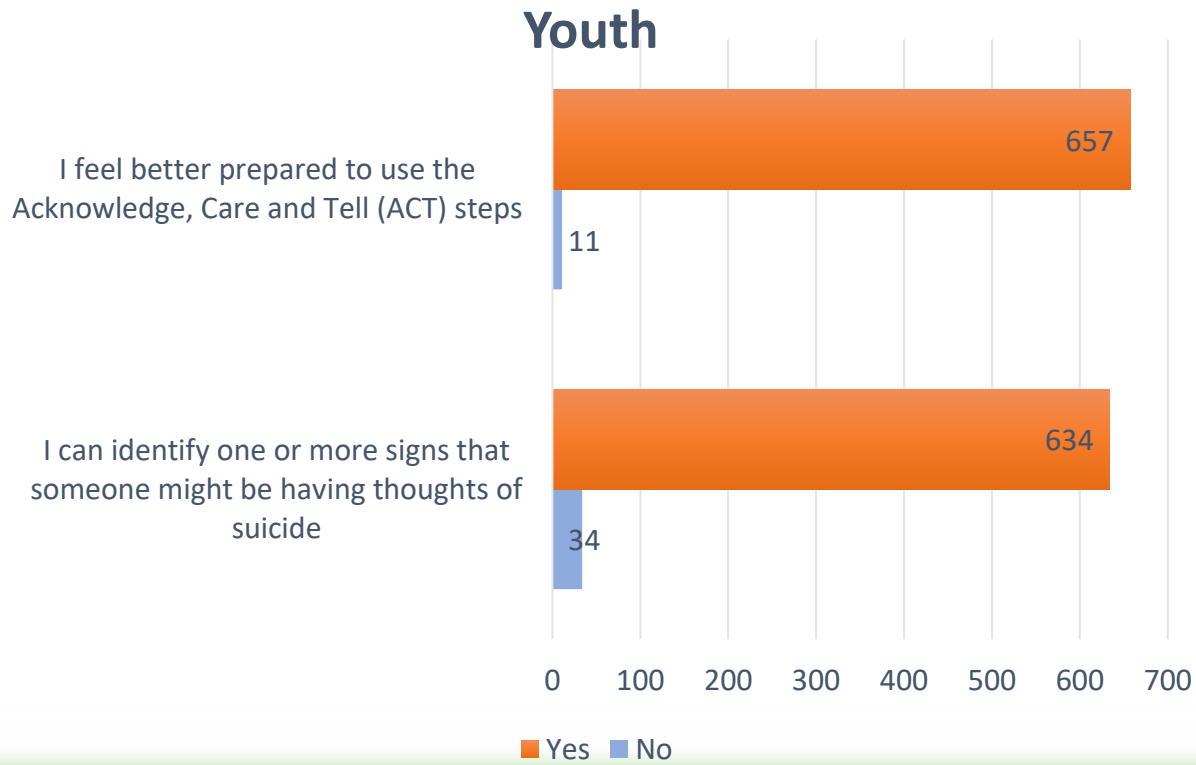
## Yellow Ribbon Suicide Prevention

Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school. Student leaders can be trained by PEI staff to present information to their peers with the support of PEI staff, or PEI staff can present the information to the student body. Presentations can be scheduled throughout the year at high schools. Yellow Ribbon Ask 4 Help program is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, and get help for the person). Training can be provided by teachers or representatives of Yellow Ribbon.

# Signs of Suicide (SOS)

Total Youth Participants: 668 Surveys

Adults/Staff/Parent Participants: 21 Surveys



# Mental Health First Aid

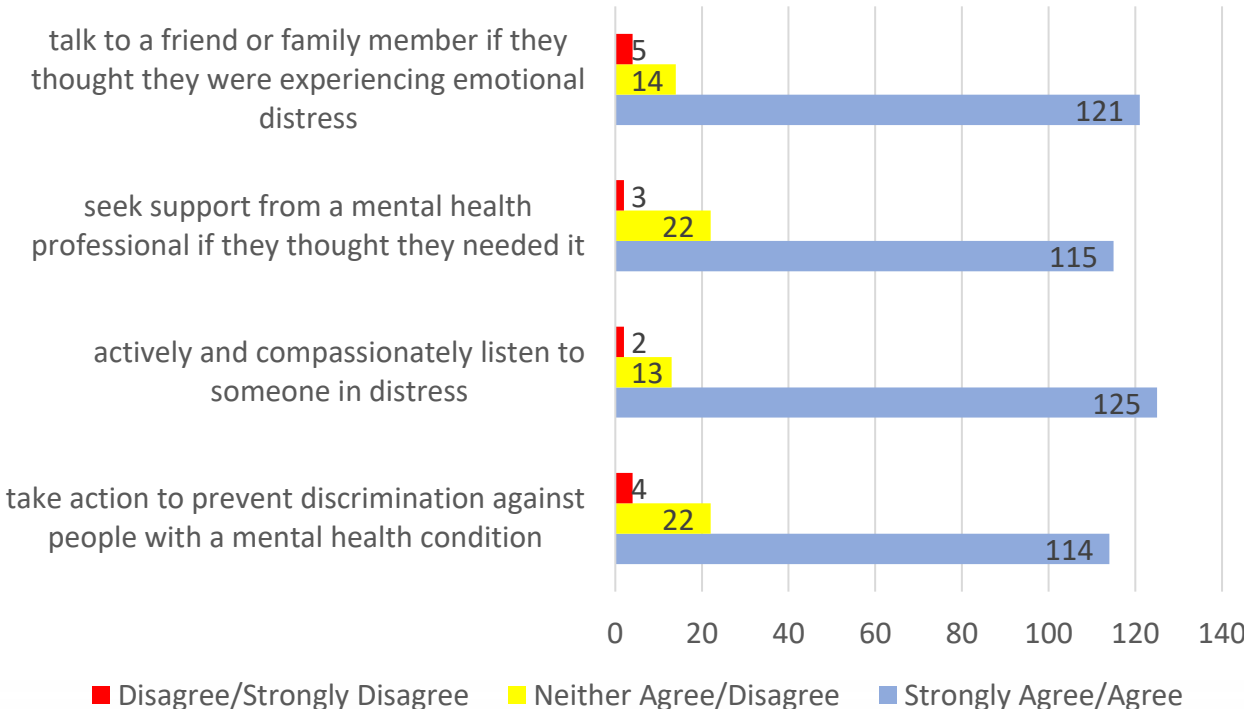
Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) are 8-hour training courses designed to give members of the public aged 18 and older key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Both trainings are 8 hours long with the same purpose of providing Mental Health First Aid Training.



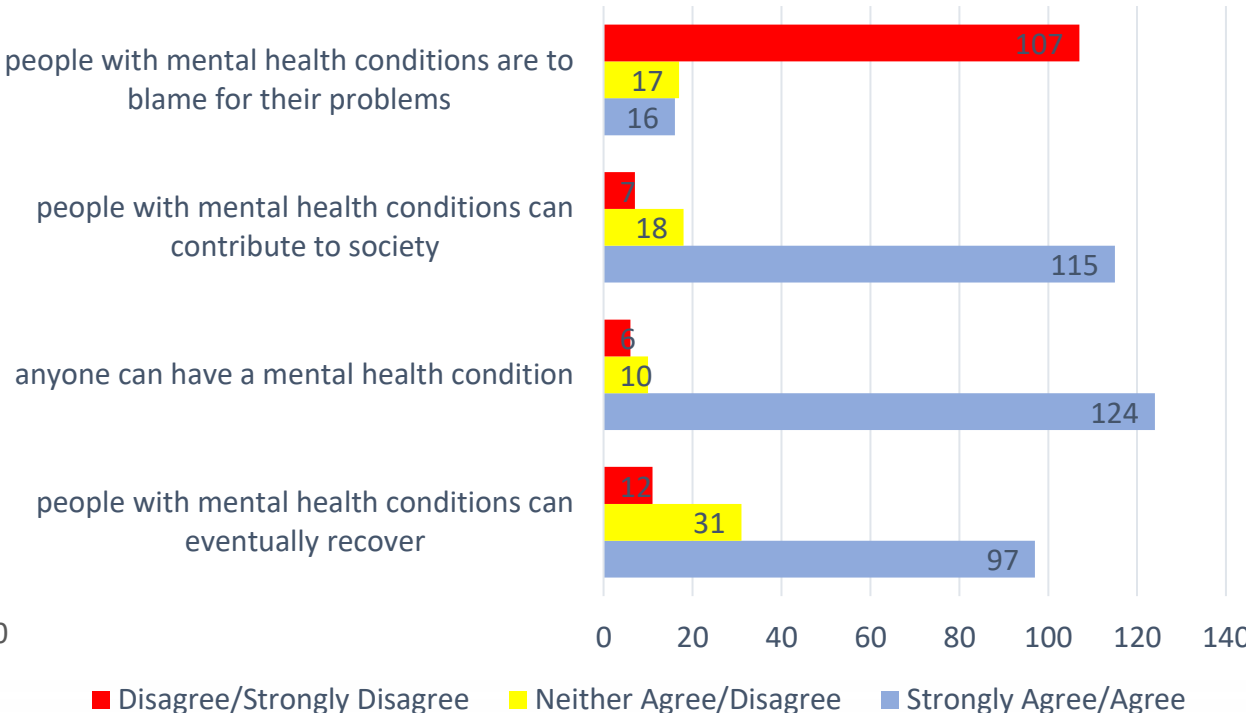
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# Prevention & Early Intervention (PEI)

## Access to Linkage:

- Promotore
- Prep Yuba
- Prep Sutter
- Each Mind Matters

## Suicide Prevention:

- Yellow Ribbon
- ASIST
- Suicide Awareness
- Knowing the Signs Of Suicide
- Signs of Suicide (SOS)

## SUD's Prevention:

- FNL
- Life Skills
- SUD's Education
- Brief Intervention

## Early Intervention:

- Strengthening Families
- Aggression Replacement Training (ART)

## Outreach:

- MHFA/YMHFA (Mental Health First Aid (Adults, Teens, Youth))
- Mental Health Awareness
- Hmong Outreach

## Prevention:

- The Council
- Girl's Circle
- Nurtured Heart Program
- Bullying Prevention
- Camptonville
- Signs Of Self Injury
- Mental Health Awareness
- Grief Support Group

## Stigma Discrimination:

- Tri-County Diversity
- Hmong Impact Youth

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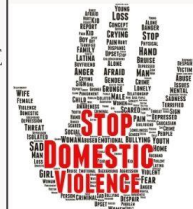
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# MHSA Homeless Programs

There are two types of case management and engagement services offered by Sutter County HHS for unhoused individuals that are 18 years of age and older.

**Site Based:** This is case management and support services connected to a site where a person is housed (i.e., Better Way Shelter and Harmony Village). Specific information for these two sites is listed below.

**Field Based:** This is case management or engagement services that are provided in the field or in the community, where unhoused individuals may currently be in a community setting. This type of service is not connected to a particular site.

## Site Based:

- **Better Way**

**Purpose:** Better Way provides temporary shelter, case management, and housing navigation services to Sutter County residents that are 18 years of age and older experiencing homelessness.

Shelter monitors are on site from 7:30 am to 10:30 pm, with 2 shelter monitors on site from 3pm to 9 pm daily.

**Total Capacity:** 40 beds, two reserved for individuals discharging from psychiatric health facilities (PHFs) and two for HEART-Start to Finish Program referrals.

## Site Based:

- **Harmony Village**

Purpose: Harmony Village is a permanent supported housing project for low-income Sutter County residents, owned and managed by Habitat for Humanity (Sutter County transferred title to Habitat for Humanity upon purchasing with Project Homekey funds in 2020).

The project prioritizes veterans, individuals with a disability and those 55 years of age and older.

Homeless Services Program provides on-site case management support to those not receiving case management services from other providers, such as Veteran's Affairs or Alta Regional.

Total Capacity: 62 units

# Site Based:

- **Permanent Supported Housing**

4 locations: Teesdale (Yuba City), Heather Glen (Marysville), New Haven Court (Yuba City) and Cedar Lane (Yuba County) .

PSH offers housing to homeless individuals diagnosed with severe mental illnesses and increases the likelihood of staying successfully housed by providing the opportunity to receive onsite support from case management and other support staff. Examples of services offered include assistance with life skills training, building housing retention skills, and managing resident relations with property management.

All four housing locations are owned by Regional Housing Authority and support services are provided through Sutter Yuba Behavioral Health (SYBH).

Support services at Heather Glenn and Teesdale are provided directly by SYBH staff.

Support services at New Haven Court and Cedar Lane are provided by contractor Telecare Corp.

# Field Based:

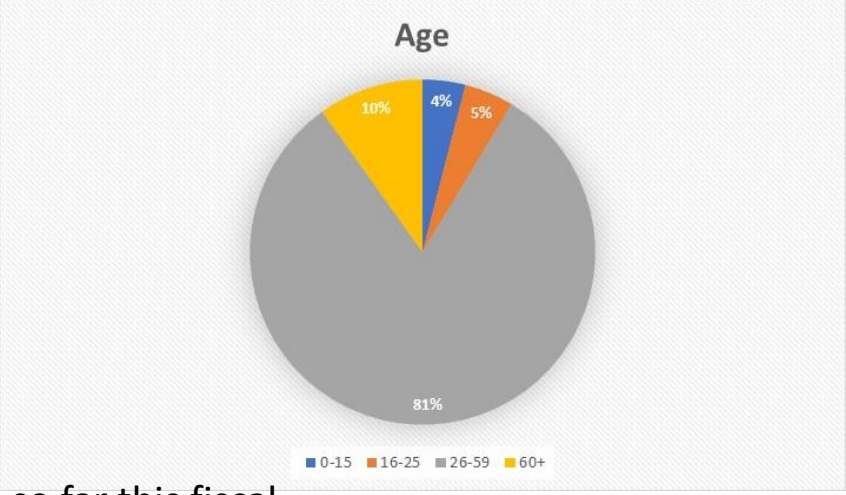
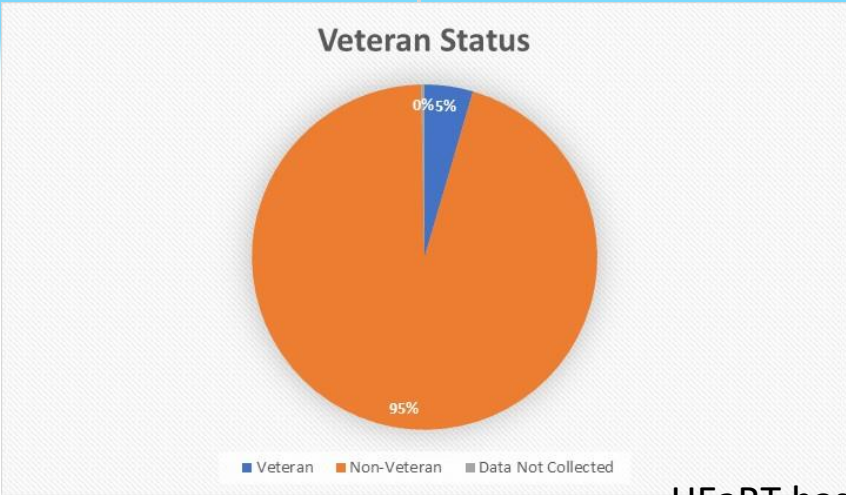
- **HEART Team:**

The HEART Team assists Bi-county Law Enforcement and Code Enforcement in abatements of the homeless camps throughout Sutter and Yuba Counties. The HEART team bridges the gap for the homeless population by providing shelter and/or treatment resources to unhoused Sutter and Yuba County residents aged 18 and older. Referrals are typically made by law/code enforcement, usually while the team accompanies the officers out in the community. Referrals can also be made by contacting the team via email, phone or in person. Referral information is put into HMIS for easy access to all agencies.

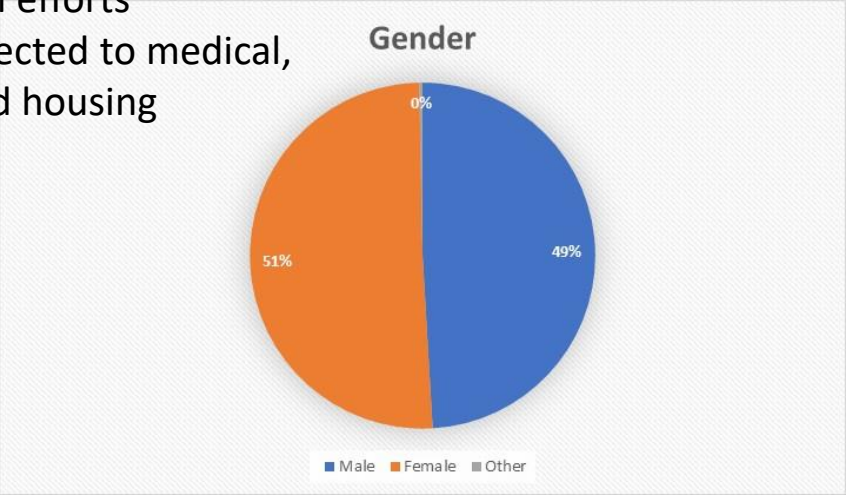
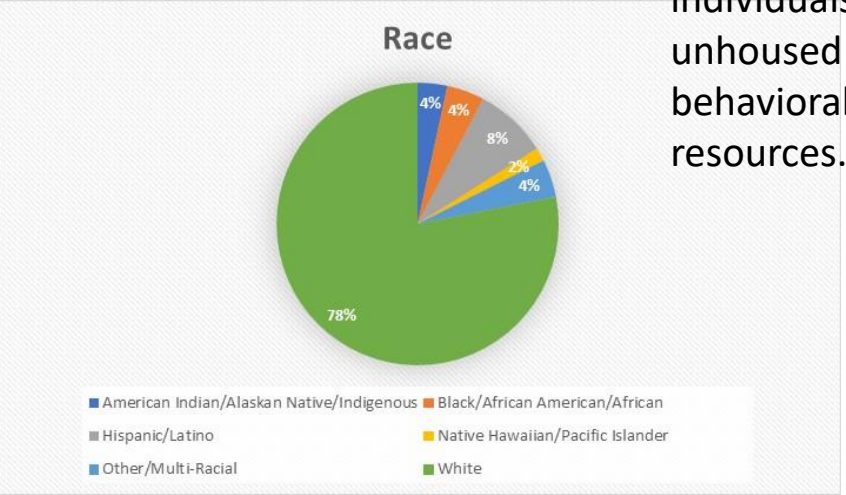
The deployment schedule is based on what's going on in the community, the needs of unhoused individuals and compassionate enforcement efforts.

May support up to 30 individuals monthly. The team served 231 unhoused individuals last year, providing them with outreach and connection to services including: shelter, food, clothing, transportation, treatment and many other resource connections

# HEaRT (Homeless Engagement and Resolution Team)



HEaRT has served 324 people so far this fiscal year. This program provides engagement with hard to engage populations of homeless individuals. Through outreach efforts unhoused residents are connected to medical, behavioral, substance use and housing resources.



# PEI Mini Grants

## Vision for PEI Grant Programs



- Prevention and Early Intervention component can fund small grant programs with a unique chance to drive grassroots focused innovative and targeted resources into the community. If this is an idea that our Sutter Yuba community would like to endorse and fund, then MHSA funding can be used to support small one-time grants in our community.

# 2021/2022 Grand Jury Report

- SYBH : Behind the Times
- Staff training on MHSA and Re-Alignment funding
- Use of MHSA Capital Facilities and Information Technology funding
- Psychiatric Health Facility (PHF)
- Electronic Health Record and Parking Lot

# Legislative Changes

**AB-2242** This bill became effective on January 1, 2023.

This bill does the following:

- Explicitly authorize counties to pay for services related to WIC sections 5150 et. seq. (72-hour hold), 5250 et. seq. (14-day hold), and 5350 et. seq. (conservatorship) using funding sources including the MHSA. Utilizing the funds in this manner must be written into the MHSA Plan and go through the CPP Process with stakeholders
- This is in direct opposition to the Non- Supplantation letter 05-04 establishing the use of the MHSA funding.

**SB -1138** This bill was enacted September 14, 2022, and Sutter and Yuba counties must implement by December 1, 2024

This bill does the following:

- Enacted the Community Assistance, Recovery, and Empowerment (CARE) Act implementing a new statewide procedure for treating persons with specified mental illnesses through the courts.

# California Advancing & Innovating Medi-Cal 's (CalAIM) Positive Impact on Behavioral Health

## **CalAIM's impact on Medi-Cal delivery system**

- Establishing a “no wrong door” approach for Medi-Cal enrollees to quickly and easily access mental health and substance use disorder services, regardless of the delivery system where they initially seek care. Statewide screening and transition tools are standardized and barriers to care are reduced by streamlining criteria for accessing services.
- Providing Community Supports (e.g., housing supports, sobering centers, or day habilitation) if offered by the enrollee's managed care plan
- Clarifying that children can receive family therapy services without a diagnosis and expanding use of dyadic therapy (i.e., treatment delivered to a parent and child simultaneously)
- Funding development of critical infrastructure to expand the continuum of behavioral health services in the community (e.g., mobile crisis, wellness centers, residential, acute psychiatric).
- Streamlining the administration of substance use and mental health services to address the reality that many people live with both mental health and substance use disorders, and to support integrated care delivery.

# SUTTER-YUBA BEHAVIORAL HEALTH (SYBH)

*YOUR GO TO*

## RESOURCE LIST

NEED SUPPORT FOR  
MENTAL HEALTH AND/OR  
SUBSTANCE USE CRISIS?

- CALL, TEXT, OR CHAT (988)
- TEXT 741741 - FAMILY & YOUTH CRISIS LINE
- CALL SYBH PSYCHIATRIC EMERGENCY (530) 673-8255



Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

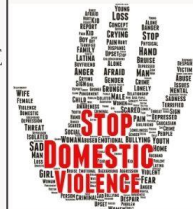
NEED BEHAVIORAL HEALTH SUPPORT?

- CALL CALHOPE AT (833-317-4673)
- CALL SYBH ADULT SERVICES (530) 822-7200
- CALL SYBH YOUTH SERVICES (530) 822-7513



NEED DOMESTIC VIOLENCE OR  
SEXUAL ASSAULT SUPPORT?

- NATIONAL DOMESTIC VIOLENCE HOTLINE (1-800-799-7233)
- NATIONAL SEXUAL ASSAULT HOTLINE 1.800.-656-HOPE (4673)
- CASA DE ESPERANZA CRISIS LINE (530) 674-2040



OTHER RESOURCES:

- DO YOU NEED HELP WITH PARENTING? CALL NATIONAL PARENT HOTLINE (855-427-2736)
- VETERANS CRISIS LINE CALL 988 THEN PRESS 1 OR TEXT CRISIS NUMBER 838255



We're here  
to help!

## Why are we here today?

We want to hear your opinions and thoughts on what MHSA means to you and the community. We want your feedback for the upcoming FY 23/24 Annual Update that we are anticipating BOS approval in May 2023.

We also would like to hear your opinions and thoughts for inclusion of our MHSA FY 24/25 and 25/26 Two-Year Program and Expenditure plan. This plan is expected to be completed and before the BOS by December 2023.

What have we been doing right?

Where could we use more focus?

What gaps could MHSA funding fill?

Please take our brief survey and provide your feedback and comments.

[MHSA CPPP Survey](#)

## Open Q & A and Discussion

For additional questions, comments or information regarding  
MHSA please contact Jesse Hallford  
[jhallford@co.sutter.ca.us](mailto:jhallford@co.sutter.ca.us)



WEDNESDAY, MARCH 1, 2023

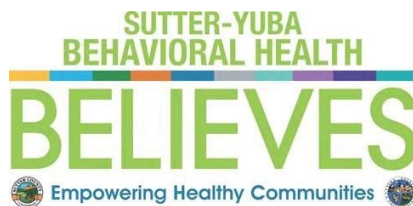
# MENTAL HEALTH SERVICES ACT FOCUS GROUP

## Sutter-Yuba Behavioral Health: Empowering Healthy Communities

Please join the Sutter-Yuba Behavioral Health Department (SYBH) for the Mental Health Services Act (MHSA) Community Program Planning Process (CPPP).

- Focus group open to Sutter and Yuba County communities.
- Consumer, family members, community members, stakeholders and SYBH staff are all welcome.
- We want your input on MHSA services in Sutter and Yuba Counties.
- Input will be used to complete the Mental Health Services Act 2023/2024 Annual Update and the Mental Health Services Act 2024-2026 Two Year Program and Expenditure Plan.

All are welcome!



Sutter-Yuba Mental Health Services / Mental Health Service Act

LOCATION: SUTTER COUNTY LIBRARY

ADDRESS:

750 FORBES AVE  
YUBA CITY, CA 95991

TIME:

12:15 PM – 1:15 PM

Opportunity to share your thoughts and opinions

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

HOSTED BY

SUTTER-YUBA BEHAVIORAL HEALTH



**MONDAY, FEBRUARY 27, 2023**

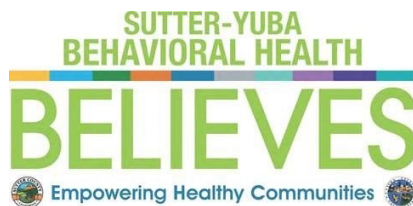
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All are welcome!



Sutter-Yuba Mental Health Services / Mental Health Service Act

LOCATION: ZOOM

Zoom Link:

<https://us06web.zoom.us/j/85417296288>



TIME:

4:15 PM – 5:15 PM



Opportunity to share your thoughts and opinions



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

HOSTED BY

SUTTER-YUBA BEHAVIORAL HEALTH



TUESDAY, FEBRUARY 21, 2023

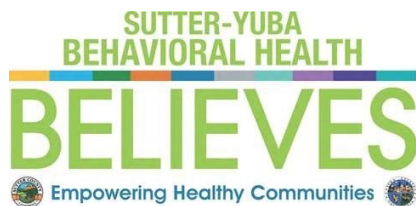
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All are welcome!



Sutter-Yuba Mental Health Services / Mental Health Service Act

LOCATION:

HMONG OUTREACH  
CENTER

4853 OLIVEHURST  
AVE

OLIVEHURST, CA



TIME:

10:30 AM – 11:30 AM



Opportunity to  
share your thoughts  
and opinions



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

HOSTED BY

SUTTER-YUBA BEHAVIORAL  
HEALTH

&

HMONG OUTREACH  
CENTER



**MARTES, 28 DE FEBRERO DE 2023**

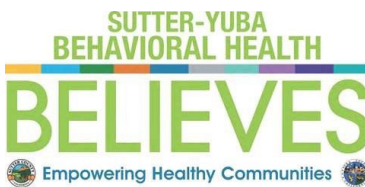
## GRUPO DE ENFOQUE DE LA LEY DE SERVICIOS DE SALUD MENTAL

**Departamento de Salud y Bienestar de Sutter-Yuba:  
Empoderando comunidades saludables**

Únase al Departamento de Salud y Bienestar de Sutter-Yuba (SYBH) para el Proceso de Planificación del Programa Comunitario (CPPP) de la Ley de Servicios de Salud Mental (MHSA).

- Grupo de enfoque abierto a las comunidades de los condados de Sutter y Yuba
- Consumidor, miembros de la familia, miembros de la comunidad, partes interesadas y el personal de SYBH son bienvenidos
- Queremos su opinión sobre los servicios de la MHSA en los condados de Sutter y Yuba.
- La información se utilizará para completar la Actualización anual de la Ley de servicios de salud mental 2023/2024 y el Programa de dos años de la Ley de servicios de salud mental 2024-2026 y El plan financiero.

**¡Todos son bienvenidos!**



Servicios de Salud y Bienestar de Sutter-Yuba / Ley de Servicios de Salud Mental

Ubicación:  
545 Suite B  
Garden Highway,  
Yuba City

Horario:  
4:00 PM – 5:00 PM

Oportunidad de  
compartir sus  
pensamientos y  
opiniones

Habra tarjetas de regalo de Walmart de \$10 para los consumidores y familiares que participen como agradecimiento por su participación.

LOS INVITA EL  
DEPARTAMENTO DE SALUD  
Y BIENESTAR  
Y  
El Centro Latino

## **CPPP -Community Feedback**

### **Domestic Violence and Child Abuse Prevention Meeting 2/7/2023**

AB2242 and SB1138 – Since they are both voluntary to add, how does staff feel about adding them? -Michele B.

Not a lot of options geared towards post-partum women, or pregnant women with anxiety. Their doctors send them to SYBH, and SYBH sends them to their doctors, and no one follows up. There is a large gap and women are falling through the cracks. – Sara L.

What is the process after I make a proposal? I made a proposal I never heard back on, and I would like to be part of the process. How can I be more involved in future MHSA meetings? – Sara L.

Mini Grant concept is great, a great way to get money out to the community. -Michele B.

Casa received 704 DV calls (Sutter) in 2022. December 2022: received 51 DV calls, 16 of them from children in the home. – Michelle D.

I like the direction MHSA is headed. – Michele B.

MHFA is great and we hope it continues. – Michele B.

# Sutter County Domestic Violence/Child Abuse Prevention Council

Microsoft Teams, Video & Telephone Conference Meeting

Meeting Attendees

Tuesday, February 7, 2023

## MEMBERS PRESENT:

Michele Blake – Chair – Sutter Co. Children & Families	Donya Thompson, Vice Chair – Sutter County Probation
Darrin Whittaker, Sutter County Youth Outpatient Svcs.	Isabel Resendez – Yuba City Police Dept
Missy Castillo, Sutter County Victim Services	Paula Kearns, Sutter County CWS
Jesse Hallford, SYBH Adult Services	James Dodge, Sutter County Probation
Besty Gowan, SYBH Adult Services	Veronica De Leon, Sutter Co Superintendent of Schools
Abby Crooke, Casa De Esperanza	Magdalena Arroyo, Casa De Esperanza
Erica Melchor, Sutter Co. Children & Families	Kimberly Womack, Sutter County CWS
Josh Thomas, Sutter Yuba Behavioral Health	Michelle Downing, Casa De Esperanza
Harvir Thiara, Sutter County Sheriff	Amy Heir, Sutter County CWS
Mayra Mendez, Casa De Esperanza	Melissa Paulos, Sutter County Superior Court
Jennifer Ybarra, Sutter Co. Children & Families	Carrie Pantania, SYBH Adult Services
Sarah Ludwick, Sutter County Public Health	

Executive Secretary: Jamie Johnson, Sutter County Health & Human Services

## **CPPP -Community Feedback**

### **Sutter Yuba Homeless Consortium Meeting – 2/9/2023**

Meeting time was running out. They requested an email with the survey link and power point presentation to be sent out to them.

## **CPPP – Community Feedback**

### **Punjabi Outreach Meeting 2/16/2023**

- In Hindu culture, Thursday is considered an education day.
- It means a lot to their communities when someone they respect reaches out to invite to community processes like this.
- Trust is vital and it takes time for their communities to trust new people.
- This meeting is a great idea, a good beginning in getting people to talk. There are families that believe mental health is taboo to talk about and a conversation needs to be started.
- Community doesn't know how to sign up for services. (NOTE: Maybe in the future we can include a slide and give the numbers to initiate services.)
- Kenny (president of 300 gas stations and liquor stores) They do a lead class in English on the proper way to check IDs, usually about 2 people attend. They decided to do the class in Punjabi and they had over 70 people show up. These two classes highlighted the language barrier that can occur. A lot of things can get lost in translation, including the correct way to read the DOB and not just checking the picture. The class in Punjabi made a huge difference. How come there isn't a Punjabi center, when they have been a part of this town for so long. Why is there already Hmong and Latino centers?
- Large meetings at temples where we can do some outreach or have flyers.
- The first weekend in March @ the Live Oak temple – You are welcome to come and pass out flyers and be part of the weekend
- Need more funding for the community, want to keep the community progressing.
- Females tend to be more comfortable speaking and learning in Punjabi and are more comfortable in familiar places.
- Need to address the illegal substances. Fentanyl is hitting the community hard.
- The stigma is too great, families tend to hide an issue they are having.
- Lost 4 children to suicide in 3 months.
- More services in Punjabi. (NOTE: MHFA in Punjabi?)
- Providing food at group meetings is something the community is used to.
- What about another meeting here, where they can bring more people? – Maybe make this a monthly meeting to build the momentum. Maybe switch up the demographic? Men one meeting, women one meeting, specific age groups to help spread the word.
- Weekly messages are sent out from the temple, and they would like to send out info to the community.
- Send out resource list.

# Punjabi Outreach Sign-In Sheet

Location: Ettl Hall

Date: 2/16/23

	Name	City	ZIP	Phone	E-mail
1	Breety Bihala	Yuba City	95991		
2	Lali Singh	YC	95991		
3	KAVINDAR CHATKARA	YC	95993	530-713-9523	KinmyDattar@gnail.com
4	JASBIR SINGH RAI	YC	95991	530- <del>713</del> <sup>391</sup> -1693	
5	Guram Singh	L.O.	95953	530-682-6444	
6	Jogin Singh	Y.C.	95993	530-754621	
7	GURCHARN Singh	Y.C.	95993	408-250-1282	
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## **CPPP – Community Feedback**

### **Hmong Outreach Center 2/21/2023**

- When able to go on outings, funding is low now and it would be nice if lunch could be provided on outings. Can we fundraise again?  
-Can we do food fundraising? Need to be food fundraising certified? Can we have funds to buy water here?
- Testimony: I was once homeless and used county services. I have received excellent care here with the staff and the men's groups. I have seen that the longevity has increased by attending groups. (Presented request, see handwritten note.)
- As we get older the chronic pain becomes worse. We work in the garden for our mental health. The garden hose is heavy, we don't want to be a liability if we get hurt. Can someone help to plow, do some of the digging or irrigation?
- Being out as part of the program there is no funding for snacks and water. We don't get full at home. Can MHSA fund our snacks and water? We have a better appetite when we are together. The programs and work help with depression a lot.
- I have almost been here the longest. The outings help mental health and more outings will be helpful.
- Regarding AB 2242: We don't want MHSA funding to be taken for this. We don't have all that we want or need so if you take from what we have it will just be less to pay for something that should have been funded.
- I come for groups. I feel like longer groups would be better; maybe 2-4 hours would be worth my time. We do need funds when we go on outings and feel that they should have money for lunch since we are already underserved. It's embarrassing to not be able to afford lunch on an outing.
- Having a larger space would give more peace. The space is too small. The space could be larger for more space and peace.
- Having a van for transportation is nice, but the van is hard for a lot of us to get into. If we could have some stairs for the van or something to assist us getting in and out?
- Funding to help with underserved. Where is it? If we don't have money for lunch, we don't go because we are embarrassed. Where is the money for the underserved?
- Outing money? We understand that everyone needs money. Outings are the most important to us.
- Need information on low-income housing.
- Outings are very important and for a lot of people it helps with our mental wellness, it helps our group. A lot of us struggle financially, if we could have lunch provided, it would really help us. We are sad or depressed because of money so lunch would make a difference.

2-21-23

Special Request  
Funding For  
Once in a life time  
Monumental Milestone Event  
50 years in exile

Our men's support group have expressed the longing to go back and visit our birth place (Laos). May of 1975 our side lost the war, and lost the country. We were forced to leave Laos. Some of us have gone back to visit. But many of us have not. I, personally, have never left the USA, since 1976.

As we are approaching the 50th anniversary of our exile, May 2025, we feel like going to see Laos. 50 years only happens once in a life time.

Please make known to your circle of influence (general, family or professional) of our special need group's longing desires.

We are asking for all or parts of the funding for this event: in Contributions, donatations, grants, sponsors, supports, etc... - from the good heart folks, wealthy individuals, and corporate entities.

The folling broad and general groups of people might be interest in our causes:

Psycholoy, of course; Archaeology, history, anthropology, wars and weapons, internal medicine, scholars and universities.

News agencies, documentaries enthusiasts, (it is a historical event,

I will gladly accept a team of documentary crew to accompany me) and the general public, churches, special interest groups, etc...

# Stakeholder Forum Sign-In Sheet

Location: Hmong Outreach Center

Date: 2/21/23

	Name	City	ZIP	Phone	E-mail
1	Funkou Her	Marysville	95901	(530) 315-5934	
2	Sao Neng Her	Olivehurst	95961	(530) 632-7626	
3	Den Xiong	Olivehurst	95961	(530) 812-7089	
4	man HouA Xiong	yuba city	95991		
5	PANG HER	Olivehurst	95961	(530) 315-1672	
6	Tang Vang	Olivehurst	95961	530 300 4511	
7	Zoua Vang	Olivehurst		530-4530	
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# Stakeholder Forum Sign-In Sheet

Location: Hmong Outreach Center

Date: 2/21/23

	Name	City	ZIP	Phone	E-mail
1	Yee Vang	Marysville	95901	(530)	
2	AA VUE	Olivehurst	95901	(530) 415-1889	
3	Zoua Yang	Marysville	95901	530-218-4520	
4	Bai yang	Marysville	95901	530-434-9261	
5	Mee yang	Marysville		530 812 2063	
6	SHOUA XIANG	Marysville		530 631 5616	
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## **CPPP – Community Feedback**

### **Latino Outreach Center 2/28/2023**

- More therapy for children here at Latino. Therapy has been very helpful but was placed on waitlist due to lack of therapists.
- More personnel as waitlist is too long. 3+ months for services. More support for housing, it's not affordable. Have been looking for 6 months with no luck.
- Disconnect with ER here at Rideout. Had anxiety and Rideout sent her to Sacramento ER before someone there finally mentioned anything about Latino Outreach.
- Need more outreach for the Latino community.
- There are no flyers on Packard ave or at SYBH, why not?
- Not very tech savvy as adults, maybe the kids are, but the adults need things to be simpler.
- Why does it cost so much? Sometimes up to 6 months for an appointment but if it's an emergency they want it to be an involuntary hold. Why is crisis so expensive?
- Client feels like she has no voice and is not having her needs met. Why not assessed and only having a prescription?
- When seeking these emergency services they feel sometimes they are not being heard- that they are being pushed aside.
- Getting frustrated with the back and forth. No one knows where everyone should be. Just very frustrating.
- Add some extra community groups, something specific that the Latino Outreach can offer here.
- Daughter is doing much better now that she has been able to access services.
- More groups would be helpful. More Spanish speaking groups.
- Couples therapy would be helpful.
- More Domestic Violence – nothing being offered in Spanish for men.
- More groups, more availability.

## Latino Outreach Sign-In Sheet

Date: 2/28/23

	Nombre	Ciudad	Código postal	número de teléfono	E-mail
1	MARIA GARCIA	Yuba City	95991	674-1885	MRGarcia@co.sutter.ca.us
2	Geisela Lopez Leon	Yuba City	95991	674-1885	glopez-leon@co.sutter.ca.us
3	Alicia Herrera	Yuba City	95991		aliciaherrera18@gmail.com
4	ANA VillalPardo	Yuba City	95991	652-3439	
5	Angelita Zilca	Olivehurst <del>Yuba</del>	95961	530-9239564	N/A
6	Cecilia Esparza	Yuba City	95991	530 674-1885	cesparza@co.sutter.ca.us
7	Stephanie Rennard	Yuba City	95991	(530) 7139440	srennard@co.sutter.ca.us
8	Lisa Bueno	Olivehurst	95961	(530) 237-7464	lisabuenofdez@gmail.com
9	Gabriela Cruz	Yuba City	95993	(530) 3292758	
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## **CPPP – Community Feedback**

### **MHSA Focus Group – In Person Meeting 3/1/2023**

David Read from Yuba Sutter Arts and Culture made the following comments about his obstacles and needs to continue providing services for Yuba and Sutter Counties.

- They are having difficulty reaching the Spanish community in the foothills.
- Instead of SYBH always using medications to treat patients, explore more ways to use art to treat people.
- Yuba Sutter Arts and Culture offer a lot of youth classes free of charge, but the youth have transportation issues. Can SYBH help with transportation?
- Need funding for teachers to teach more classes.
- Would be very interested in applying for a PEI Mini Grant.
- Currently starting a new Mariachi program at Marysville High School.
- Possibility of providing transportation to already existing adult classes.

# MHSA CPPP Outreach Sign-In Sheet

Date: 3/1/23

	Name	City	Zip Code	Telephone	E-mail
1	Matthew John Floe	Olinhurst	95961	530-218-6742	jsfloe@att.net
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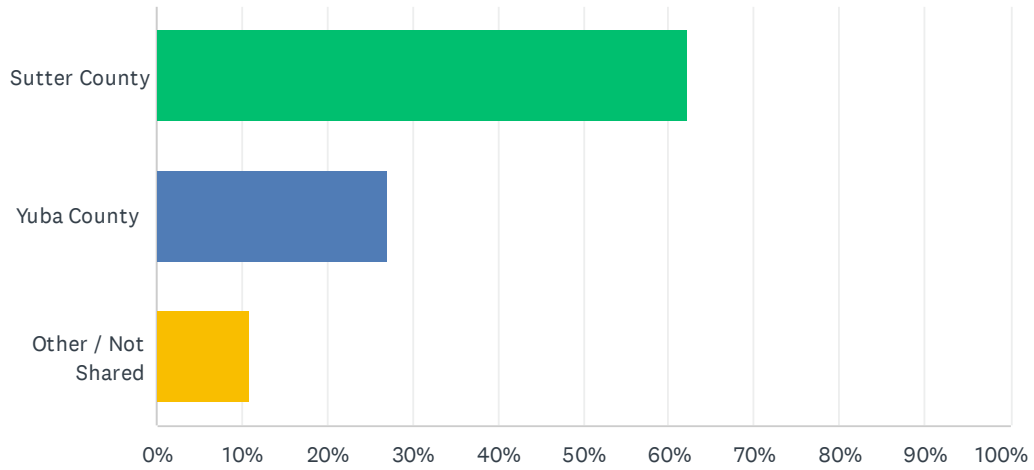
# MHSA CPPP Outreach Sign-In Sheet

Date: 3/1/23

	Name	City	Zip Code	Telephone	E-mail
1	DAVID READ	Marysville	95901	5307498065	dauid@yubasattoarts.org
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## Q1 What County do you reside in?

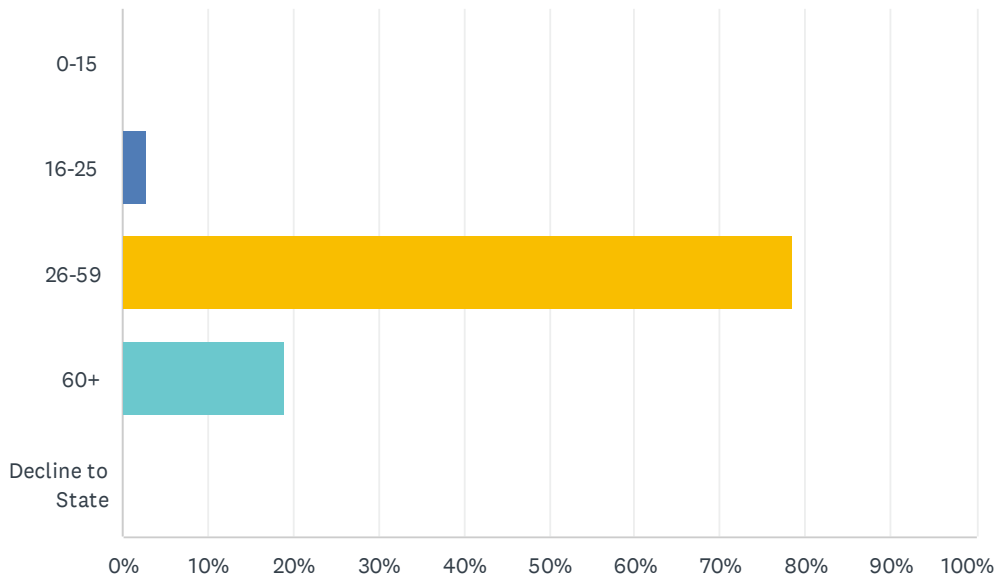
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES
Sutter County	62.16% 23
Yuba County	27.03% 10
Other / Not Shared	10.81% 4
<b>TOTAL</b>	<b>37</b>

## Q2 What is your age?

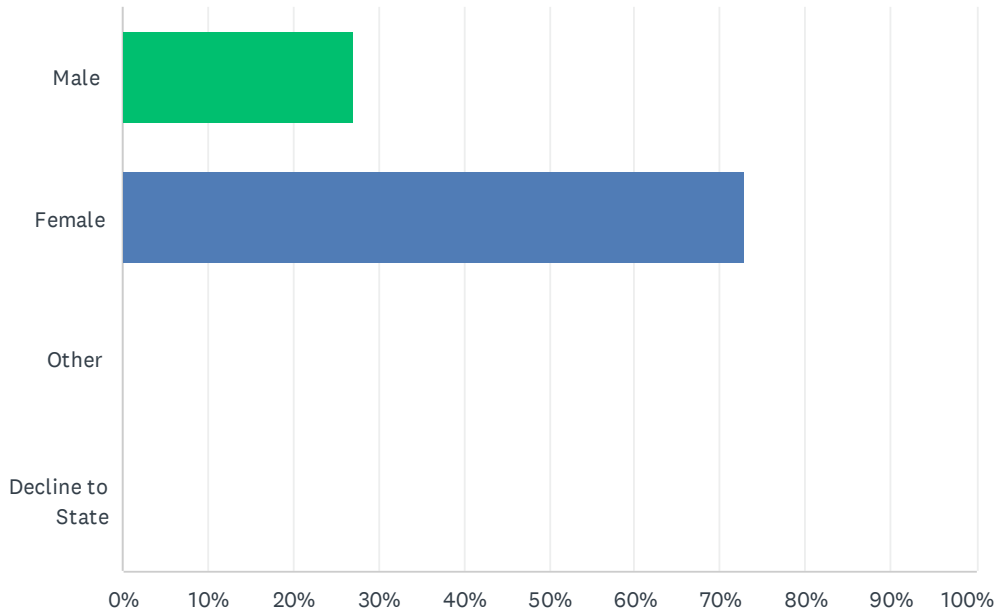
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
0-15	0.00%	0
16-25	2.70%	1
26-59	78.38%	29
60+	18.92%	7
Decline to State	0.00%	0
<b>TOTAL</b>		<b>37</b>

### Q3 What is your gender?

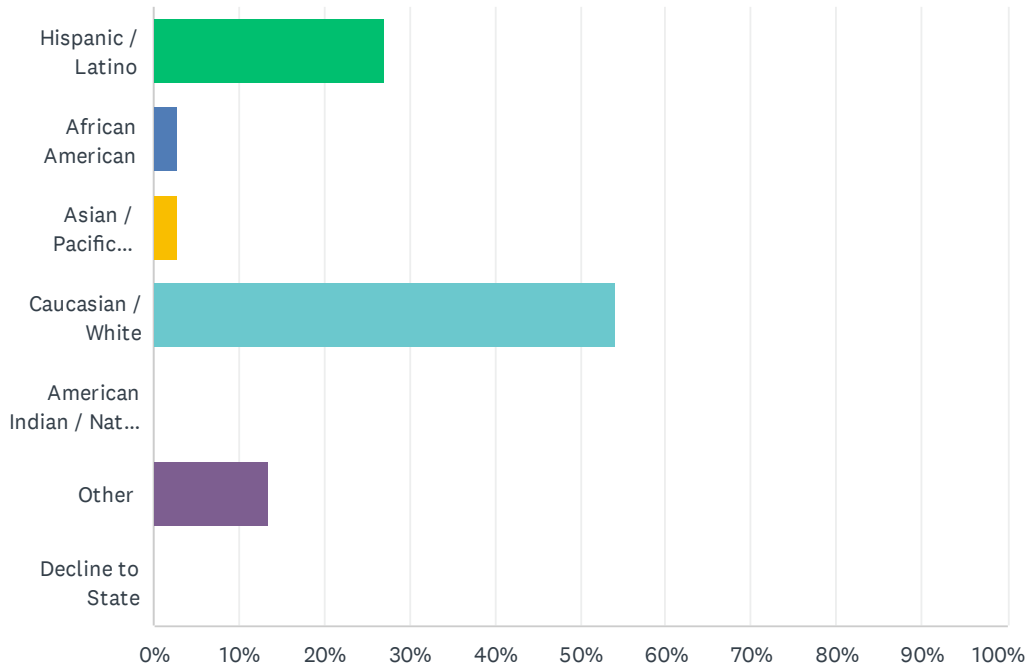
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	27.03%	10
Female	72.97%	27
Other	0.00%	0
Decline to State	0.00%	0
<b>TOTAL</b>		<b>37</b>

## Q4 What is your Ethnicity?

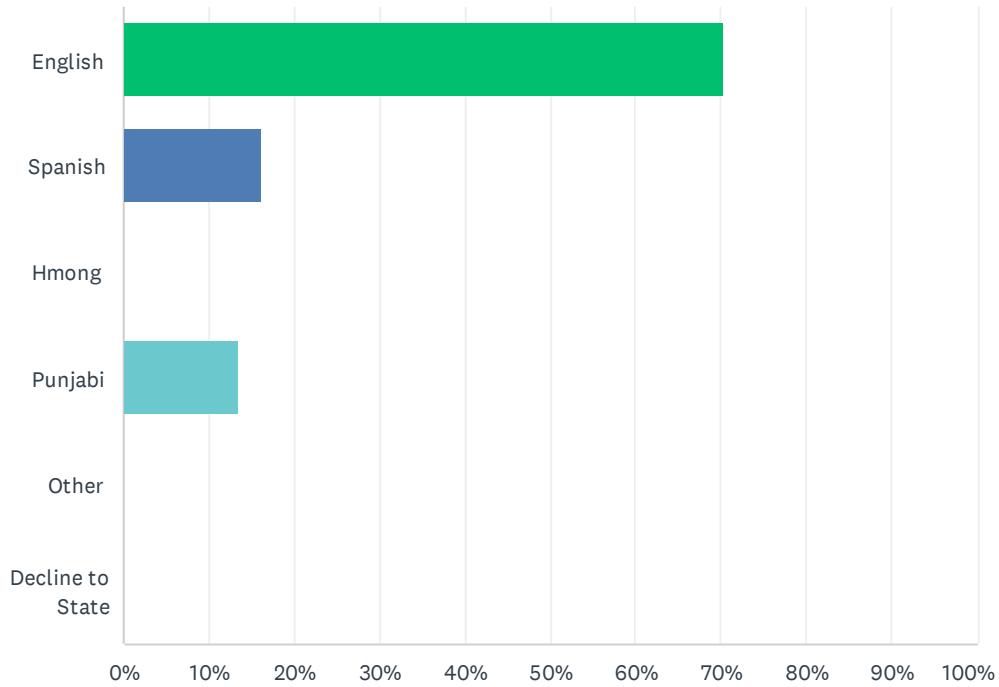
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Hispanic / Latino	27.03%	10
African American	2.70%	1
Asian / Pacific Islander	2.70%	1
Caucasian / White	54.05%	20
American Indian / Native American	0.00%	0
Other	13.51%	5
Decline to State	0.00%	0
<b>TOTAL</b>		<b>37</b>

## Q5 What is your Primary Language

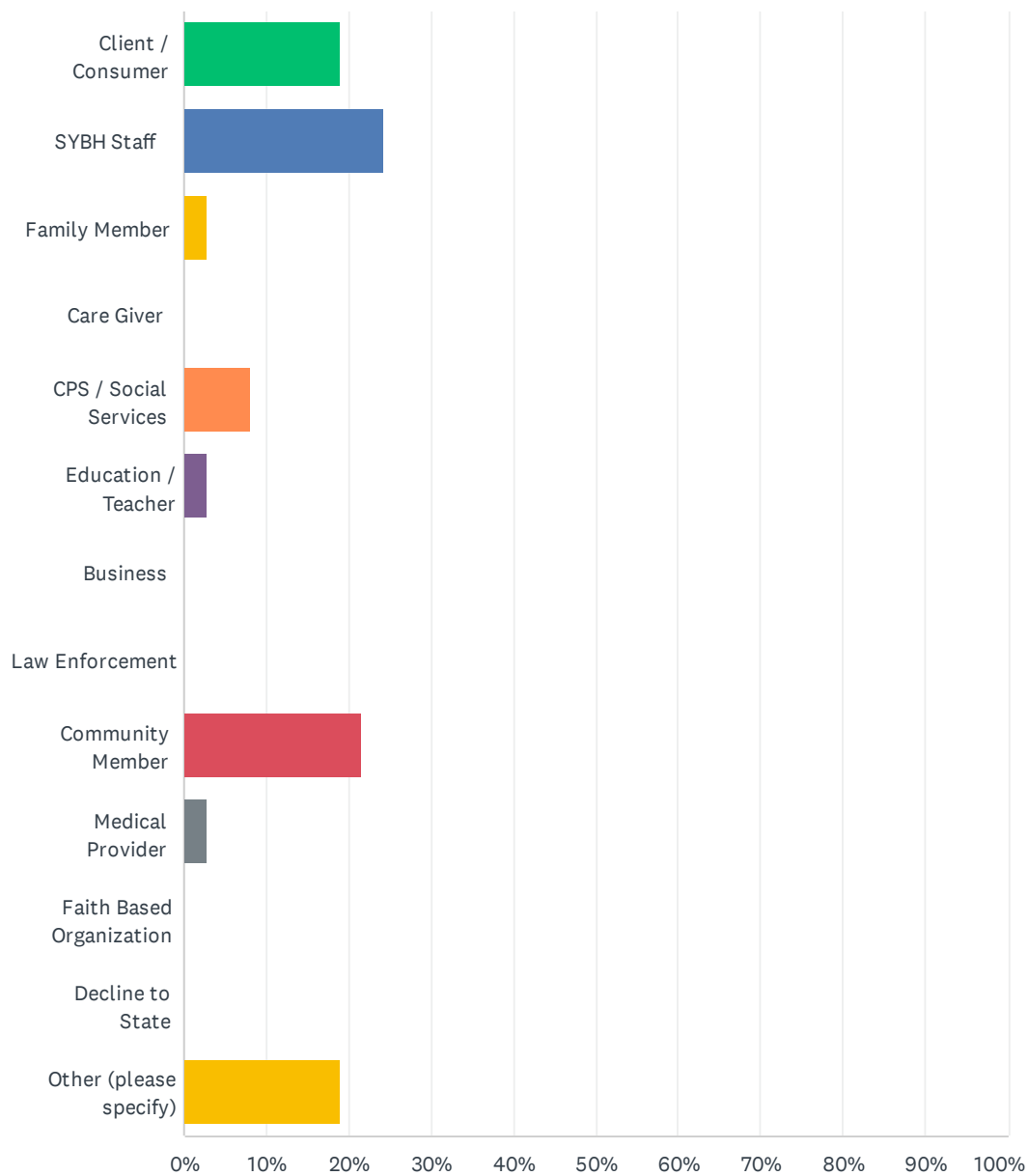
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
English	70.27%	26
Spanish	16.22%	6
Hmong	0.00%	0
Punjabi	13.51%	5
Other	0.00%	0
Decline to State	0.00%	0
<b>TOTAL</b>		<b>37</b>

## Q6 What group do you represent here today?

Answered: 37 Skipped: 0

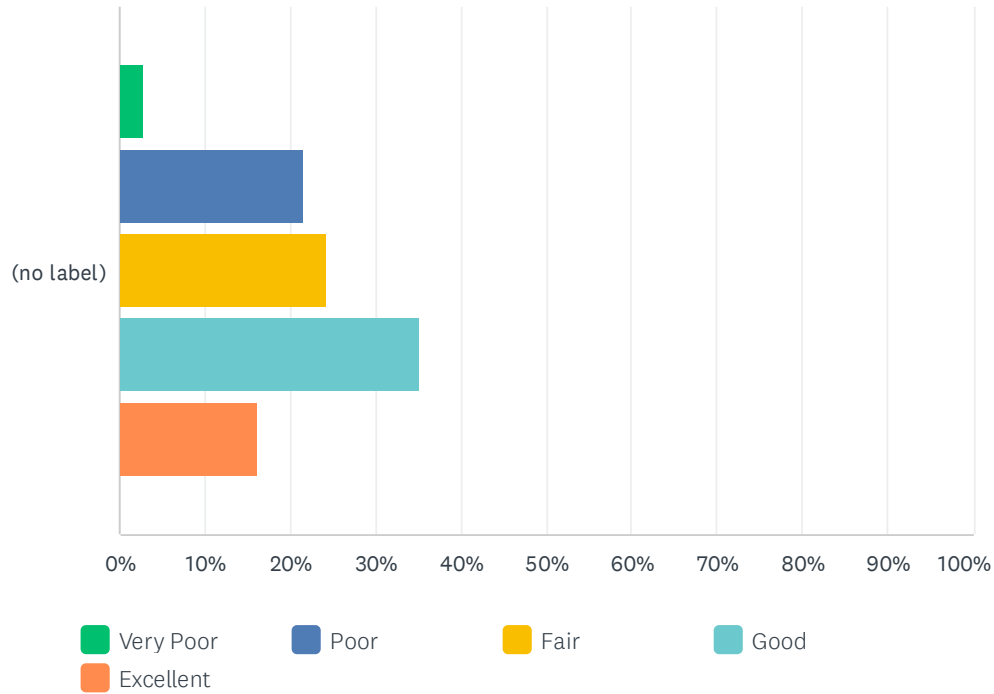


## MHSA Community Program Planning Process Survey

ANSWER CHOICES	RESPONSES	
Client / Consumer	18.92%	7
SYBH Staff	24.32%	9
Family Member	2.70%	1
Care Giver	0.00%	0
CPS / Social Services	8.11%	3
Education / Teacher	2.70%	1
Business	0.00%	0
Law Enforcement	0.00%	0
Community Member	21.62%	8
Medical Provider	2.70%	1
Faith Based Organization	0.00%	0
Decline to State	0.00%	0
Other (please specify)	18.92%	7
<b>TOTAL</b>		<b>37</b>

## Q7 How would you rate your knowledge of the MHSA Community Program Planning Process?

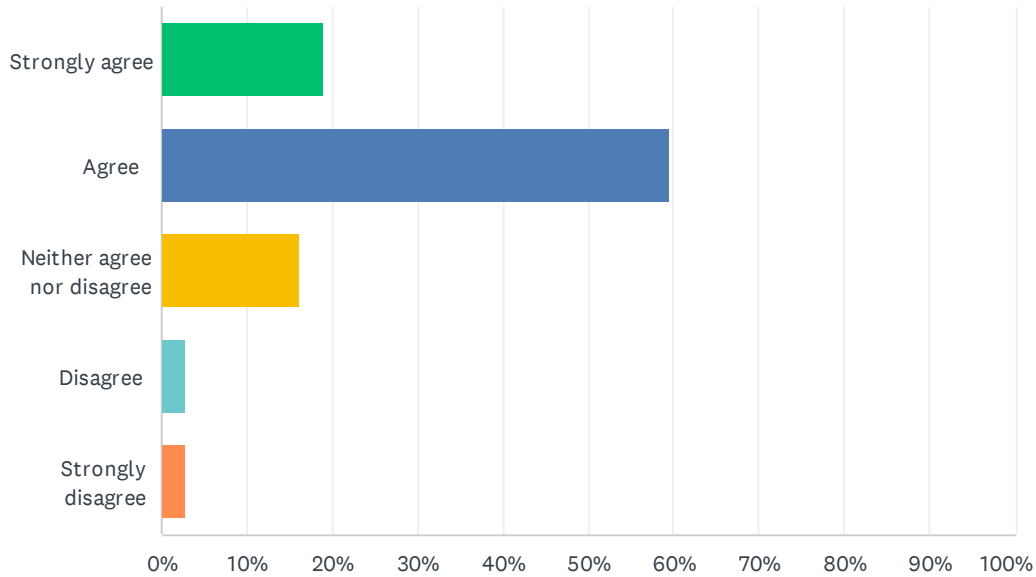
Answered: 37 Skipped: 0



	VERY POOR	POOR	FAIR	GOOD	EXCELLENT	TOTAL	WEIGHTED AVERAGE
(no label)	2.70% 1	21.62% 8	24.32% 9	35.14% 13	16.22% 6	37	3.41

## Q8 I am familiar with Mental Health services provided in Sutter and Yuba counties.

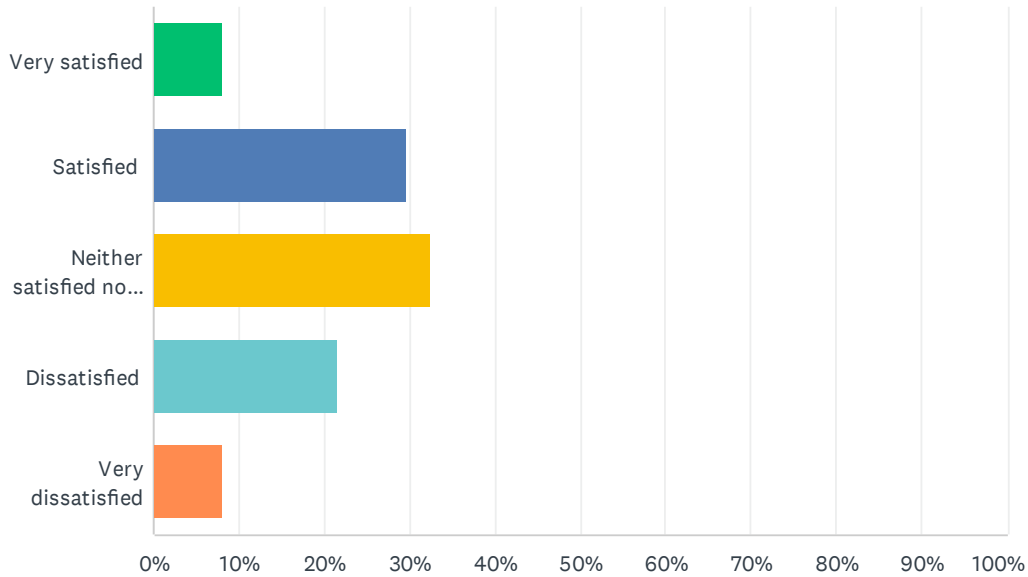
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	18.92%	7
Agree	59.46%	22
Neither agree nor disagree	16.22%	6
Disagree	2.70%	1
Strongly disagree	2.70%	1
<b>TOTAL</b>		<b>37</b>

## Q9 How satisfied are you with Mental Health services in Sutter and Yuba counties?

Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very satisfied	8.11%	3
Satisfied	29.73%	11
Neither satisfied nor dissatisfied	32.43%	12
Dissatisfied	21.62%	8
Very dissatisfied	8.11%	3
<b>TOTAL</b>		<b>37</b>

## Q10 Do you have any specific topics you would like addressed in the FY 23/24 MHS Annual Update?

Answered: 28 Skipped: 9

#	RESPONSES	DATE
1	Maternal Mental Health Services	3/20/2023 4:28 PM
2	Affordable access to people who are not on Medi-cal/Medi-care. Especially prior to a hospitalization.	3/20/2023 9:50 AM
3	We are in need of PREVENTION services in our community. For all ages, from INFANT, TODDLERS, CHILDREN, ADOLESCENTS, adults, and older. Another service needed is with mothers that are pregnant, mom and dad's post partum services.	3/17/2023 12:50 PM
4	Maternal Mental Health, specialty mental health (Brainspotting, EMDR, TFCBT)	3/17/2023 12:46 PM
5	It would be great to see services for pregnant and new moms. There are services for those needing intense services, but just simple maternal mental health supports. Peer groups even....we suggest pregnant moms take a lamaze class or a breastfeeding class, so why aren't we offering a maternal mental health class? The "what to expect when you're expecting" but really supporting those behavioral health pieces too....anxiety, depression, baby blues, other PMAD symptoms.	3/17/2023 9:14 AM
6	The community needs more support on Perinatal Mood Disorders.	3/17/2023 7:30 AM
7	There is a severe lack of access and equity when it comes to Mental Health Care in the Yuba Sutter region. My own children were the victims of abuse and they were not "bad enough" the first time I tried to get them help through Mental Health. Two years later, my oldest is addicted to drugs and my 15 year old has severe depression and anxiety. I decided to pay out of pocket for an online therapist and medication management for my own teen sons. I've been waiting since last November to see the Ampla Psychiatrist, they keep canceling the appointment and rescheduling it for months later. I finally gave up and I'm paying out of pocket and going online as well.	3/6/2023 3:42 PM
8	More mental health service providers in ethnic groups needed	3/6/2023 12:39 PM
9	More mental health service providers in ethnic groups needed	3/6/2023 10:40 AM
10	No	3/6/2023 10:23 AM
11	Funding designated to hiring more bilingual staff	3/6/2023 9:04 AM
12	Me gustaría poderme comunicar más fácil Qe no ubiera tan larga lista de espera Qe no fuera tan difícil gracias	2/28/2023 5:18 PM
13	Affordable housing assistance, support groups	2/28/2023 5:15 PM
14	Support for Mothers Experiencing postpartum. Maybe therapy or access to support groups	2/22/2023 12:15 PM
15	Removing barriers to accessing SYBH services, such as: expanding services throughout the community, school-based wellness centers, 24/7 peer support, continued and expanded training opportunities for organizations and community members. Join forces with both county's Public Health on Community Health Improvement Plans Clearly identify how success in each program is measured, and track that throughout the year.	2/21/2023 4:00 PM
16	Veterans mental health issues. Student mental health issues.	2/21/2023 3:59 PM
17	Implementation of CARES ACT	2/15/2023 10:11 AM
18	With the lack of younger people going into mental health fields, we need to find a way to attract qualified people. Is it possible.	2/15/2023 9:44 AM
19	The Open Access process and its limited access (days/hrs) is challenging for individuals	2/10/2023 11:38 AM

## MHSA Community Program Planning Process Survey

having a behavioral health needs or acute behavior not rising to the level of crisis. Community education on opioids (community meetings not pamphlets only) and drug and alcohol services access points at Coordinated Entry-Hands of Hope.

20	More resources for families with private insurance, increase funding for community-based groups to provide therapy for low level needs, provide more services in Yuba County	2/9/2023 1:32 PM
21	Drug abuse prevention for elementary and teens.	2/9/2023 7:53 AM
22	n/a	2/8/2023 8:21 AM
23	Substance abuse treatment for youth. Mentor programs for youth.	2/8/2023 8:13 AM
24	More data of how effective programs are; how many people are transitioning out of the support programs and finding more permanent housing? opinions and feedback from residents	2/8/2023 7:57 AM
25	No	2/8/2023 7:21 AM
26	I am new to this. I am learning the network. Learning process for me.	2/7/2023 3:09 PM
27	Maternal Mental Health and more Spanish speaking services such as parenting classes or spanish HV programs for children 0-5.	2/7/2023 2:41 PM
28	Engagement with youth and families to connect them to services. Family counseling/programs. On-site services at schools, etc. - go to youth instead of making them go to SYBH.	2/7/2023 2:37 PM

**Q11 What are the biggest obstacles that clients / consumers face in seeking mental health support? Prior obstacles identified from the 22/23 Annual Update include transportation to services, navigation of services offered and stigma of receiving Mental Health Services.**

Answered: 31 Skipped: 6

#	RESPONSES	DATE
1	eligibility barriers to access program / not enough info in the community about programs	3/20/2023 4:28 PM
2	Extremely limited services if person is not on medi-Cal/Care; no local options; exhorbitant out-of-pocket expense	3/20/2023 9:50 AM
3	The way to get help through SYBH has been only when someone is in crisis. There a big need to help in preventing people from getting to that point.	3/17/2023 12:50 PM
4	Not enough access, lack of understanding the county mental health process, and transportation	3/17/2023 12:46 PM
5	Availability of services to those without "life or death" symptoms. Just basic support groups options for pregnant and new moms. I have been wanting to just find a safe indoor space to take my kids, and hang out with a group of other moms, and everything is so expensive or not appropriate for littles. Lack of education and awareness....so many moms suffer in silence because they are ashamed, or unaware that there is help. I have multiple friends suffering with PMADs right now, and have nowhere to turn to for basic help.	3/17/2023 9:14 AM
6	No therapist trained in Perinatal Mood disorders and the stigma around Postpartum depression.	3/17/2023 7:30 AM
7	Access and equity	3/6/2023 3:42 PM
8	Stigma, lack of knowledge, lack of hospital Emergency rooms sending patients to mental health providers, lack of finances.	3/6/2023 12:39 PM
9	Stigma, lack of knowledge, lack of hospital Emergency rooms sending patients to mental health providers, lack of finances.	3/6/2023 10:40 AM
10	More clinicians	3/6/2023 10:23 AM
11	Si mas servicios y grups para los jovenes.	3/6/2023 9:33 AM
12	Some of the biggest barriers for clients to access services is the lack of staff/bilingual therapists available to provided needed services in a timely manner.	3/6/2023 9:04 AM
13	Costo mucho entrar al programa	2/28/2023 5:18 PM
14	The wait is too long to receive services. Waiting list is 3 months-6months wait	2/28/2023 5:15 PM
15	Quicker availability. I have had community members tell me that the waiting period is too long to get to see a counselor.	2/27/2023 7:57 AM
16	Not Qualifying for a service and then referred to a program with no access. Parents will just give up and not get help	2/22/2023 12:15 PM
17	I agree with the obstacles identified in the 22/23 Annual Update. Add to that the therapist shortage and the limited hours and time it takes to access services through Open Access	2/21/2023 4:00 PM
18	Transportation, cost, stigma, cultural issues.	2/21/2023 3:59 PM
19	Consumers being able to admit they need help and non judgmental caring people to help them.	2/15/2023 10:11 AM
20	Quick availability of quality mental health treatment.	2/15/2023 9:44 AM
21	Availability of providers for SMI	2/14/2023 3:47 PM

## MHSA Community Program Planning Process Survey

22	1. The customer service during triage. 2. it is tough to accept you need the help, then remember to call Open Access during a very small window M-T 8-2pm...Then you are asked the financial questions (if someone has a Managed Care Plan this piece seems redundant and a barrier to services. All while struggling with substance use or behavioral health, this is a high expectation. Services should be accessible in other locations. 3. The process is not Trauma Informed.	2/10/2023 11:38 AM
23	Majority of services are in Sutter County, Behavioral Health Processes create barriers such as open access times and days being limited, multiple appointments to be triaged	2/9/2023 1:32 PM
24	Stigma within certain cultures, time of day services are offered, timeframe to be seen	2/9/2023 7:53 AM
25	access to children's services	2/8/2023 8:21 AM
26	Wait times for services.	2/8/2023 8:13 AM
27	navigation and awareness of services	2/8/2023 7:57 AM
28	Transportation, stigma, waiting time to receive services,	2/8/2023 7:21 AM
29	consistent availability of services, transportation, language translation	2/7/2023 3:09 PM
30	long wait list. not meeting criteria for mental health services.	2/7/2023 2:41 PM
31	Stigma/transportation/uncertainty on how to access/WAITLISTS/not eligible b/c private insurance, but copay etc. is too high	2/7/2023 2:37 PM

## Q12 How can SYBH improve Mental Health services in our area in the FY 24/25 and FY 25/26 with MHSA funding?

Answered: 26 Skipped: 11

#	RESPONSES	DATE
1	providing maternal mental health programs, support and therapy providing more services to community	3/20/2023 4:28 PM
2	Provide beds locally for people in crisis who have private insurance. Nearest beds are 2+ hours away. This puts added strain on patient and any family they may have as a support.	3/20/2023 9:50 AM
3	Support groups, resources, services, transportation and a availability to all. Not just the ones with low income. If you turn them away what happens to the person.	3/17/2023 12:50 PM
4	Offer SUD treatment, not just SUD counseling. Make programs for maternal mental health.	3/17/2023 12:46 PM
5	More peer support groups. More PMAD screenings...normalize this! More support for pregnant moms.....and their partners and family units. Education and awareness breeds understanding and access.	3/17/2023 9:14 AM
6	More funding for postpartum depression and training community members on the signs of postpartum depression. Therapist trained in Perinatal Mood disorders.	3/17/2023 7:30 AM
7	Provide more online therapy appointments for those who work and for children to go to after school so they are not missing school to get help	3/6/2023 3:42 PM
8	More services in Spanish. Bridging health care from ER to mental health providers	3/6/2023 12:39 PM
9	More services in Spanish. Bridging health care from ER to mental health providers	3/6/2023 10:40 AM
10	Mas grupos y mas terapistas	3/6/2023 9:33 AM
11	Allocating more funding to hire more Spanish-Speaking therapists to help reduce long wait lists and prevent decompensation of symptoms and clients ending in the ER hospitalized.	3/6/2023 9:04 AM
12	Tener más servicio más terapistas	2/28/2023 5:18 PM
13	Help with affordable housing, support groups	2/28/2023 5:15 PM
14	More services for mother and families with young children. More access on the Yuba County side.	2/22/2023 12:15 PM
15	Set clear, measurable goals for programs, and monitor those. Set clear expectations for program staff and contracted partners.	2/21/2023 4:00 PM
16	Expand the offering and eliminate the barriers to participation.	2/21/2023 3:59 PM
17	Increase the amount of qualified providers.	2/15/2023 9:44 AM
18	Addressing the obstacles in 11. More access points, flexible hours and streamlining the Open Access process. Provide community educational event in multiple languages.	2/10/2023 11:38 AM
19	create hubs for service access and delivery in Yuba County	2/9/2023 1:32 PM
20	Hiring of more staff to serve population; incorporate more programs for prevention and early intervention; more staff for PEI to do more groups and programs within community and schools	2/9/2023 7:53 AM
21	more services for youth	2/8/2023 8:21 AM
22	Increase urgent services to address serious youth mental health issues.	2/8/2023 8:13 AM
23	Increase services in prevention and early intervention in middle and high schools. Addressed issues such as self-injury support groups	2/8/2023 7:21 AM
24	Psychoeducation on risk and protective factors.	2/7/2023 3:09 PM

## MHSA Community Program Planning Process Survey

25	needs assessment or survey in community	2/7/2023 2:41 PM
26	case managers for youth- someone they are connected to, to assist with engagement, transport, mentoring, independent living skills (taking youth to get ID, etc.)	2/7/2023 2:37 PM

**Q13 Is there a particular program or area of interest you would like more information about? Please provide the program /area you are interested in learning more about, along with your contact information below.**

Answered: 11 Skipped: 26

#	RESPONSES	DATE
1	maternal mental health youth and young adults	3/20/2023 4:28 PM
2	Cognitive Behavior Therapy and Mindfulness for children and adults	3/6/2023 3:42 PM
3	Promotoras	3/6/2023 10:23 AM
4	Ya tengo la ayuda gracias	2/28/2023 5:18 PM
5	Support groups	2/28/2023 5:15 PM
6	Nothing at this time.	2/15/2023 9:44 AM
7	I would like to learn about about Drug and Alcohol program, including detox process, capacity.	2/10/2023 11:38 AM
8	no	2/8/2023 8:21 AM
9	None.	2/8/2023 8:13 AM
10	N/A	2/8/2023 7:21 AM
11	substance abuse	2/7/2023 2:41 PM

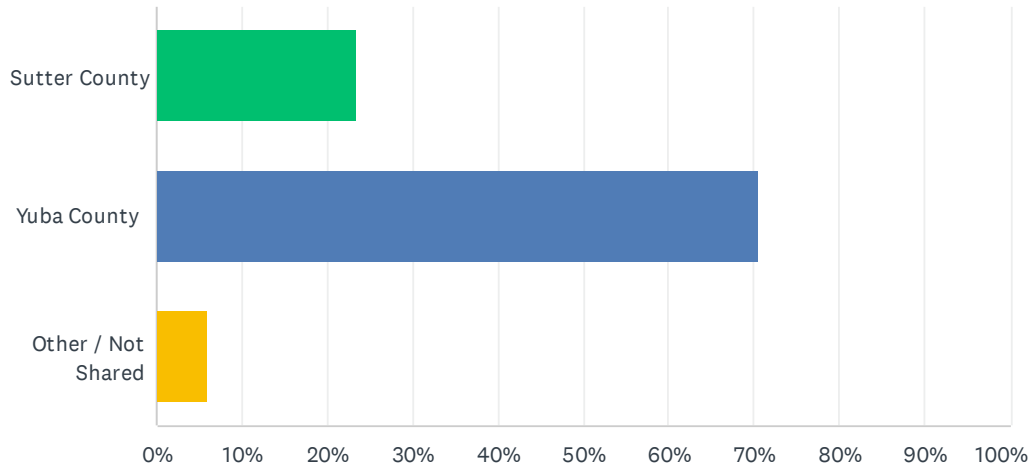
## Q14 Additional comments or questions regarding SYBH MHSa services?

Answered: 10 Skipped: 27

#	RESPONSES	DATE
1	Sutter Yuba Behavioral Health often feels like Sutter Behavioral Health. How can Yuba county be more involved or feel more included?	3/17/2023 9:14 AM
2	When I was sexually assaulted by a stranger last summer, I got great care from the SYBH in the hospital, but no one followed up after I left. I had to pay for Betterhelp...	3/6/2023 3:42 PM
3	No	3/6/2023 10:23 AM
4	Overall, the services that SYBH provides are essential to clients and provided with compassion and in the interest of the client.	3/6/2023 9:04 AM
5	Muy buen servicio gracias	2/28/2023 5:18 PM
6	More personal for adults and kids	2/28/2023 5:15 PM
7	Look forward to further involvement with SYBH/MHSa.	2/21/2023 3:59 PM
8	None at this time.	2/15/2023 9:44 AM
9	Thanks for the presentation and opportunity to provide feedback.	2/8/2023 8:13 AM
10	Which MH services are provided to youth, not on the moderate to severe scale?	2/8/2023 7:21 AM

## Q1 What County do you reside in?

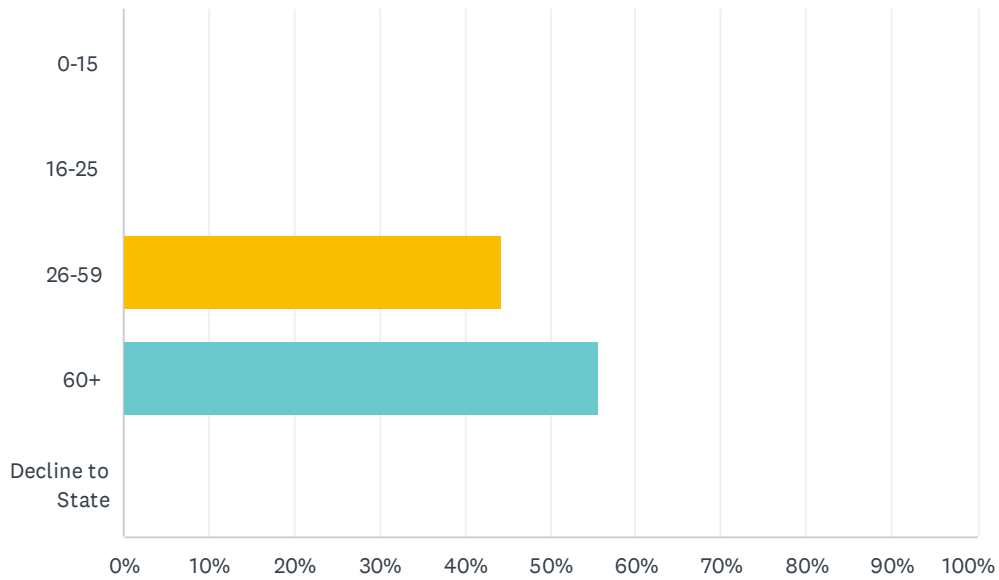
Answered: 17 Skipped: 1



ANSWER CHOICES	RESPONSES	
Sutter County	23.53%	4
Yuba County	70.59%	12
Other / Not Shared	5.88%	1
<b>TOTAL</b>		<b>17</b>

## Q2 What is your age?

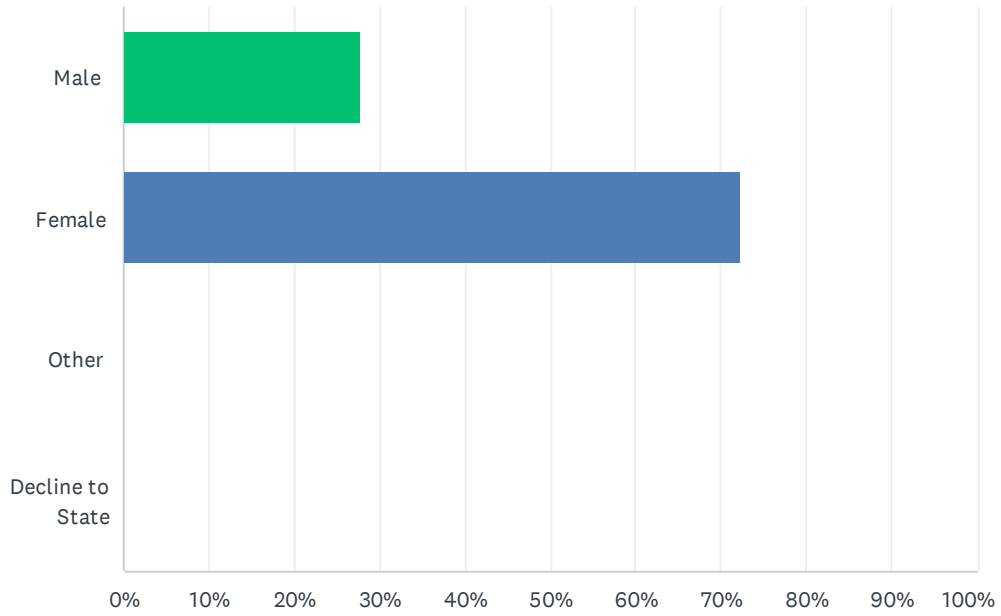
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
0-15	0.00%	0
16-25	0.00%	0
26-59	44.44%	8
60+	55.56%	10
Decline to State	0.00%	0
<b>TOTAL</b>		<b>18</b>

### Q3 What is your gender?

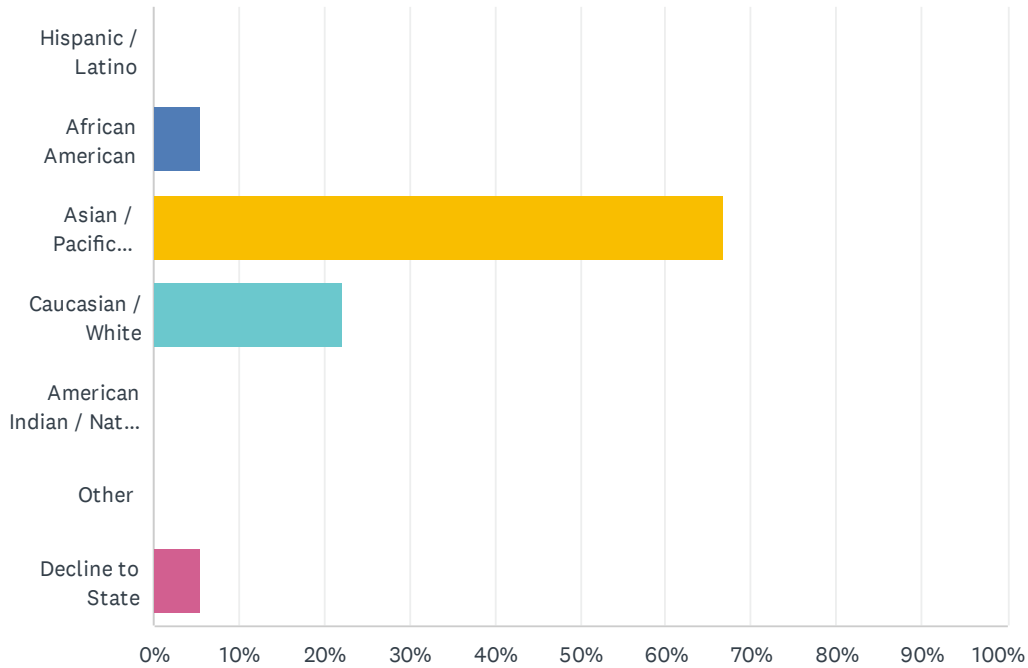
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES
Male	27.78% 5
Female	72.22% 13
Other	0.00% 0
Decline to State	0.00% 0
<b>TOTAL</b>	<b>18</b>

## Q4 What is your Ethnicity?

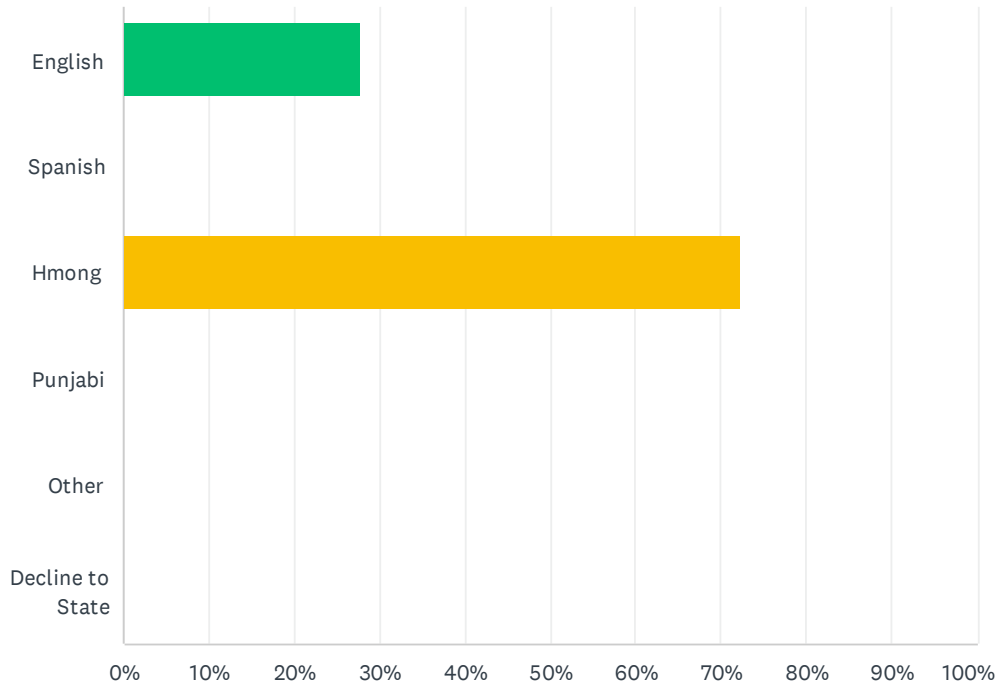
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Hispanic / Latino	0.00%	0
African American	5.56%	1
Asian / Pacific Islander	66.67%	12
Caucasian / White	22.22%	4
American Indian / Native American	0.00%	0
Other	0.00%	0
Decline to State	5.56%	1
<b>TOTAL</b>		<b>18</b>

## Q5 What is your Primary Language

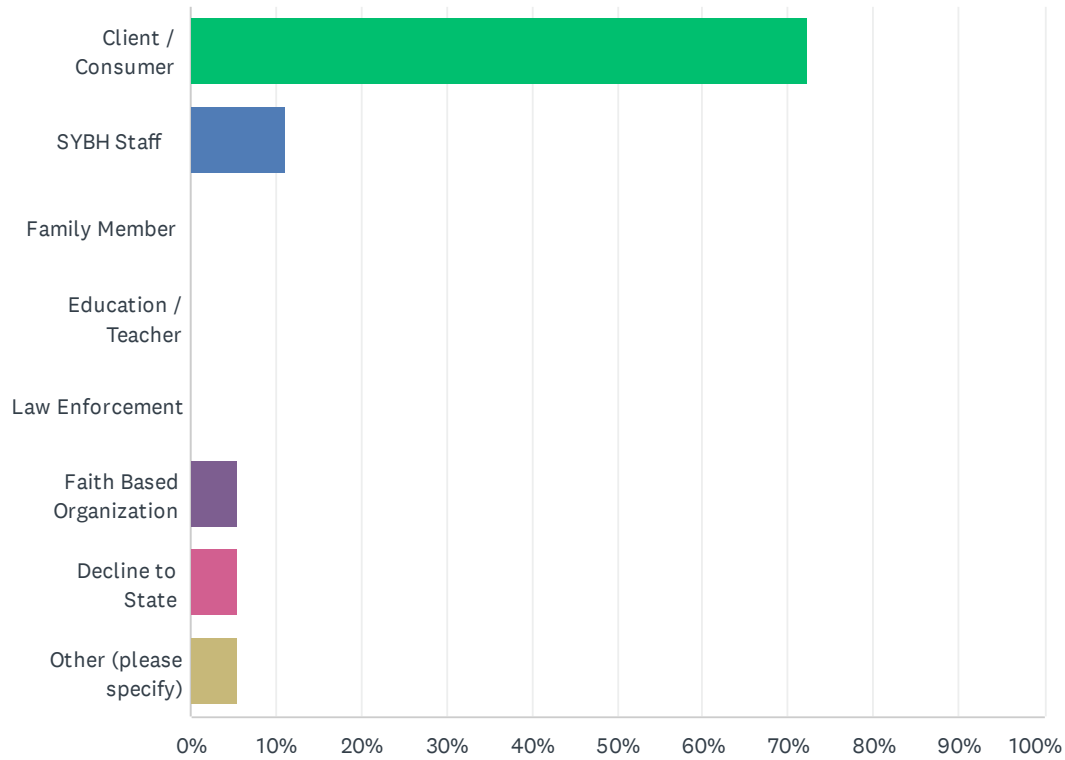
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
English	27.78%	5
Spanish	0.00%	0
Hmong	72.22%	13
Punjabi	0.00%	0
Other	0.00%	0
Decline to State	0.00%	0
<b>TOTAL</b>		<b>18</b>

## Q6 What group do you represent here today?

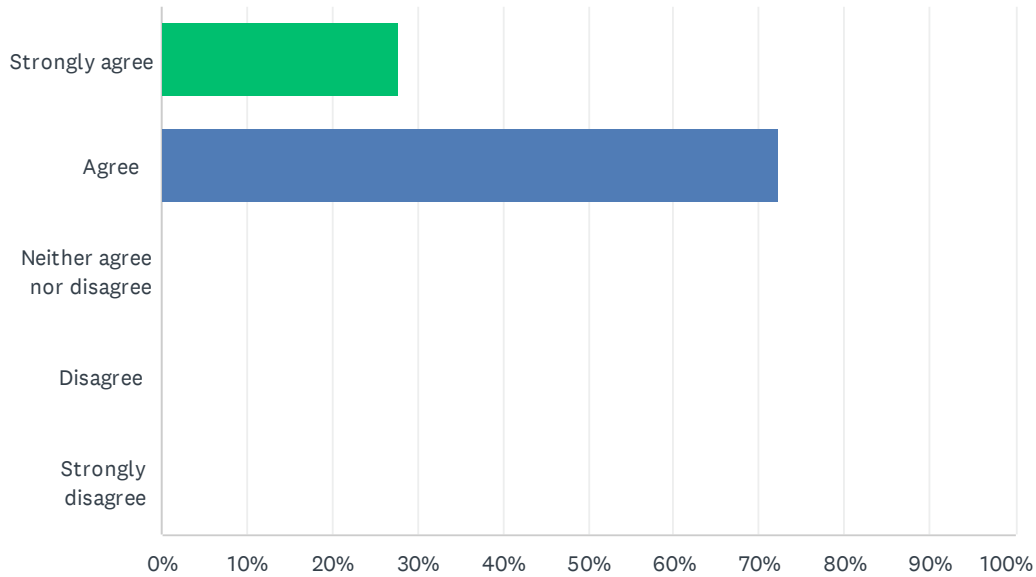
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Client / Consumer	72.22%	13
SYBH Staff	11.11%	2
Family Member	0.00%	0
Education / Teacher	0.00%	0
Law Enforcement	0.00%	0
Faith Based Organization	5.56%	1
Decline to State	5.56%	1
Other (please specify)	5.56%	1
<b>TOTAL</b>		<b>18</b>

## Q7 I am familiar with Mental Health services provided in Sutter and Yuba counties.

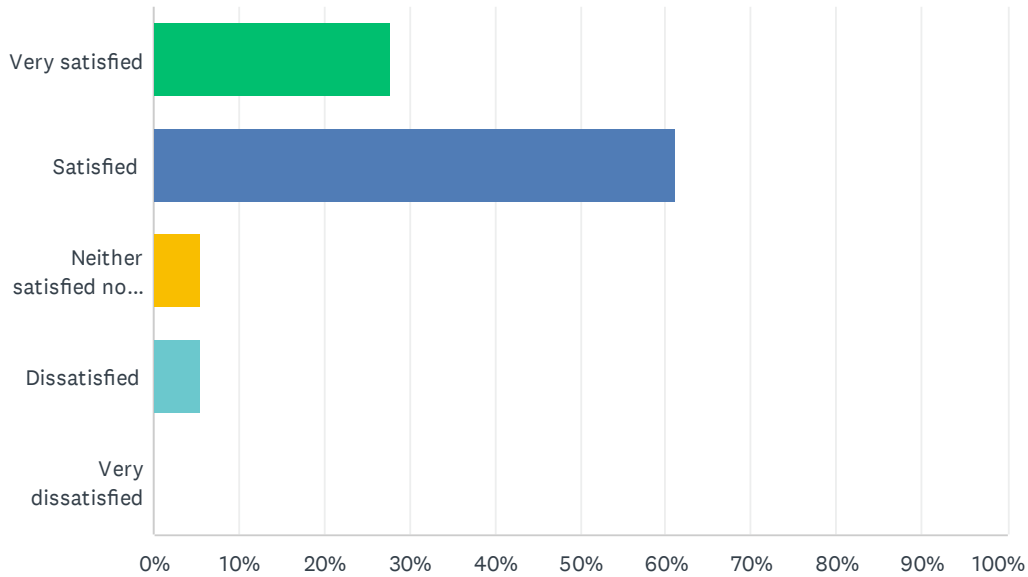
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	27.78%	5
Agree	72.22%	13
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>18</b>

## Q8 How satisfied are you with Mental Health services in Sutter and Yuba counties?

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very satisfied	27.78%	5
Satisfied	61.11%	11
Neither satisfied nor dissatisfied	5.56%	1
Dissatisfied	5.56%	1
Very dissatisfied	0.00%	0
<b>TOTAL</b>		<b>18</b>

## Q9 What did you learn about the MHSa or Sutter-Yuba Behavioral Health programs today?

Answered: 7 Skipped: 11

#	RESPONSES	DATE
1	the information presented can be very confusing, too many stats and words the general public are not familiar with.	8/29/2022 4:30 PM
2	I learn that there is support in the community.	8/24/2022 5:03 PM
3	I learn that this program helps my kind of people + mental health.	8/24/2022 4:58 PM
4	Learn about how the services are provided. Want to receive more help/services to help w/ depression.	8/24/2022 4:56 PM
5	I learned many things today about services.	8/24/2022 4:52 PM
6	There is also help for substance abuse and this relates to mental health.	8/24/2022 4:47 PM
7	It is a great access point	8/24/2022 4:04 PM

## Q10 What are the biggest obstacles that clients / consumers face in seeking mental health support?

Answered: 10 Skipped: 8

#	RESPONSES	DATE
1	not being aware of the process. more advertisement at schools is necessary. more parent support groups would be good.	8/29/2022 4:30 PM
2	Understanding what is available and obtaining appropriate services.	8/25/2022 4:00 PM
3	Transportation.	8/24/2022 5:05 PM
4	N/A	8/24/2022 5:03 PM
5	Too depressed to want of look for help.	8/24/2022 5:00 PM
6	N/A	8/24/2022 4:52 PM
7	Language. Transportation.	8/24/2022 4:51 PM
8	Transportation.	8/24/2022 4:49 PM
9	Transportation barriers.	8/24/2022 4:47 PM
10	They continue to fall through our holes in the system	8/24/2022 4:04 PM

## Q11 How can SYBH improve Mental Health services in our area?

Answered: 8 Skipped: 10

#	RESPONSES	DATE
1	0-5 FSP has been underserved since YFC took over contract.	8/29/2022 4:30 PM
2	Care Navigators to be out in the community and connecting folks from schools/hospitals/clinics/shelters to MHSa services. Supporting community-based and school-based wellness centers.	8/25/2022 4:00 PM
3	Hmong program can increase group outing.	8/24/2022 5:05 PM
4	N/A	8/24/2022 5:03 PM
5	Make sure the services in the community like Dr. office and pharmacy have Hmong language like mental health too.	8/24/2022 5:00 PM
6	Larger area to garden for mental health.	8/24/2022 4:56 PM
7	More time in group therapy sessions.	8/24/2022 4:51 PM
8	Fuller engagement with the everyday people that have regular contact	8/24/2022 4:04 PM

Q12 Is there a particular program or area of interest you would like more information about? Please leave the program you are interested in learning more about, along with your contact information below.

Answered: 1 Skipped: 17

#	RESPONSES	DATE
1	N/A	8/24/2022 5:03 PM

## Q13 Additional comments, questions or concerns?


Answered: 3 Skipped: 15

#	RESPONSES	DATE
1	N/A	8/24/2022 5:03 PM
2	When there are stress and strife we want to be close to nature. Being in the wild and seeing wild lives is helpful and calming to the mind.	8/24/2022 4:49 PM
3	I would like to present a public access point where it does not say Behaviour Health. Just a gathering place...	8/24/2022 4:04 PM

SYBH MHSa Program Development Meeting  
 January 26, 2022  
 Agenda

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


SYBH MHSА Program Development Meeting  
 April 27, 2022  
 Agenda

<b>AGENDA ITEMS TOPICS for Discussion</b>	<b>Agenda Items</b>	<b>Who Leading Discussion</b>
Attendance	2/23 meeting time used for Annual Update Review 3/23 meeting cancelled- Asked to review DCR and Dashboards	Mark
Welcome & Introductions		Mark
WET Regional update	Loan Repayment and Hiring Incentives	Jesse
All Dashboards	Discuss Medi-Cal/Fiscal Dashboard / DCR and Productivity	Jesse
MHSА Annual Update	Annual Update Review <ul style="list-style-type: none"> <li>• BHAB</li> <li>• BOS Sutter and Yuba</li> </ul>	Jesse
MHSА Strategic Plan	Review and discuss as a group any updates needed  MHSА Strategic Plan 2021.docx	Mark
Meeting Schedule	Regularly Occurring Monthly Meeting, the 4 <sup>th</sup> Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for May 25, 2022.	Mark


SYBH MHSa Program Development Meeting  
 May 25, 2022  
 Agenda

<b>AGENDA ITEMS TOPICS for Discussion</b>	<b>Agenda Items</b>	<b>Who Leading Discussion</b>
Attendance		Mark
Welcome & Introductions		Mark
WET Regional update	Loan Repayment and Hiring Incentives	Jesse
All Dashboards	Discuss Medi-Cal/Fiscal Dashboard / DCR and Productivity	Jesse
MHSa Annual Update	Annual Update Review	Jesse
MHSa Strategic Plan	Review and discuss as a group- Updates from last meeting and final 2 goals of the plan   Draft MHSa Strategic Plan 2022 .	Mark
Meeting Schedule	Regularly Occurring Monthly Meeting, the 4 <sup>th</sup> Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for June 22, 2022.	Mark

SYBH MHSa Program Development Meeting  
 June 22, 2022  
 Agenda

<b>AGENDA ITEMS TOPICS for Discussion</b>	<b>Agenda Items</b>	<b>Who Leading Discussion</b>
Attendance		Mark
Welcome & Introductions		Mark
MHSa Budget Updates	CSS revenue and expenditures Increase in costs being shifted to realignment	Mark / Ethan
All Dashboards	Discuss Medi-Cal/Fiscal Dashboard / DCR and Productivity DCR conversation – How do you ensure the 3M, KET or PAF is completed timely? Do you review to this?	Jesse
MHSa Annual Update	Annual Update Review Submitted 6/6/22	Mark / Jesse
MHSa Strategic Plan	Review and discuss as a group- Draft plan to be presented.   Draft MHSa Strategic Plan 2022 .	Mark
Meeting Schedule	Regularly Occurring Monthly Meeting, the 4 <sup>th</sup> Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for July 27, 2022.	Mark

SYBH MHSa Program Development Meeting  
 September 28, 2022  
 Agenda

<b>AGENDA ITEMS TOPICS for Discussion</b>	<b>Agenda Items</b>	<b>Who Leading Discussion</b>
Attendance		Mark
Welcome & Introductions		Mark
CPPP review	 Focus Group Feedback.xlsx	Mark
MHSa Annual Update	Annual Update posted for current 30-day public review period. Ends 10/13/22 with BHAB meeting	Mark
MHSa Audit	Sutter-Yuba County audit will occur via a teleconference call on <b>October 25, 2022 at 1:00pm</b> with the Department of Health Care Services (DHCS).	Mark
Meeting Schedule	Regularly Occurring Monthly Meeting, the 4 <sup>th</sup> Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for October 26, 2022.	Mark


SYBH MHSa Program Development Meeting  
 October 26, 2022  
 Agenda

<b>AGENDA ITEMS TOPICS for Discussion</b>	<b>Agenda Items</b>	<b>Who Leading Discussion</b>
Attendance		Mark
Welcome & Introductions		Mark
MHSa Annual Update	Annual Update Special BHAB meeting 10/27 for vote to recommend approval	Mark
MHSa Audit	Sutter-Yuba County audit was yesterday via teleconference <b>at 1:00pm</b> with the Department of Health Care Services (DHCS).	Mark
Program Development from Start to Finish	Discuss the concept of Program Development from Start to Finish: How does a program become a program? What are the basic elements a program manager needs to have to develop programs? Do we have the tools we need as leadership to do this? What is missing?	Mark and Rick
Meeting Schedule	Regularly Occurring Monthly Meeting, the 4 <sup>th</sup> Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for October 26, 2022.	Mark

SYBH MHSА Program Development Meeting  
January 25, 2023  
Agenda

<b>AGENDA ITEMS TOPICS for Discussion</b>	<b>Agenda Items</b>	<b>Who Leading Discussion</b>
Attendance		Betsy
Welcome & Introductions		Betsy
MHSА Annual Update 22/23 & 23/24	22/23 to be voted on 2/9 by BHAB and to both Yuba and Sutter BOS 3/14 CPPP for 23/24 Annual Update 23/24 Annual Update Template Review	Jesse / Amy/ Carrie
MHSА Audit	MHSА Audit 10/25. Finding review	Jesse
Program Development from Start to Finish	Discuss the concept of Program Development from Start to Finish: How does a program become a program? What are the basic elements a program manager needs to have to develop programs? Do we have the tools we need as leadership to do this? What is missing?	Betsy
Program Development Policies	Review P & P template for future policies	Betsy
Meeting Schedule	Regularly Occurring Monthly Meeting, the 4 <sup>th</sup> Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for February 2/22/23	Betsy

SYBH MHSА Program Development Meeting  
February 22, 2023  
Agenda

<b>AGENDA ITEMS TOPICS for Discussion</b>	<b>Agenda Items</b>	<b>Who Leading Discussion</b>
Attendance		Betsy
Welcome & Introductions		Betsy
MHSA Annual Update 22/23	22/23 to go to Yuba County BOS 3/14	Jesse / Amy/ Carrie
MHSA CPPP 23/24 Annual Update and 24/26 Two-Year Program Plan	 CPPP Master .pptx Discussion for MHSA programs for the future	Betsy
Program Development from Start to Finish	Discuss the concept of Program Development from Start to Finish: How does a program become a program? What are the basic elements a program manager needs to have to develop programs? Do we have the tools we need as leadership to do this? What is missing?	Betsy
Meeting Schedule	Regularly Occurring Monthly Meeting, the 4 <sup>th</sup> Wednesday of the month from 3:30 – 4:30 PM. Next Meeting Scheduled for February 3/22/23	Betsy

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

**ZOOM Meeting**

Join Zoom Meeting

<https://us06web.zoom.us/j/86293255002?pwd=amx2U1Rrd1QvdWhmSndqWXE5YkhXdz09>

Or by Phone:

1-669-900-6833 Meeting ID - 862 9325 5002

Thursday, January 13, 2022



5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7288 ext. 2275. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under the Public Comment portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Action Items:**
  - a. Approve November 18, 2021 Meeting Minutes
5. **Program Presentation** – None will be provided.
6. **SUDS Program Update** – Phillip Hernandez, Program Manager
7. **MHSA Program Update** – Betsy Gowan, Adult Services Deputy Director/MHSA Coordinator
8. **Behavioral Health Director’s Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director.
9. **New Business**
10. **Old Business**
11. **Other Announcements/Correspondence**
  - a. CALBH/C – Winter 2021 Newsletter – informational only
12. **Adjournment**


SYBH MHA Steering Committee  
August 16, 2022  
Agenda

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On				Who Leading Discussion
Attendance	Jennifer Ybarra	Josh Thomas	Rick Millhollin		Mark
	Virginia Burns	Amy Molina Jones	Darrin Whittaker		
	Chaya Galicia	Phillip Hernandez	Karm Bains		
	Heather Esemann	Rudy Rodriguez	Ericka Summers		
	Mark Schlutsmeyer	Amy Bryer			
Welcome & Introductions					Mark
Review of Agenda and Minutes from 6/21/22	 MHA Steering Comm 6-21-22 Minu				Mark
Dashboards & Outcome Data Updates	Dashboards and Outcome Data requested – <b>In process – Will be provided during September meeting</b> <ul style="list-style-type: none"> <li>• Youth services broken down by age group what kind of services- anxiety, depression, suicide.</li> <li>• homeless services for the same age groups</li> </ul>				Jesse / Amy
Youth Facilities- Children Thrive	Camptonville Project <b>2<sup>nd</sup> round grant funding provided – possible asset mapping - transportation still an issue</b> <b>All Children thrive – Meeting the 4<sup>th</sup> Thursday of the month</b> <b>Ok to remove</b>				Amy - Cathy
PEI pre/post outcome Surveys	New Prevention Pre/Post survey to be implemented 9/1/2022				Jesse
Annual Update	New FY 22/23 MHA Program Review  New 22-23 Programs.docx FY 22/23 Annual Update Review				Jesse / Mark



	<p>New programs for this year – Any questions or objections?</p> <p>None presented – ok to proceed with placing in the Annual Update.</p>	
Monthly Meeting Topic	<p>MHSA Homeless presentation</p> <p>Mark presented Adult programs presentation</p> <p>Josh presented Youth program presentation</p>	Mark/ April
PMAD / MH for infants and toddlers	<p>Review of 6/30 meeting – Move topic to next month meeting</p> <p>How can SYBH help support PMAD access.</p>	Ericka/ Michele
Meeting Schedule	<p>Meeting Dates through February 2023</p> <p>All Meetings monthly on Tuesday from 3-4 PM</p> <p>August 16, 2022</p> <p>September 20, 2022</p> <p>October 18, 2022</p> <p>November 15, 2022</p> <p>December 20, 2022</p> <p>January 17, 2023</p> <p>February 21, 2023</p>	
Meeting Location	<p>Valley Oak Conference Room @ SYBH or</p> <p>Join Zoom Meeting</p> <p><a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a></p> <p>Meeting ID: 821 5497 6572</p> <p>One tap mobile</p> <p>+16699006833,,82154976572# US (San Jose)</p> <p>+12532158782,,82154976572# US (Tacoma)</p> <p>Dial by your location</p> <ul style="list-style-type: none"> <li>+1 669 900 6833 US (San Jose)</li> <li>+1 253 215 8782 US (Tacoma)</li> <li>+1 346 248 7799 US (Houston)</li> <li>+1 312 626 6799 US (Chicago)</li> <li>+1 929 205 6099 US (New York)</li> <li>+1 301 715 8592 US (Washington DC)</li> </ul> <p>Meeting ID: 821 5497 6572</p> <p>Find your local number:</p> <p><a href="https://us06web.zoom.us/u/kDJjsEu7n">https://us06web.zoom.us/u/kDJjsEu7n</a></p>	

SYBH MHSА Steering Committee  
September 20, 2022  
Agenda

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On			Who Leading Discussion
Attendance	Jen Ybarra	Diane Jaeger	Josh Thomas	Mark
	Michele Blake	Rick Bingham	Darrin Whittaker	
	Virginia Burns	Paula Kearns	Heather Eseman	
	Amy Bryer	Rudy Rodriguez	Antoinette Gorespe	
	Phillip Hernandez	Maggie Walker	Jesse Hallford	
Welcome & Introductions				Mark
Review of Agenda and Minutes from 8/16/22	 MHSА Steering Comm 8-16-22 Minu			Mark
Dashboards & Outcome Data Updates	Dashboards and Outcome Data requested <ul style="list-style-type: none"> <li>• Amy presented Youth dashboard information in real time-</li> <li>• Josh provided TAY FSP brief overview</li> </ul> Open discussion – any additional data outcomes anyone would like to see or questions? <ul style="list-style-type: none"> <li>➤ Why the spike in August? – most likely due to the beginning of the school year</li> <li>➤ Suicide rates for our counties compared to those across the state or for other small counties- We have local data available, but state data is usually behind.</li> <li>➤ PES data for youth – How many get held or transferred to a facility</li> <li>➤ ACES screenings- Can we provide screenings and scores?</li> </ul>			Jesse / Amy /Darrin
Annual Update	FY 22/23 Annual Update Posted 30-day review period ends 10/13/22 Currently posted online and open for public review and comment			Jesse / Mark



CPPP Meeting Feedback	 Focus Group Feedback.xlsx	Mark
Monthly Meeting Topic	MHSA Homeless presentation – Postponed until October	Mark/ April
Crisis Care Mobile Units	Grant funding to do a needs assessment and develop an action plan Would like to do an informational presentation next meeting. Please let us know if you have other attendees that would be interested ..	Paula
PMAD / MH for infants and toddlers	Review of 6/30 meeting How can SYBH help support PMAD access. First meeting to see who was there and to mainly identify who WASN'T there. Second meeting set for 9/29 to get all on board.	Ericka/ Michele
Meeting Schedule	Meeting Dates through February 2023 All Meetings monthly on Tuesday from 3-4 PM September 20, 2022 October 18, 2022 November 15, 2022 December 20, 2022 January 17, 2023 February 21, 2023	
Meeting Location	Valley Oak Conference Room @ SYBH or  Join Zoom Meeting <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a>  Meeting ID: 821 5497 6572 One tap mobile +16699006833,,82154976572# US (San Jose) +12532158782,,82154976572# US (Tacoma)  Dial by your location +1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC) Meeting ID: 821 5497 6572 Find your local number: <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a>	



SYBH MHA Steering Committee  
 October 18, 2022  
 Agenda

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On			Who Leading Discussion
Attendance	Suzanne Rabideau	Paula Kearns	Amy Bryer	Mark
	Darrin Whittaker	Rachel Sanchez	Rick Bingham	
	Heather Esemann	Rudy Rodriguez	Jennifer Ybarra	
	Lesley Clarkson	Susan Redford	Lina Benton	
	Mark Schlutsmeyer	Megan Beers	Jesse Hallford	
Welcome & Introductions				Mark
Review of Agenda and Minutes from 9/20/22	 MHA Steering Comm 9-20-22 Minu <a href="#">Minutes updated and approved</a>			Mark
Annual Update	FY 22/23 Annual Update			Jesse / Mark
Monthly Meeting Topic	MHA Homeless programs – Postponed until November			Mark/ April
Crisis Care Mobile Units - Youth	HMA Stakeholder Engagement Meeting <a href="#">Suzanne with HMA presented PP on Mobile units</a>			Paula /Amy / HMA
CPPP Meeting Feedback	 Focus Group Feedback.xlsx <a href="#">Will review next meeting</a>			Mark
PMAD / MH for infants and toddlers	Review of 9/29 meeting <a href="#">Will review next meeting</a>			Ericka/ Michele
Meeting Schedule	Meeting Dates through February 2023 All Meetings monthly on Tuesday from 3-4 PM October 18, 2022 November 15, 2022 December 20, 2022 January 17, 2023 February 21, 2023			


Meeting Location	<p>Valley Oak Conference Room @ SYBH or</p> <p>Join Zoom Meeting <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a></p> <p>Meeting ID: 821 5497 6572 One tap mobile +16699006833,,82154976572# US (San Jose) +12532158782,,82154976572# US (Tacoma)</p> <p>Dial by your location +1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC)</p> <p>Meeting ID: 821 5497 6572 Find your local number: <a href="https://us06web.zoom.us/u/kDJsEu7n">https://us06web.zoom.us/u/kDJsEu7n</a></p>	
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SYBH MHSA Steering Committee  
November 15, 2022  
Agenda

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On				Who Leading Discussion
Attendance	Heather Esemann	Diane Jaeger	Chaya Galicia	Amy Molina-Jones	Mark
	Lesley Clarkson	Jennifer Ybarra	Josh Thomas	Darrin Whittaker	
	Amy Bryer	Carrie Patania	Mark Schlutsmeier	Phillip Hernandez	
	Betsy Gowan	Jesse Hallford			
Welcome & Introductions					Mark
Review of Agenda and Minutes from 10/18/22	 MHSA Steering Comm10-18-22 Mini <a href="#">Minutes Approved</a>				Mark
Annual Update	FY 22/23 Annual Update <a href="#">Approved by BHAB, but will be pulled from BOS as new PEI documents need to be added</a>				Jesse / Mark
Monthly Meeting Topic	MHSA Homeless programs  SYBH Homeless Services Summary.doc Dr Mark presented an in depth look at the attached Homeless programs that SYBH offers. Follow up questions and data would like to be presented in the future <ul style="list-style-type: none"> <li>• HEaRT team data, Start to Finish &amp; PATH</li> <li>• Housing-               <ul style="list-style-type: none"> <li>○ How do you measure success for housing?</li> <li>○ Do you measure engagement? How or can you?</li> </ul> </li> </ul>				Mark/ April


	<ul style="list-style-type: none"> <li>○ Do they engage over time- what is the average time?</li> <li>○ Are you showing signs of stabilization?</li> <li>○ Waitlist for housing vs. availability</li> </ul>	
North Valley Suicide Prevention Hotline	 Sutter-Yuba Report Jul 2021-June 2022.r	Mark
MHSA Program History	 5 year numbers MHSA program und	Mark
CPPP Meeting Feedback		Mark
PMAD / MH for infants and toddlers	Review of 9/29 meeting	Ericka/ Michele
Meeting Schedule	Meeting Dates through February 2023 All Meetings monthly on Tuesday from 3-4 PM November 15, 2022 December 20, 2022 January 17, 2023 February 21, 2023	
Meeting Location	Valley Oak Conference Room @ SYBH or  Join Zoom Meeting <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a>  Meeting ID: 821 5497 6572 One tap mobile +16699006833,,82154976572# US (San Jose) +12532158782,,82154976572# US (Tacoma)  Dial by your location +1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC) Meeting ID: 821 5497 6572 Find your local number: <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a>	

SYBH MHSА Steering Committee  
January 17, 2023  
Agenda

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On			Who Leading Discussion
Attendance	Chaya Galicia	Karm Bains	Diane Jaeger	Jesse
	Cathy LeBlanc	Heather Esemann	Betsy Gowan	
	Rick Bingham	Paula Kearns	Darrin Whittaker	
	Josh Thomas	Michele Blake	Rudy Rodriguez	
	Phillip Hernandez	Amy Heir	Jesse Hallford	
Welcome & Introductions				Betsy
Review of Agenda and Minutes from 11/15/22	 MHSА Steering Comm11-15-22 Minu <a href="#">Minutes Approved</a>			Betsy
PMAD / MH for infants and toddlers	Review of 9/29 meeting and additional updates <a href="#">Had another meeting in November, but due to holidays haven't scheduled another one. Michele and Ericka will meet in early February to get things moving in the right direction again.</a>			Ericka/ Michele
22/23 Annual Update	FY 22/23 Annual Update <a href="#">Quick update from 1/12/23 meeting – no Quorum for vote, so will have to bring it back to February meeting for vote.</a>			Jesse / Betsy
23/24 Annual Update	CPPP and Draft Timeline Potential existing meetings MHSА can attend <ul style="list-style-type: none"> <li>• Homeless Coalition – SYHC</li> <li>• Children’s Council / First 5 / Wellness Council</li> </ul> <a href="#">Yuba County Foothills – Cathy will see if there is an existing meeting we can attend or if we would be willing to host our own new.</a>			Betsy
Monthly Meeting Topics	Discuss remaining topics and add new <a href="#">How to access services – Hard to reach locations Cedar Lane / No Place Like Home Funding</a>			Betsy / Jesse


	<p>Child and Youth Mental Health Initiatives  MHSSA  Veteran Services  Mental Health Reform Bills</p>	
Meeting Schedule	<p>Meeting Dates through February 2023  All Meetings monthly on Tuesday from 3-4 PM  January 17, 2023  February 21, 2023</p>	
Meeting Location	<p>Valley Oak Conference Room @ SYBH or</p> <p>Join Zoom Meeting  <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a></p> <p>Meeting ID: 821 5497 6572  One tap mobile  +16699006833,,82154976572# US (San Jose)  +12532158782,,82154976572# US (Tacoma)</p> <p>Dial by your location  +1 669 900 6833 US (San Jose)  +1 253 215 8782 US (Tacoma)  +1 346 248 7799 US (Houston)  +1 312 626 6799 US (Chicago)  +1 929 205 6099 US (New York)  +1 301 715 8592 US (Washington DC)</p> <p>Meeting ID: 821 5497 6572  Find your local number:  <a href="https://us06web.zoom.us/u/kDJjsEu7n">https://us06web.zoom.us/u/kDJjsEu7n</a></p>	

SYBH MHSA Steering Committee  
February 21, 2023  
Agenda

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On			Who Leading Discussion
Attendance	Heather Esemann	Darrin Whittaker	Carrie Patania	Jesse
	Chaya Galicia	Paula Kearns	Karm Bains	
	Rudy Rodriguez	Amy Heir	Phillip Hernandez	
	Ericka Summers	David Read	Diane Jaeger	
	Betsy Gowan	Jesse Hallford		
Welcome & Introductions				Betsy
Review of Agenda and Minutes from 1/17/23	 MHSA Steering Comm 1-17-23 Minu <a href="#">Minutes Approved</a>			Betsy
PMAD / MH for infants and toddlers	Current Update <a href="#">Blue Shift Project Moving Forward – 3/16 from 9-11 am is the next meeting. Prioritizing the May Maternal Mental Health month. There will be a conference – Looking for speakers with expertise – Jesse to send inquiry to MHSA group asking for recommendations - Also looking for a backbone agency for funding -</a>			Ericka
22/23 Annual Update	Update for BOS <a href="#">To be presented 4/11 to both Sutter and Yuba for approval</a>			Jesse / Betsy
23/24 Annual Update & 24-26 Two Year Plan	CPPP Presentation <a href="#">Betsy presented 23/24 update and 24/26 Two Year Plan information and requested feedback</a>			Betsy
Meeting Schedule	Meeting Dates through December 2023 All Meetings monthly on Tuesday from 3-4 PM February 21 March 21 April 18 May 16 June 20 July 18 August 15			

	September 19 October 17 November 21 December 19	
Meeting Location	Valley Oak Conference Room @ SYBH or  Join Zoom Meeting <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a>  Meeting ID: 821 5497 6572 One tap mobile +16699006833,,82154976572# US (San Jose) +12532158782,,82154976572# US (Tacoma)  Dial by your location +1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC) Meeting ID: 821 5497 6572 Find your local number: <a href="https://us06web.zoom.us/u/kDJjsEu7n">https://us06web.zoom.us/u/kDJjsEu7n</a>	

SYBH MHSA Steering Committee  
 April 18, 2023  
 Agenda

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On			Who Leading Discussion
Attendance				Jesse
Welcome & Introductions	Heather Esemann	Virginia Burns	David Read	Betsy
	Bianca Zitelli	Ameya Scanlin	Chaya Galicia	
	Ericka Summers	Amy Molina-Jones	Darrin Whittaker	
	John Floe	Betsy Gowan	Carrie Patania	
	Amy Heir	Phillip Hernandez	Jesse Hallford	
Review of Agenda and Minutes from 2/21/23	 MHSA Steering Comm 2-21-23 Minu Minutes Approved			Betsy
PMAD / MH for infants and toddlers	Current Update Last month Blue Shift Held a meeting – In April there was a 3 day webinar for partners and postpartum with Bruce Perry May is Maternal Mental Health Month – Securing in person speakers for 5/19. Can MHSA help with Funding – Betsy asked is opposition from the MHSA training budget to fund speaker- no opposition. Proposal to be sent over by Ericka.			Ericka / Michele
Mobile Access Hub	Mobile Access Hub Services Presentation by Victor			Bianca Zitelli – Victor Community Support Services
22/23 Annual Update	Update for BOS Approved by both BOS – Awaiting formal Minutes so they can be included and sent to the state			Jesse / Betsy
23/24 Annual Update	Draft under review prior to posting for Public Comment			Betsy
Meeting Schedule	Meeting Dates through December 2023 All Meetings monthly on Tuesday from 3-4 PM April 18 May 16			

	<p>June 20  July 18  August 15  September 19  October 17  November 21  December 19</p>	
Meeting Location	<p><b>Valley Oak Conference Room @ SYBH</b> or</p> <p>Join Zoom Meeting  <a href="https://us06web.zoom.us/j/82154976572">https://us06web.zoom.us/j/82154976572</a></p> <p>Meeting ID: 821 5497 6572  One tap mobile  +16699006833,,82154976572# US (San Jose)  +12532158782,,82154976572# US (Tacoma)</p> <p>Dial by your location  +1 669 900 6833 US (San Jose)  +1 253 215 8782 US (Tacoma)  +1 346 248 7799 US (Houston)  +1 312 626 6799 US (Chicago)  +1 929 205 6099 US (New York)  +1 301 715 8592 US (Washington DC)  Meeting ID: 821 5497 6572  Find your local number:  <a href="https://us06web.zoom.us/u/kDJjsEu7n">https://us06web.zoom.us/u/kDJjsEu7n</a></p>	

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

**ZOOM Meeting**

Join Zoom Meeting

<https://us06web.zoom.us/j/83956582391?pwd=ZFBmc0pFc1NVeUgwVUxZVUFEd0cyQT09>

Meeting ID: 839 5658 2391

Passcode: 1234

Dial by your location

+1 669 900 6833 US (San Jose)

Thursday, February 10, 2022

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Action Items:**
  - a. Approve January 13, 2021 Meeting Minutes
5. **Program Presentation** – Psychiatric Health Facility – Adam Reeb, Program Manager
6. **SUDS Program Update** – Phillip Hernandez, Program Manager
7. **MHSA Program Update** – Betsy Gowan, Adult Services Deputy Director/MHSA Coordinator
8. **Behavioral Health Director’s Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director.
9. **New Business**
10. **Old Business**
11. **Other Announcements/Correspondence**
12. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

Join Zoom Meeting

<https://us06web.zoom.us/j/87385424586?pwd=RWlZcDhyMnNVOHpEOVJ4OWtYcEtJZz09>

Meeting ID: 873 8542 4586

Passcode: 1234

Dial by your location

+1 669 900 6833 US (San Jose)

Thursday, March 10, 2022

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Program Presentation** – MHSA Annual Update – Betsy Gowan, Adult Services Deputy Director
5. **Action Items:**
  - a. Approve Setting a Public Review Period of March 15 to April 13, 2022, for the MHSA Plan Annual Update Comment Period.
  - b. Approve Setting a Public Hearing Date of April 14, 2022, for the MHSA Plan Annual Update.
  - c. Approve February 10, 2022, Meeting Minutes.
  - d. Appoint Ad-Hoc Committee to develop annual Year-End Report for FY 2021-2022.
  - e. Review and Consider Application to fill Sutter County At-Large Representative seat and offer a recommendation to the Sutter County Board of Supervisors – Mary Panerio Page.
  - f. Review and Consider Application to fill Sutter County At-Large Representative seat and offer a recommendation to the Sutter County Board of Supervisors – Manny Cardoza.
6. **SUDS Program Update** – Phillip Hernandez, Program Manager
7. **MHSA Program Update** – Betsy Gowan, Adult Services Deputy Director/MHSA Coordinator
8. **Behavioral Health Director’s Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director.

9. **New Business**

10. **Old Business**

11. **Other Announcements/Correspondence**

12. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board  
Regular Meeting and Public Hearing Agenda**

Join Zoom Meeting

<https://us06web.zoom.us/j/87869218769?pwd=RzgyNkxoYlVXaG4yT24rTGZOWkvdz09>

Meeting ID: 878 6921 8769

Passcode: 1234

One tap mobile

+1 669 900 6833

Meeting ID = 87869218769# US (San Jose)

Thursday, April 14, 2021

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7288 ext. 2275. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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**1. Call to Order**

**2. Roll Call**

**Adjourn to/open MHSA Public Hearing**

**3. Mental Health Services Act Three-Year Plan Update – Mark Schlutsmeyer, Branch Director**

**4. MHSA Public Comment -** The Sutter-Yuba Behavioral Health Advisory Board will now hear testimony and input from the public regarding the MHSA Annual Update for FY 20-21. If you wish to address the Board on this subject, please inform the Chair. Persons addressing the Board are asked to clearly state their name for the record. Speakers are asked to limit their comments to “three minutes” so all who wish to address the Board may do so. If you wish to speak to the Board on an item not on the agenda, there will be an opportunity after the Public Hearing is closed, however, the Board may not act on any item not on the agenda pursuant to Government Code Section 54954.2.

**5. Close Public Hearing/Reconvene Board Meeting**

**6. Action Items:**

- a. Approve the SYBH MHSA Annual Update for FY 2020-2021
- b. Approve March 10, 2022, Meeting Minutes

**7. SUDS Program Update – Phillip Hernandez, Program Manager**

**8. Behavioral Health Director’s Report – Rick Bingham, HHS Assistant Director and Local Mental Health Director.**

**9. New Business**

**10. Old Business**

**11. Other Announcements/Correspondence**

a. CALBH/C Newsletter – March 2022 – informational purposes only

**12. Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

Join Zoom Meeting

<https://us06web.zoom.us/j/81769447773?pwd=RXFQQnlCQXRta3FjWnk4c2Y5dGMzQT09>

Meeting ID: 817 6944 7773

**Passcode: 112233**

One tap mobile

+16699006833,,81769447773# US (San Jose)

Meeting ID: 817 6944 7773

Thursday, May 12, 2022

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Action Items:**
  - a. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Teleconference.
  - b. Approve April 14, 2022, Meeting Minutes
  - c. Review and approve Presentation Calendar for FY 22/23
  - d. Appoint an Election Coordinator for the Election of Officers for FY 22/23
  - e. Review and Consider Application to fill Sutter County Family Representative seat and offer a recommendation to the Sutter County Board of Supervisors – Heather Esemann
5. **Program Presentation** – Psychiatric Emergency Services (PES) – Susan Redford, Program Manager
6. **MHSA Program Update** – Mark Schlutsmeier, Adult Services Branch Director
7. **SUDS Program Update** – Phillip Hernandez, Program Manager
8. **Behavioral Health Director’s Report** – Rick Bingham, HHS Assistant Director/Behavioral Health Director.
9. **New Business**
10. **Old Business**

**11. Other Announcements/Correspondence**

- a. California Association of Local Behavioral Health Boards and Commissions Spring Newsletter – information only

**12. Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

1965 Live Oak Blvd  
Yuba City, CA 95991  
Valley Oak Conference Room  
Thursday, June 9, 2022  
5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Action Items:**
  - a. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference.
  - b. Approve May 12, 2022, Meeting Minutes
  - c. Report of Election Coordinator and Election of Officers for FY 22-23.
  - d. Review and approve Annual Report for FY 21-22.
  - e. Create Ad-Hoc Committee to complete and submit the 2022 Data Notebook – submission date is October 28, 2022.
5. **Program Presentation** – BEST/PATH/HEART – April Tate, Program Manager
6. **MHSA Program Update** – Mark Schlutsmeier, Adult Services Branch Director
7. **SUDS Program Update** – Phillip Hernandez, Program Manager
8. **Behavioral Health Director’s Report** – Rick Bingham, Assistant Director/Behavioral Health Director.
9. **New Business**
  - a. Chairperson report on CALHB/C training – Lesley Clarkson
10. **Old Business**
  - a. Sutter County Library Meeting Space – Sue Hopper
11. **Other Announcements/Correspondence**
  - a. CALBH/C - Training Invitation – informational only
12. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

Meeting @ Sutter County Library

750 Forbes Ave

Yuba City, CA 95991

Innovation Room

Thursday, July 14, 2022

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Action Items:**
  - a. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference.
  - b. Approve May 12, 2022, Meeting Minutes
  - c. Appoint Election Coordinator for Election of Officers for FY 22-23
  - d. Review and approve Annual Report for FY 21-22
  - e. Create Ad-Hoc Committee to complete and submit the 2022 Data Notebook
  - f.
5. **Program Presentation** – First Steps – Tammy Quinn, Prevention Services Coordinator
6. **MHSA Program Update** – Mark Schlutsmeier, Adult Services Branch Director
7. **SUDS Program Update** – Phillip Hernandez, Program Manager
8. **Behavioral Health Director’s Report** – Rick Bingham, Assistant Director/BH Director.
9. **New Business**
  - a. 2021-2022 Grand Jury Final Report – Sutter Yuba Behavioral Health/Behind the Times
10. **Old Business**
11. **Other Announcements/Correspondence**
  - a. Margery Hubbard resigned effective June 7, 2022
12. **Action Item:**
  - a. Report of Election Coordinator and Election of Officers for FY 22-23.
13. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

Meeting @ Sutter County Library

750 Forbes Ave

Yuba City, CA 95991

Innovation Room

Thursday, August 11, 2022

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Action Items:**
  - a. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference.
  - b. Approve July 14, 2022, Meeting Minutes
  - c. Review and Consider Application to fill Sutter County Consumer Representative seat and offer a recommendation to the Sutter County Board of Supervisors – Margaret Walker
  - d. Review and Approve Response to 2021-2022 Grand Jury Final Report
5. **Program Presentation** – HEART/BEST/PATH – April Tate, Program Manager
6. **MHSA Program Update** – Mark Schlutsmeier, Adult Services Branch Director
7. **SUDS Program Update** – Phillip Hernandez, Program Manager
8. **Behavioral Health Director’s Report** – Rick Bingham, Assistant Director/BH Director.
9. **New Business**
  - a. Discussion – Red Flag Rules/History of Yuba County
10. **Old Business**
11. **Other Announcements/Correspondence**
  - a. CALBHB/C Summer 2022 Newsletter – Information Only
12. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

Meeting @ Sutter County Library

750 Forbes Ave

Yuba City, CA 95991

Innovation Room

Thursday, September 8, 2022

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **Program Presentation** – MHSA Annual Update – Jesse Hallford, Staff Analyst
5. **Action Items:**
  - a. Approve Setting a Public Review Period of September 12, 2022, to October 12, 2022, for the MHSA Plan Annual Update Comment Period.
  - b. Approve Setting a Public Hearing Date of October 13, 2022, for the MHSA Plan Annual Update.
  - c. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference.
  - d. Approve August 11, 2022, Meeting Minutes
  - e. Review and Approve Response to 2021-2022 Grand Jury Final Report
6. **SUDS Program Update** – Phillip Hernandez, Program Manager
7. **Behavioral Health Director’s Report** – Rick Bingham, Assistant Director/BH Director.
8. **New Business**
  - a. CALBHB/C Quarterly Training Recap
  - b. Discussion – Red Flag Rules/History of Yuba County
9. **Old Business**
10. **Other Announcements/Correspondence**
  - a. Recovery Happens Picnic 2022
11. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board  
Regular Meeting and Public Hearing Agenda**

Join Zoom Meeting

<https://us06web.zoom.us/j/85831906877?pwd=anh1cWM5MVFwUEhIQ0M2bk1GSEp6UT09>

Meeting ID: 858 3190 6877

**Passcode: 1234**

One tap mobile

+16699006833,85831906877# US (San Jose)

+16694449171,85831906877# US

Thursday, October 13, 2021

5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7288 ext. 2275. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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**1. Call to Order**

**2. Roll Call**

**Adjourn to/open MHSA Public Hearing**

**3. Mental Health Services Act Three-Year Plan Update – Mark Schlutsmeier, Branch Director**

**4. MHSA Public Comment -** The Sutter-Yuba Behavioral Health Advisory Board will now hear testimony and input from the public regarding the MHSA Annual Update for FY 22-23. If you wish to address the Board on this subject, please inform the Chair. Persons addressing the Board are asked to clearly state their name for the record. Speakers are asked to limit their comments to “three minutes” so all who wish to address the Board may do so. If you wish to speak to the Board on an item not on the agenda, there will be an opportunity after the Public Hearing is closed, however, the Board may not act on any item not on the agenda pursuant to Government Code Section 54954.2.

**5. Close Public Hearing/Reconvene Board Meeting**

**6. Action Items:**

- a. Approve the SYBH MHSA Annual Update for FY 2022-2023
- b. Approve September 8, 2022, Meeting Minutes
- c. Review and Consider Application to fill Yuba County At-Large Representative seat and offer a recommendation to the Yuba County Board of Supervisors – Renick House.
- d. Review and Consider Application to fill Yuba County Consumer Representative seat and offer a recommendation to the Yuba County Board of Supervisors – Megan Andersen.

- e. Create Ad Hoc Committee for Grand Jury Report Follow-up
  - f. Mental Health Services Act Steering Committee – delegate member to attend – ZOOM or in-person meeting held the third Tuesday of each month from 3:00 – 4:00 p.m.
  - g. Review responses for 2022 Data Notebook and Authorize Ms. Clarkson to input responses into Survey Monkey and submit document.
7. **Program Update – Bi-County Treatment Courts, Drug Courts and BH Court - Phillip Hernandez, Program Manager**
8. **Behavioral Health Director’s Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director.
9. **New Business**
- a. Site Visits
10. **Old Business**
11. **Other Announcements/Correspondence**
- a. CALBH/C Newsletter – October 2022 – informational purposes only
  - b. Sutter County Grand Jury Response – Final Document – informational only
  - c. Brown Act Allowances & Veteran’s Membership – informational only
12. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board  
Regular Meeting Agenda**  
Sutter County Library/Innovation Room  
750 Forbes Ave., Yuba City  
Thursday, November 10, 2021  
5:00 p.m.

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7288 ext. 2275. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Action Items:**
  - a. Approve September 8, 2022, Meeting Minutes
  - b. Approve October 13, 2022, Meeting Minutes
  - c. Approve October 27, 2022, Special Meeting Minutes
  - d. Review and Consider Application to fill Yuba County At-Large Representative seat and offer a recommendation to the Yuba County Board of Supervisors – Thomas McWhorter.
  - e. Review and Approve Site Visit Form
  - f. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference.
4. **Program Presentation** – Children’s Services – Josh Thomas, Program Manager
5. **SUDS Program Update** – Phillip Hernandez, Program Manager
6. **Behavioral Health Director’s Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director.
7. **New Business**
8. **Old Business**
9. **Other Announcements/Correspondence**
10. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board  
Regular Meeting Agenda**

Sutter County Library/Literacy Classroom  
750 Forbes Ave., Yuba City  
Thursday, January 12, 2023  
5:00 p.m.

Join Zoom Meeting

<https://us06web.zoom.us/j/87918636901?pwd=QzZLTUJjdVhQVHlOdFRxZ01obmRGdz09>

Meeting ID: 879 1863 6901

Passcode: 1234

One tap mobile

+16699006833,,87918636901# US (San Jose)

+16694449171,,87918636901# US

Time: Jan 12, 2023 05:00 PM Pacific Time (US and Canada)

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7288 ext. 2275. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

---

**1. Call to Order**

**2. Roll Call**

**Adjourn to/open MHSA Public Hearing**

**3. Mental Health Services Act – FY 22/23 Annual Update, Appendix Item L - PEI Plans for FY 18/19, 19/20, and 20/21 – Betsy Gowan, Branch Director**

**MHSA Public Comment** - The Sutter-Yuba Behavioral Health Advisory Board will now hear testimony and input from the public regarding the MHSA FY 22/23 Annual Update and the inclusion of PEI Plans for 18/19, 19/20 and 20/21. If you wish to address the Board on this subject, please inform the Chair. Persons addressing the Board are asked to clearly state their name for the record. Speakers are asked to limit their comments to “three minutes” so all who wish to address the Board may do so. If you wish to speak to the Board on an item not on the agenda, there will be an opportunity after the Public Hearing is closed, however, the Board may not act on any item not on the agenda pursuant to Government Code Section 54954.2.

**Close Public Hearing/Reconvene Board Meeting**

**4. Action Items:**

- a. Approve the SYBH MHSA FY 22/23 Annual Update to add Appendix Item L (PEI Plans for FY 18/19, 19/20 and 20/21)
- b. Approve November 10, 2022, Meeting Minutes
- c. Review and Approve Site Visit Form
- d. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference.

- e. MHSa Steering Committee Attendees – Committee meets monthly on the third Tuesday from 3:00 p.m. – 4:00 p.m. Virtual or in-person.
- 5. **SUDS Program Update** – Phillip Hernandez, Program Manager
- 6. **Behavioral Health Director’s Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director.
- 7. **New Business**
- 8. **Old Business**
- 9. **Other Announcements/Correspondence**
  - a. CALBH/C Announcements and Upcoming Trainings – informational only
- 10. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board  
Regular Meeting Agenda**

Sutter County Library/Literacy Classroom  
750 Forbes Ave., Yuba City  
Thursday, February 9, 2023  
5:00 p.m.

Join Zoom Meeting

<https://us06web.zoom.us/j/83749960119?pwd=em1BL2NnaGdHTGdqc2lhRGxUbXpvQT09>

Meeting ID: 837 4996 0119

Passcode: 1234

One tap mobile

+16699006833,,83749960119# US (San Jose)

+16694449171,,83749960119# US

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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1. **Call to Order**
2. **Roll Call**
3. **Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.
4. **SYBH MHSA FY 22/23 Annual Update Summary – Betsy Gowan**
5. **Action Items:**
  - a. Approve the SYBH MHSA FY 22/23 Annual Update to add Appendix Item L (PEI Plans for FY 18/19, 19/20 and 20/21)
  - b. Approve November 10, 2022, Meeting Minutes
  - c. Approve January 12, 2023, Meeting Minutes
  - d. Review and Approve Site Visit Form
  - e. Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference.
  - f. MHSA Steering Committee Attendees – Committee meets monthly on the third Tuesday from 3:00 p.m. – 4:00 p.m. Virtual or in-person.
6. **Program Presentation** – Budget Presentation – Sarah Eberhardt-Rios, HHS Director and Rick Bingham, HHS Asst. Director and Local Mental Health Director
7. **SUDS Program Update** – Phillip Hernandez, Deputy Branch Director Adult Services

8. **Behavioral Health Director's Report** – Rick Bingham, HHS Assistant Director and Local Mental Health Director.

9. **New Business**

10. **Old Business**

a. Site Visit Schedule Discussion

11. **Other Announcements/Correspondence**

a. California Behavioral Health Planning Council – Recommendation for Statewide Peer Programs Letter – Informational Only

12. **Adjournment**

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board  
Regular Meeting Agenda**

Sutter County Agriculture Department  
142 Garden Highway, Yuba City  
Thursday, March 9, 2023  
5:00 p.m.

Join Zoom Meeting

<https://us06web.zoom.us/j/82814369582?pwd=S2IvUlkzc05HQOTQyZUJuUjQ5cHFVUT09>

Meeting ID: 828 1436 9582

Passcode: 1234

NOTICE: Requests for assistive listening devices or other accommodations, such as interpretive services, shall be made through the Executive Secretary (530) 822-7327 ext. 202. Requests should be made at least 72 hours prior to the meeting. Later requests will be accommodated to the extent feasible.

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**1. Call to Order**

**2. Roll Call**

- 3. Public Comment:** ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under this portion of this agenda. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period. ANY MEMBER OF THE PUBLIC DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.

**4. Action Items:**

- a. Approve February 9, 2023, Meeting Minutes

- 5. Program Presentation – Remote Meeting Allowances and Brown Act Rules for Meetings – Donna Johnston, Sutter County Clerk Recorder**

- 6. SUDS Program Update – Phillip Hernandez, Deputy Branch Director Adult Services**

- 7. MHSA Program Update – Betsy Gowan, Branch Director, Adult Services**

- 8. Behavioral Health Director’s Report – Rick Bingham, HHS Assistant Director and Local Mental Health Director.**

**9. New Business**

- a. Appoint Ad-Hoc Committee to Develop Annual Year End Report for FY 22-23  
b. Discussion on Program Presentations for Calendar for FY 23-24

**10. Old Business**

- a. Review Site Visit Form

**11. Other Announcements/Correspondence**

- a. MHSA Steering Committee Attendees – Committee meets monthly on the third Tuesday from 3:00 p.m. – 4:00 p.m. Virtual or in-person.  
b. Megan Andersen has resigned her position – Yuba County is posting vacancy.

**12. Adjournment**

AGENDA ITEMS TOPICS for Discussion	Details to Be Reported On	Who Leading Discussion
➤ Attendance & Welcome	7/19 meeting cancelled	
➤ Check in /updates/Additions to Agenda	➤	Mark
➤ PEI Outcome Surveys	➤ Meeting scheduled 7/19	Jesse
➤ DHCS POC	➤ Working on new submission of pending documents ➤ Staff to complete Relias training by 7/15. Will ask for report to be run the 18th	Jesse/ Mark
➤ PEI Trainings	➤ PEI/DEI videos still pending ➤ Follow up meeting was 6/2 ➤ BLT discussing next steps Will reach out to Dr Jones regarding videos, and remove last 2 points	Jesse
➤ PEI contracts	➤ MHFA – Sarah updating ➤ PREP – Sutter and Yuba County - Completed ➤ Camptonville – Due in December ➤ Tri-County Diversity	John / Rudy
➤ Strategic Plan Updates	➤ Plan was reviewed w/ Program Development and continuous updates to be made ➤ MHSA Working group is making the updates This is not the top priority for the working group	Jesse
➤ Survey Monkey	➤ Purchase to be made after 7/1/22. ➤ Jesse, Amy and Rudy to be admins. ➤ E-mail to IT for status – Scott to complete purchase order when he returns.	Jesse
➤ SYBH BLT Meeting Report	➤ 2 <sup>nd</sup> Tuesday of the month @ 1:30 ➤ Next Meeting July 12th ➤ Updates planned – Update Buy In and timeline - WET update -	Mark
➤ Central Region WET Collaborative	➤ Central Region Collaborative Partnership ➤ 15 total staff applied for loan repayment – The Employment Eligibility forms are being sent out this week. ➤ Resolution from CalMHSA to hiring incentive still pending – ➤ Nikki will provide a list of any employees hired from the hiring incentive flyers- New information provided regarding final verification. Should go to directors and above – will request a sample of the form and send out.	Jesse

➤ MHSA Outcomes and Evaluations	<ul style="list-style-type: none"> <li>➤ DCR Dashboards and Other Update</li> <li>➤ Next dashboard meeting 7/13 with team –</li> <li>➤ DCR meeting 7/19</li> </ul>	Mark / Jesse								
➤ Timeline for MHSA 20/21 Annual Update and CPPP	<ul style="list-style-type: none"> <li>➤ MHSA Working Group Thursdays @ 1:30 <a href="#">Priority is the Annual Update</a></li> </ul>	Mark								
➤ MHSA Working Group Report	<ul style="list-style-type: none"> <li>➤ Report out on weekly meeting- <a href="#">Report given for timeline – will send out to team</a></li> </ul>	Jesse/ Rudy /Amy								
➤ Program Development Meeting	<ul style="list-style-type: none"> <li>➤ Next meeting 7/27</li> <li>➤ Agenda needed</li> </ul>	Mark								
➤ Steering Committee	<ul style="list-style-type: none"> <li>➤ July Meeting cancelled</li> <li>➤ Next meeting 8/16/22 –Meeting time from 3-4 PM</li> <li>➤ Zoom and In Person available</li> </ul>	Mark /Jesse								
➤ MHSA Audit	<ul style="list-style-type: none"> <li>➤ October 2022 <ul style="list-style-type: none"> <li>➤ Adopted FY 2017-20 Three-Year Program and Expenditure Plan (Plan)</li> <li>➤ Adopted FY 2019-20 Annual Update (Update)</li> <li>➤ Board of Supervisor meeting minutes reflecting adoption of the Plan and the Update</li> <li>➤ Signed and dated compliance and fiscal accounting certifications for both the Plan and the Update (located in P/AU)</li> <li>➤ FSP Policy &amp; Procedure, FSP eligibility checklist, FSP partnership agreement with county</li> <li>➤ All Policy and Procedures regarding MHSA</li> </ul> </li> </ul>	Betsy / Jesse								
<ul style="list-style-type: none"> <li>➤ CBHDA committee report</li> <li>➤ MHSOAC Upcoming Events</li> </ul>	<ul style="list-style-type: none"> <li>➤ Next CBHDA MHSA Committee Webinar</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #ff69b4;"> <td style="text-align: center;"><b>New 2022 Schedule MHSA</b></td> </tr> <tr style="background-color: #d9ead3;"> <td>June 22, 2022 – 10-11 am – County-to-County</td> </tr> <tr style="background-color: #f4cccc;"> <td>July 27, 2022 – 10-12pm – Policy Meeting</td> </tr> <tr style="background-color: #d9ead3;"> <td>Aug 24, 2022 – 10-11 am – County-to-County</td> </tr> <tr style="background-color: #f4cccc;"> <td>Sept. 28, 2022 – 10-12pm – Policy Meeting</td> </tr> <tr style="background-color: #d9ead3;"> <td>Oct. 19, 2022 – 10-11 am – County-to-County</td> </tr> <tr style="background-color: #f4cccc;"> <td>Nov. 16, 2022 – 10-12pm – Policy Meeting</td> </tr> <tr style="background-color: #d9ead3;"> <td>Dec. 14, 2022 – 10-11 am – County-to-County</td> </tr> </table>	<b>New 2022 Schedule MHSA</b>	June 22, 2022 – 10-11 am – County-to-County	July 27, 2022 – 10-12pm – Policy Meeting	Aug 24, 2022 – 10-11 am – County-to-County	Sept. 28, 2022 – 10-12pm – Policy Meeting	Oct. 19, 2022 – 10-11 am – County-to-County	Nov. 16, 2022 – 10-12pm – Policy Meeting	Dec. 14, 2022 – 10-11 am – County-to-County	Jesse
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	➤ New Transparency tool available and SharePoint available.	
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Everyone to log on in MS Teams  
Next Meeting: Date: 7/26/22 Time: 10 - 11

**This is an example of our MHSA Weekly Team Meeting minutes. We have the rest filed and available upon request.**

## **PREVENTION AND EARLY INTERVENTION**

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

Since the inception of MHSA, Sutter-Yuba Behavioral Health has implemented 15 activities and trainings focused on Outreach, Prevention and Early Intervention. With the collaboration of various agencies within the community, SYBH has developed programs across schools, ethnic outreach centers, law enforcement agencies and other family-focused social services departments. SYBH strives to expand its PEI programs and continually develop new ideas to reach all populations and communities of Sutter and Yuba counties.

Prevention and Early Intervention programs use a variety of trainings and evidence-based practices to provide the community awareness, early interventions, and community campaign methods such as Knowing the Signs of Suicide and Each Mind Matters. Each activity within the program works to address the needs of subpopulations within the community. Program changes under PEI will include the addition of a funded public information officer position to help with information sharing, social media management, community forums, public education addressing stigma, discrimination, services access, and other behavioral health topics in the coming budget year. This position will help integrate important behavioral health topics into public health community education efforts. Additionally, if funding is available, SYBH will work to develop more adult focused PEI programming in alignment with stakeholder feedback to include partnering with other public entities such as the Sutter County Museum and Library around culture and community resilience, as well as brief solution focused therapy approaches, neurofeedback or other PEI supports focused on adults.

### **COVID-19**

The COVID-19 Pandemic has greatly affected the number of participants PEI has been able to reach in every division of the PEI program. Many programs had significantly decreased attendance rates or were not able to be offered at all during FY 21/22. As most programs are designed to be held in-person and to provide outreach or trainings face to face, the introduction of remote learning created

a barrier to access with our school age children. All schools in 2020 began remote classrooms with the introduction of school-based learning over a video monitor. With the number and limitations of in-person meeting participants also being restricted, adult programs have also seen a dramatic decrease in numbers. The PEI Staff with SYBH has had to redirect their efforts in response to the COVID-19 Pandemic.

The Prevention and Early Intervention staff have been working to improve tracking systems and ensure compliance with the Prevention and Early Intervention regulations released in July of 2018. Our agency has experienced challenges in having the proper systems in place to provide referrals for behavioral health services for all activities of the programs. This is in part because PEI activities are not managed in our Electronic Health Record. New requirements of the Sexual Orientation and Gender Identity (SOGI) questions have also created a barrier to having the demographic information collected. Once a participant reaches these required questions, they stop completing any of the remaining questions of the survey. This has led to an increase in the “declined to state option” for many of our demographics, not just the SOGI questions.

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## Prevention Programs and Activities

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The Prevention Program is composed of eight activities. These activities include among others, The Council, Girls’ Circle, Non-Binary Unity Circle, Nurtured Heart Approach, and the Camptonville Community Partnership. Each activity uses an evidence-based method and/or targets a subset of the community population to promote prevention efforts in the community. Each activity has its own set of indicators to measure outcomes based on its unique approach.

### *Activity: The Council*

*Program Code: PP-01*

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

The Council groups are well-suited in all settings where boys live and gather schools, after school programs, community youth groups and projects, juvenile justice settings, recreational programs, foster care services, mentoring projects, faith organizations, outdoor and adventure learning, camps, and mental health programs. Adolescent males are almost three times as likely as same-age females to have higher levels of substance abuse, especially binge drinking.

The Council is a strengths-based group approach for boys and youth who identify with male development to promote their safe and healthy passage through the pre-teen and adolescent years. PEI staff use a team approach in preparing for each session and use the curriculum as designed.

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

**Numbers Served:**

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

- In FY 21/22, 47 unduplicated clients were served

**Annual Target of Individuals Served:**

- 85 high school students

**Indicators and Desired Outcomes:**

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

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

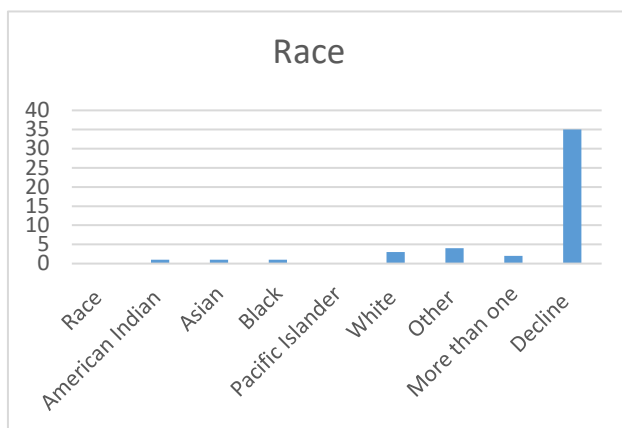
The outcomes predicted from this standardized curriculum are as follows:

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

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

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

**Demographics:**



*Activity: Girls Circle*

*Program Code: PP-02*

**Description:** Girls Circle is a high school or middle school girls' support group that runs in eight, ten, or twelve-week sessions, meeting once per week for 40-60 minutes. Each session has a theme, and each week includes activities and/or discussion related to topics within that theme. PEI staff facilitate and support the activities and/or discussions, but participants are encouraged to direct the discussions and to support each other.

The Girls Circle program is advertised at participating schools to enable staff to refer student to the program and enable girls to self-refer. Information tables & presentations have also been used to introduce the program at new schools or at sites where we are attempting to get information about the program out to a larger audience. School sites request our staff to provide Girls Circle with the school counselors referring students to the group.

**Indicators and Desired Outcomes:** Girls Circle measures outcomes in conjunction with any combination of the Girls Circle Activity Guides. This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model. Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. The facilitator collects and analyzes the forms to determine the upcoming content for the next class.

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

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

The outcomes predicted from this standardized curriculum are as follows:

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

**Goals:** Girls Circle goals are to reduce negative outcomes of untreated mental illness by counteracting social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. Connecting the students with the school counselor builds a safety net and a path to connecting to services.

**Numbers Served:**

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

- In FY 21/22, 166 unduplicated clients were served

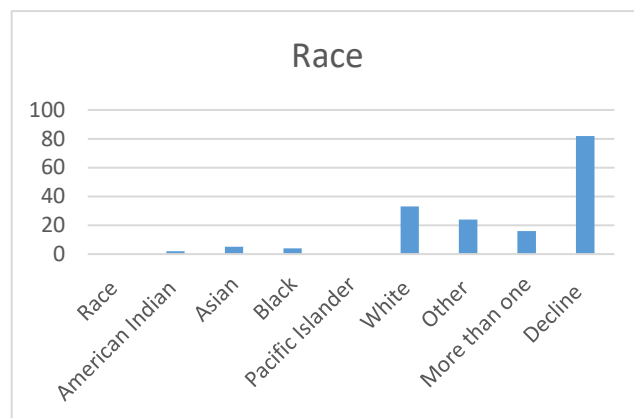
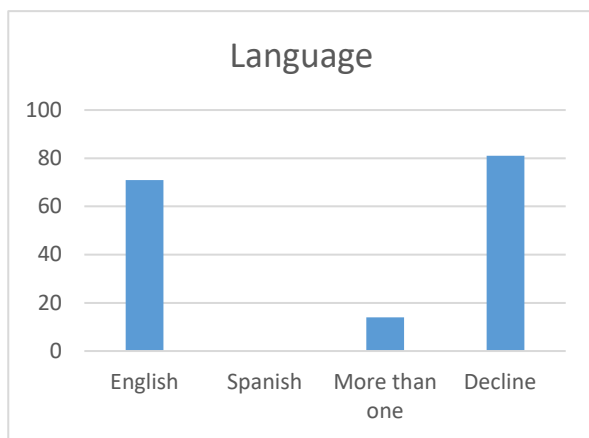
**Annual Target of Individuals Served:**

- 100 high school students
- 100 middle school students

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

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

**Demographics:**



*Activity: Unity Circle*

*Program Code: PP-03*

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

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

**Numbers Served:**

- In FY 21/22, 26 unduplicated clients were served

### Indicators and Desired Outcomes:

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

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

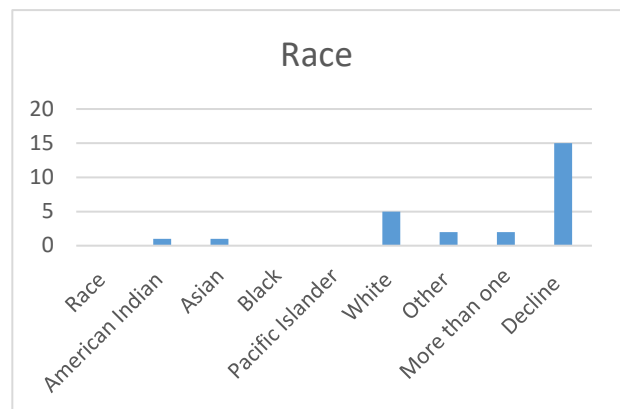
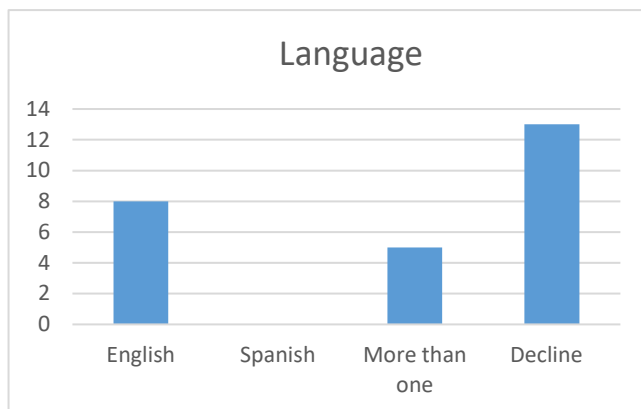
The outcomes predicted from this standardized curriculum are as follows:

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

### Data Collection and Evaluation:

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

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



*Activity: Nurtured Heart Approach*

*Program Code: PP-04*

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

**Indicators and Desired Outcomes:**

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

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

The outcomes predicted from this standardized curriculum are as follows:

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

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

**Numbers Served:**

- In FY 21/22, 100 unduplicated clients were served

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

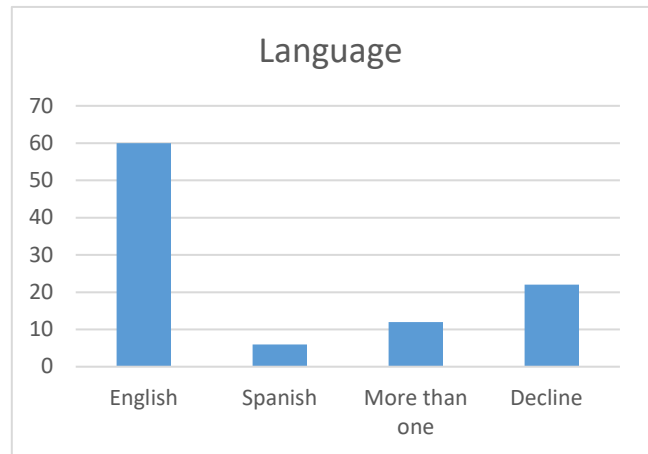
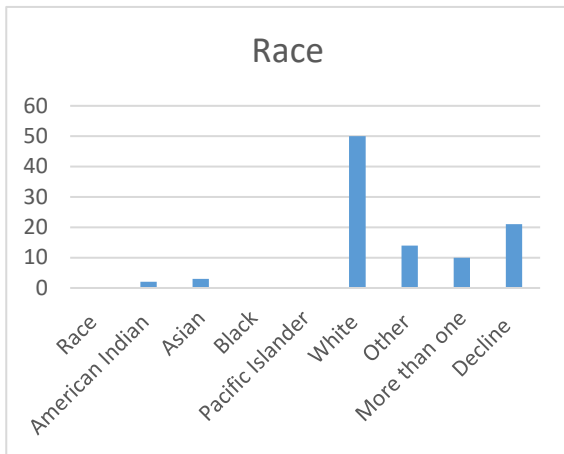
**Annual Target of Individuals Served:**

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

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

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

**Demographics:**



*Activity: Camptonville Community Partnership*

*Program Code: PP-05*

**Description:** The Camptonville Community Partnership Program is an activity that targets members of stressed families, students at risk of school failure, underserved populations, and those at risk of a potentially serious mental illness. The Program’s target population is Yuba County upper foothills youth aged 8 to 18 years of age. These efforts will increase the foothill community capacity to provide prevention and early intervention opportunities for youth. Referrals for the program come from the schools and foothills community members. The Camptonville Community Partnership Program helps strengthening relationships between family members, classmates and teachers through activities that provide teamwork and building their communication skills.

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

Activities are outlined below.

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

These activities:

- Develop after school/evening recreation program(s) using youth and adult mentors,
- Subsidized organized sport scholarships to cover the cost of participation (registration, travel, uniforms, equipment etc.)
- Provided stipends to aid the community in program participation

**Indicators and Desired Outcomes:**

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

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

The outcomes predicted from this standardized curriculum are as follows:

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

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

**Numbers Served:**

- In FY 21/22, 56 unduplicated clients were served

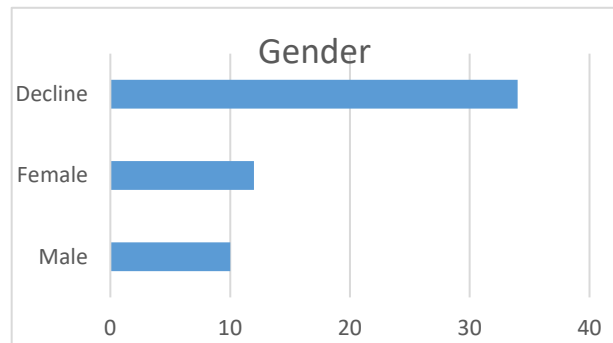
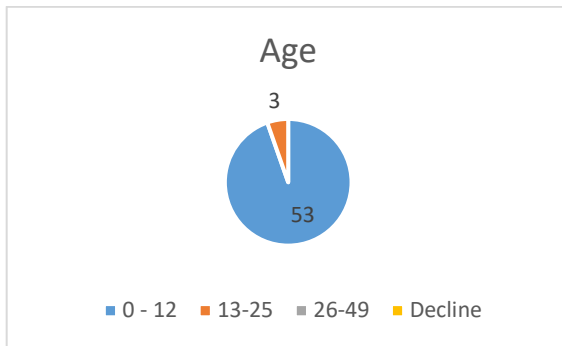
**Annual Target of Individuals Served:**

- 40 - 60 Youth and families

**Data Collection and Evaluation:** Monthly demographic reports are collected by the staff of CCP and are then sent to Prevention and Early Intervention staff with a thorough description of all monthly activities, including the number of individuals reached and how the activity provides protective factors and relates to prevention. Submitted documents include sign in sheets and satisfaction surveys.

**Culturally Competent:** Camptonville Community Partnership takes a multi-pronged approach that builds the Camptonville, Brownsville, Challenge community's capacity to sustain youth and engage mentorship to reduce negative outcomes. The Yuba County foothills region is an isolated community that requires outreach to the community through schools and local agencies to reach the various small towns in the region.

## Demographics:



*Activity: CyberBullying*

*Program Code: PP-06*

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

**Goals:** This program strives to achieve these goals:

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

**Numbers Served:**

- In FY 21/22, 44 Unduplicated clients were served

**Target Population:**

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

**Indicators and Desired Outcomes:**

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

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

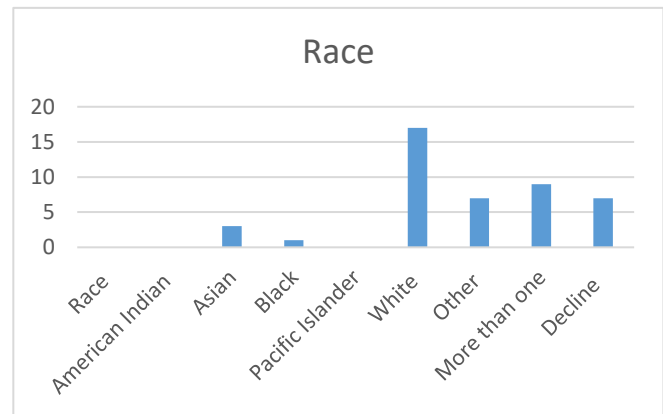
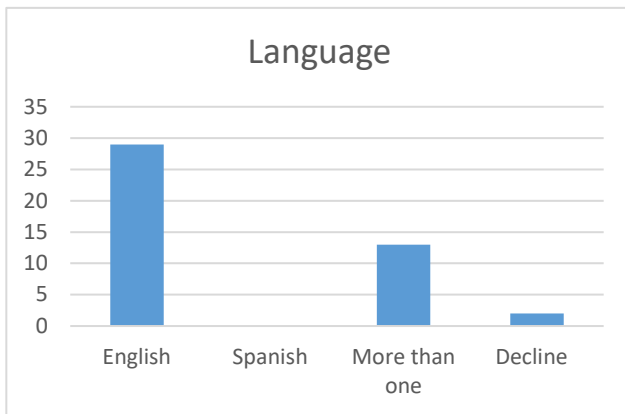
The outcomes predicted from this standardized curriculum are as follows:

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

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

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

**Demographics**



*Activity: Stopping the Pain*

*Program Code: PP-07*

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

**Goals:** Stopping the Pain works towards these program goals

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

**Numbers Served:**

- In FY 21/22, 22 clients were served

**Target Population:**

- High School Students

### Indicators and Desired Outcomes:

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

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

The outcomes predicted from this standardized curriculum are as follows:

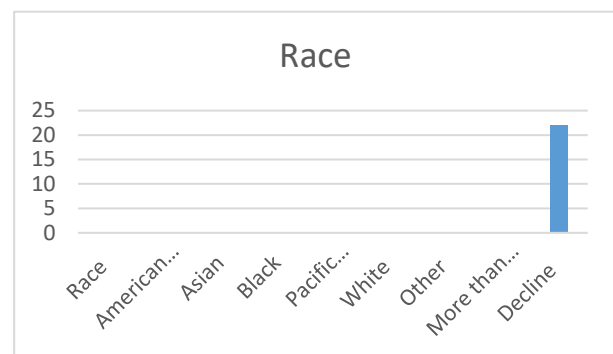
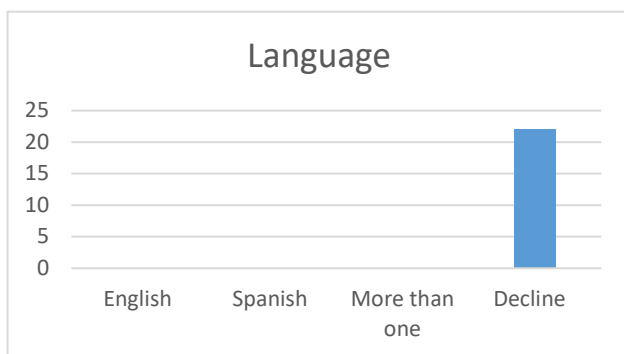
- Stop self-harm and become aware of my feelings
- Find new ways to cope with self-harm and build a positive plan
- Build better relationship with parents
- Find positive things in life that make people happy and have stronger self esteem

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

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

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

### Demographics



### NEW PREVENTION PROGRAMS FOR FY 22/23

*Activity: Women's Circle*

*Program Code: PP-08*

**Description:** The women's circle is a support group for women to share, explore, build skills, and encourage one another to live authentically in mind, body, heart, and spirit; through discussions and creative arts activities, women address and build skills in the areas of relationships, self-care, clarifying purpose, goal setting, money, conflicts, skills in work and professional life. The 10-week

**program focuses** on holistic health and wellness using a variety of creative processes such as collage, games, surveys, case studies, and analysis, along with guided visualization, stress relief, and inspirational role models to explore self-care and how to support one another. Themes include physical, emotional, spiritual, occupational, and financial wellness, intimacy, and sexual wellness in women's lives.

**Goals:** By participating in meaningful, gender-relevant discussions and capacity-building activities, women reinforce their vital roles within the community and society. Women grow through and toward relationships as they share diverse strengths and capabilities that shape their lives and communities.

**Numbers Served: 0**

**Annual target of individuals served: 20 to 25**

**Target population:** The women support group id s program for women in colleges, careers, recovery programs, institutions, job training, military or volunteer service, faith-based setting, homemakers, and caregivers. The women's circle Is open to anyone in our community regardless of Race/ethnicity.

**Indicators:**

- Women who have a difficult time making friends
- Women who would like to improve their relationship with family
- Women who have a hard time expressing themselves

**Desired outcomes:** Women gain Self-esteem, confidence, and power to live according to their true values.

**The approach used to select outcome:** Pre and post surveys

**Cultural Competency and Non-Stigmatizing and Non-Discriminatory Strategies:** The curriculum can be presented in English and Spanish.

**Data collection and frequency:** PEI staff will administer the pre- and post-surveys at the beginning and the end of the 10-session program.

**Demographics:** Demographics will be collected at the end of the FY: 22-23

*Activity: My Journey Grief Support Group*

*Program Code: PP-09*

**Description:**

- My Journey Grief support, a comprehensive, intervention-based program to support students after the death of an important person in their life (parent, caregiver, sibling, grandparent, friend, etc.).

- The My Journey Grief model is peer support, which consists of bringing grieving people together to form a compassionate and caring community who support and grow alongside one another, by creating a space for “kids to be kids” through a variety of methods including play, music, art, drama, and reflective sharing

**Goals:**

- Support groups helps students build resilience to overcome loss and adversity in their lives and grow from this loss and adversity.
- address the needs of the whole child: breaking down isolation and stigmas
- equipping families with coping strategies and communication skills
- promoting good mental and physical health.
- provide unlimited, and accessible support and advocacy to children and teens.

**Numbers Served: 0**

**Annual target of individuals served:** Pending program implementation

**Target population:** K-12

**Indicators:**

- **Social Isolation**
- **Reduce stigma around death and grief**
- **Youth that show signs of being over stress/overwhelm**
- **Youth that are Anxious and depressed**
- **Youth that are affected emotionally by the death of a loved one**

**Desired outcomes:**

- Empower educators and/or staff to create an empathetic environment in their classroom
- Learn how to understand how adversity, loss, and trauma shape the behaviors, learning, relationships, and wellbeing of children and adolescents
- Prepares students to navigate the adversity and loss in their daily lives – today and in the future
- Prevention-based social and emotional learning program for all K-12 students
- Parent/caregiver training on fostering resilience with children and teenagers within the home
- Reduce isolation and increase coping skills.
- Improved self-esteem and self-efficacy
- Feel more connected to the deceased parent or sibling
- Enhance sense of connectedness
- Adapt strategies such as mindfulness, emotion regulation and healthy coping.

**Approach used to select outcome:**

- Education and advocacy efforts

**Cultural Competency:**

**Data collection and frequency:**

No data will be collected for elementary schools, PEI is working on developing

**Demographics: 0**

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## Early Intervention Programs

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*Activity: Strengthening Families*

*Program Code: EIP-01*

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

**Goals:**

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

**Numbers Served:**

- In FY 21/22, 0 clients were served.

**Annual Target of Individuals Served:**

- 30 individuals.

**Indicators and Desired Outcomes:**

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

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

- Knowledge about depression and suicide
- Attitudes about depression and suicide
- Alcohol and drug abuse in children

- Social competencies
- School performance
- Parental understanding of child behaviors
- Child understanding of parental efforts

The outcomes predicted from this standardized curriculum are as follows:

- Increased protective factors and family interactions
- Learned nurturing skills that support their children
- Effective discipline and guidance for children during their teen years
- Appreciation for parental efforts
- Increased parental understanding of children’s behaviors
- Health understanding of limits for both parents and children

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

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

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

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

*Activity: Aggression Replacement training*

*Program Code: EIP-02*

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

The activity specifically targets chronically aggressive children and adolescents ages 12-17. Developed by Arnold P. Goldstein, Barry Glick, and John Gibbs, Aggression Replacement Training has been implemented in schools and juvenile delinquency programs across the United States and throughout the world.

**Goals:**

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

**Numbers Served:**

- In FY 21/22, 6 unduplicated clients were served

**Annual Target of Individuals Served:**

- 20 High School Students

**Indicators and Desired Outcomes:**

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

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

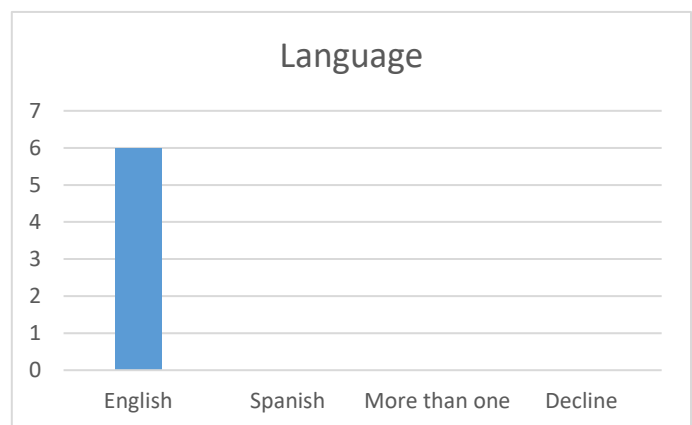
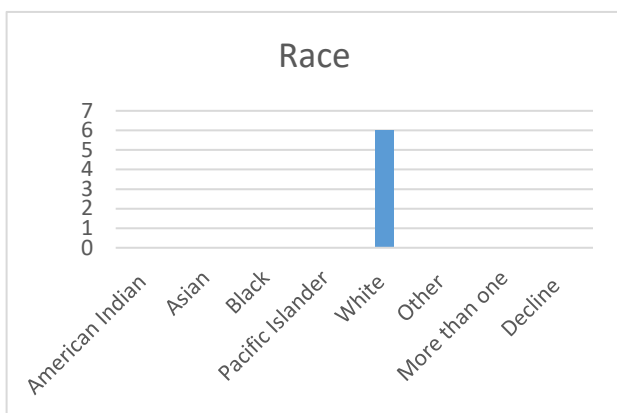
The outcomes predicted from this standardized curriculum are as follows:

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

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

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

**Demographics:**



*Activity: Second Step Bullying Prevention*

*Program Code: EIP-03*

**Description:** The Second Step Bullying Prevention includes training and resources for school staff, classroom lessons, games, activities, and Home Link materials for families, which build on the

foundation of Social Emotional Learning (SEL) to give schools the tools to prevent bullying. The Second Step Bullying Prevention Unit, combined with SEL, empowers schools to engage in comprehensive research-based bullying prevention, starting in kindergarten.

**Goals:**

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

**Numbers Served:**

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

**Annual Target of Individuals Served:**

- 800+ Elementary School children

**Indicators and Desired Outcomes:**

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

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

The outcomes predicted from this standardized curriculum are as follows:

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

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

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

**Demographics**

**All elementary school students decline to answer all demographics questions**

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

**Goals:**

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

**Successes:**

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

**Target Population:**

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

**Indicators and Desired Outcomes:**

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

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

The outcomes predicted from this standardized curriculum are as follows:

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

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

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

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

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

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## Outreach for Increasing Recognition of Early Signs of Mental Illness Program

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*Activity: Mental Health First Aid (MHFA)*

*Program Code: OES-01*

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

The course teaches participants the risk factors and warning signs of various mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose or provide any therapy or counseling. Instead, participants learn to support someone developing signs and symptoms of a mental illness or emotional crisis by applying a core five-step action plan. PEI staff collected all evaluations and analyzed Pre- and Post-Survey data in FY 21/22 to best measure changes in attitudes, knowledge, and behavior regarding suicide.

**Goals:**

- Provide life-assisting guidance to persons at risk in a flexible manner
- Identify what needs to be in a person at risk's plan for safety
- Demonstrate the skills required to provide suicide first aid to a person at risk of suicide

**Numbers Served:**

- In FY 21/22, 324 unduplicated clients were served

**Target Population:**

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

**Indicators and Desired Outcomes:**

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

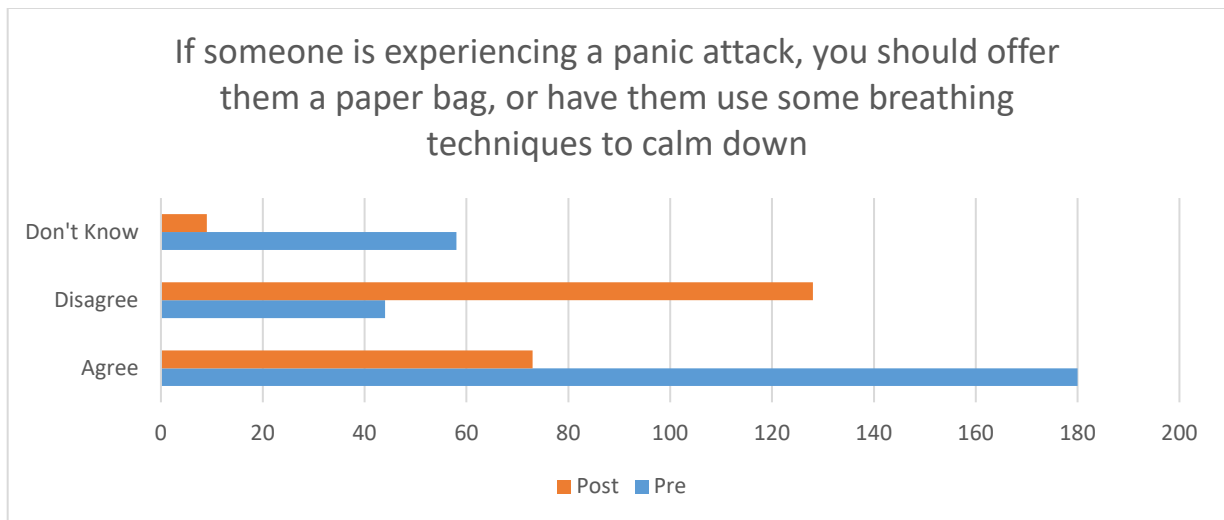
- Recognized risk factors and warning signs of various mental health challenges common among adolescents
- Anxiety or Depression
- Psychosis, Disruptive Behavior Disorders, and SUD's
- Eating Disorders
- AD/HD

The outcomes predicted from this standardized curriculum are as follows:

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

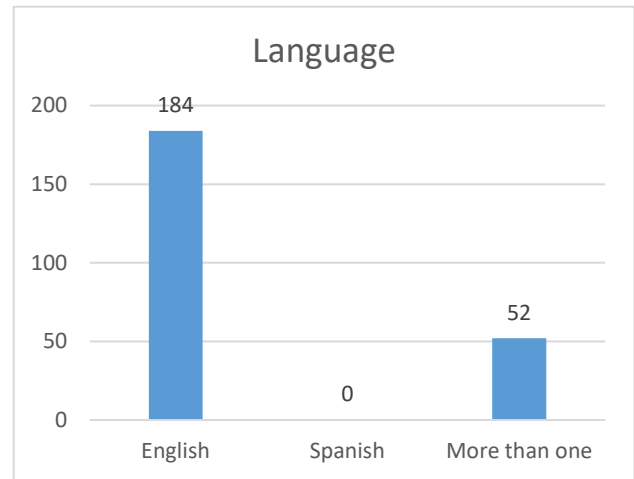
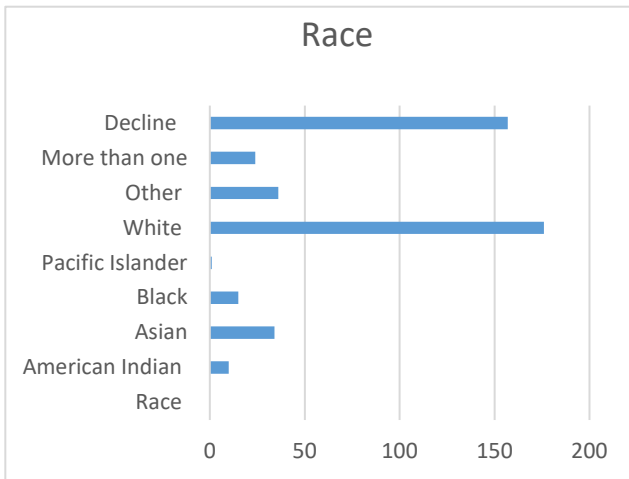
**Culturally Competent:** The MHFA/YMHFA program is intended for adults 18+ from all backgrounds, races, ethnicities, and ages. The curriculum is also available in Spanish. The teen Mental Health First Aid is intended for high school students from all backgrounds, races, and ethnicities. The curriculum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

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



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

**Demographics:**



*Activity: Behavioral Health Educational Videos*

*Program Code: OES - 02*

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

**Goals:**

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

**Numbers Served:**

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

**Target Population:**

- Sutter and Yuba Counties residents

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

The community planning process that took place this year provided consistent feedback indicating that community members want to be provided with consistent, current, and timely information about MHSAs programs, general mental health services, and means for accessing services. This included a recommendation that teachers, school districts and counselors are proactively outreached

to and have easy access to this information when seeking it. Furthermore, it was recommended that SYBH provide better navigation services to assist individuals new to services who have been attempting to access behavioral health services but are struggling with the many barriers and complexities encountered in the system. Subsequently, during FY 22/23 we will explore and, if fiscally possible, implement additional PEI funded staffing to increase outreach, public information sharing, and navigation services.

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## Stigma and Discrimination Reduction Programs

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*Activity: Tri-County Diversity*

*Program Code: RP-01*

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

Tri-County Diversity has a permanent address located at 201 D Street, Suite L In Marysville, Ca.

**Goals:** To provide social space, peer support and education to the gay, lesbian, bisexual, transgender and intersex members of Yuba, Sutter, and Colusa Counties, along with their straight supporters.

**Numbers Served:**

- In FY 21/22, 313 unduplicated students were served

**Annual Target of Individuals Served:**

- 225 Individuals

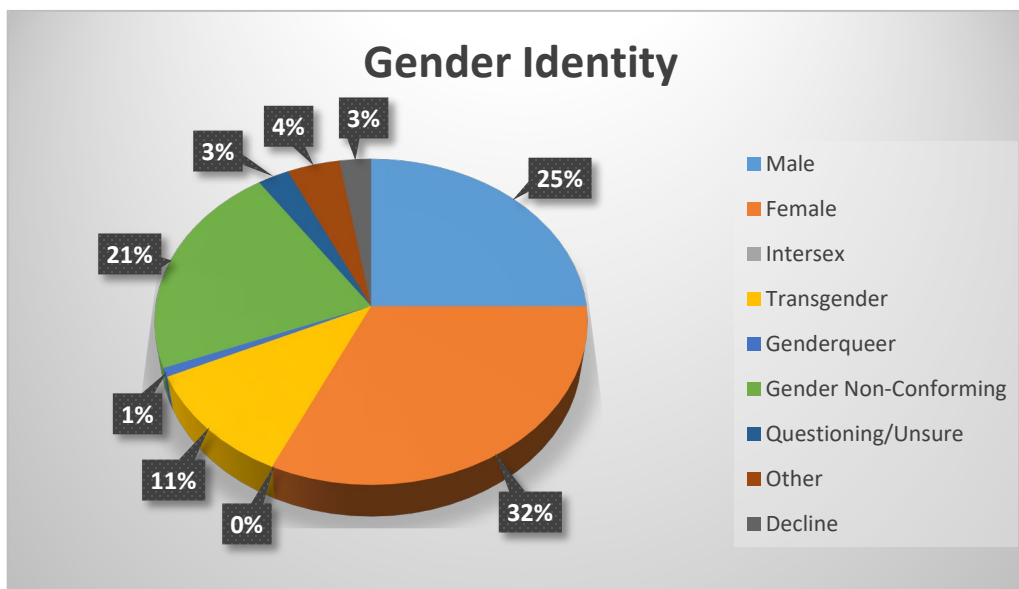
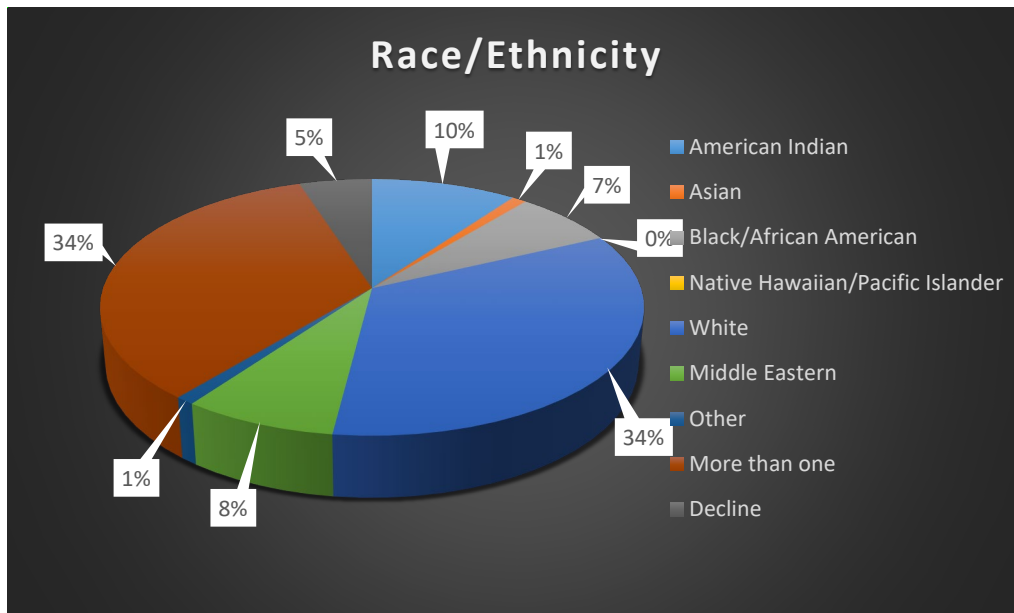
**Data Collection and Evaluation:** Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. For 2020-2021, Tri-County Diversity served a total of 313 people in 53 online outreach events, had hotline calls, mailed care packages, presented 3

virtual presentations, and gave Sutter-Yuba Behavioral Health referrals for additional mental health services.

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

**Demographics:**

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



*Activity: Hmong Impact Youth*

*Program Code: RP-02*

**Description:** Due to low penetration rates and contrasting reports from the community regarding challenges and barriers that Hmong youth and families often face with mental health issues, the Hmong Impact Youth program was created to educate, raise awareness, and decrease mental health stigma and discrimination and support Hmong youth who may be experiencing mental health issues. Because there is a cultural and generation gap amongst Hmong youth, parents and older adults, the Hmong Youth Needs Assessment Survey was tailored to gather information from the different perspectives of youth, parents, and the Hmong community. Although the target population is Hmong Youth, everyone is told at outreach events that anyone can become members if they identify with this underserved group.

The activity is Hmong youth driven under the Hmong American Association agency/umbrella, thus reducing mental health stigma compared to if ran through the Hmong outreach Center (HOC). Meeting locations are generally at the Hmong American Association office, located in downtown Marysville; however, meeting locations and activity locations also vary based on community needs. For example, Impact Youth has met at local churches, at the HOC, at Starbucks, at Cookie Tree, and various community locations that would allow the participants to feel more comfortable and have easier access. It was also agreed that running this program/service through Hmong American Association would allow for a broader scope, and thus broader range of activities to make it more culturally responsive, due to the limitations and scope of activities provided through the county. Hmong Outreach Center staff provides Technical Assistance and assists in putting together and keeping this program/service running since the Hmong American Association does not have staffing capacity. The Hmong American Association Board/staff are available anytime by phone, appointment, and/or at regular Hmong American Association Board meetings.

**Goals:**

- Becoming self-sustaining, with age, generational, and culturally appropriate activities that naturally engage and retain youth members
- Inspire new leaders to make a difference
- Preserve their Hmong culture
- Appreciate the sacrifices of the older generation
- Connect back to their roots
- To embrace their Hmong identity

**Numbers Served:**

- In FY 21/22, 228 unduplicated clients served.

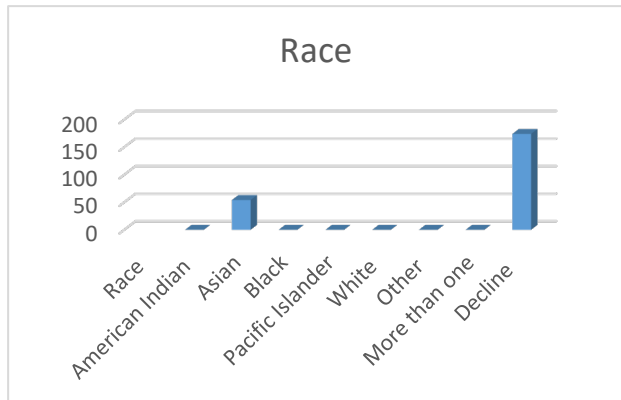
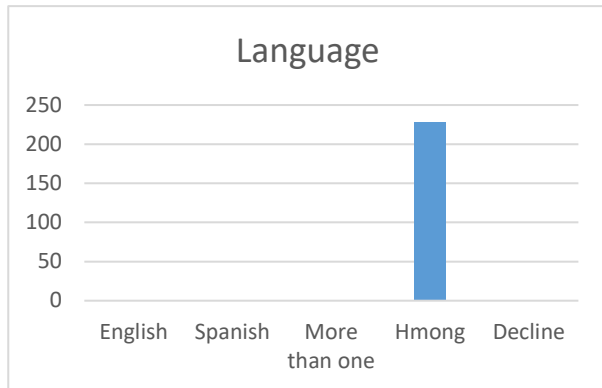
**Annual Target of Individuals Served:**

- 40 Hmong Youth

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

2022/2023 academic year.

### Demographics



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

*Program Code: RP-03*

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

**Goals:**

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

**Numbers Served:**

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

**Annual Target of Individuals Served:**

- 600 Individuals

**Indicators and Desired Outcomes:**

Indicators:

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

Desired outcomes:

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

**Data Collection and Evaluation:** Demographic data of participants was collected to determine the reach of the activity and their relationship to the community or profession. Some activities included a pre and post assessment to determine the impact of the activity on their knowledge and awareness.

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

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

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## Suicide Prevention Programs

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*Activity: Yellow Ribbon Suicide Prevention*

*Program Code: SP-01*

**Description:** This activity is intended for high school students, their families, and the staff at their schools. Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school.

**Goals:**

- Teach students how to identify the signs of depression and suicide in themselves and their peers
- Reduce stigma around mental health and suicide
- Encourage help-seeking behaviors through the Ask 4 Help message
- Engage parents and school staff as partners in prevention through “gatekeeper” education
- Increase knowledge about community resources for getting help
- Encourage schools to develop community-based partnerships

**Numbers Served:**

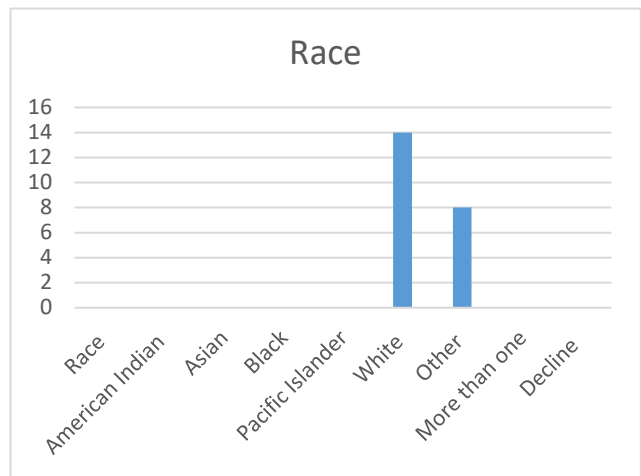
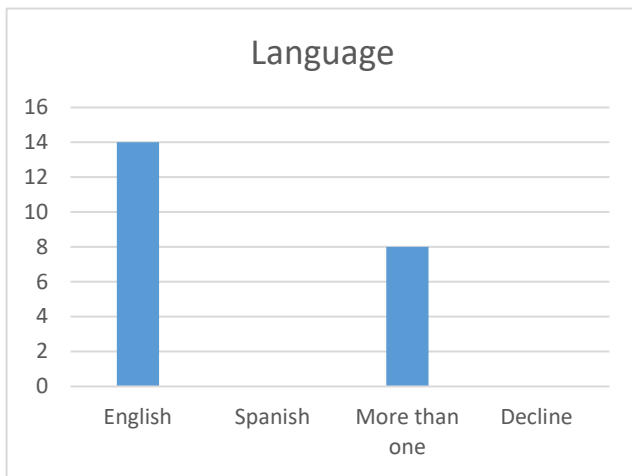
- In FY 21/22, 22 unduplicated clients were served. Due to the COVID-19 pandemic, restrictions around outreach events and gatherings limited the activities SYBH was able to hold.

**Target Population:**

- High School Students

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

*Demographics*



*Activity: Applied Suicide Intervention Skills Training (ASIST) Program Code: SP-02*

**Description:** The Applied Suicide Intervention Skills Training (ASIST) workshop is for community members who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours), two-trainer, intensive, interactive, and practice-dominated course designed to help people recognize risk and learn how to intervene to prevent the immediate risk of suicide. ASIST is for all community members in Sutter and Yuba Counties. Family, friends, and other community members may be the first to talk with a person at risk but have little or no training. ASIST can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide.

Sutter-Yuba Behavioral Health collaborates with organizations and agencies in the community to offer the training in various settings, including schools, government buildings, privately owned buildings, and Sutter-Yuba Behavioral Health locations. By offering the training in different locations, it is easier for community members from both Sutter and Yuba Counties to participate. The training

uses key processes: presentations, mini-presentations, open-ended questioning, Socratic questioning, simulation, and practice experiences, running simulations, and commenting through restatements and summaries. Trainers talk about what will be happening before it happens, and participants have the opportunity for increasing challenge as they become more comfortable with the concepts and start to practice skills.

**Goals:**

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

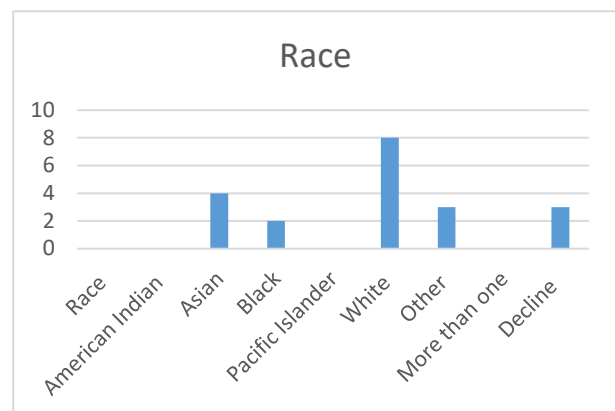
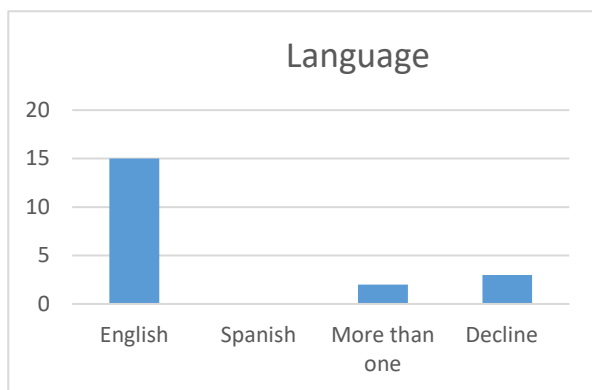
**Numbers Served:** 20 clients were served

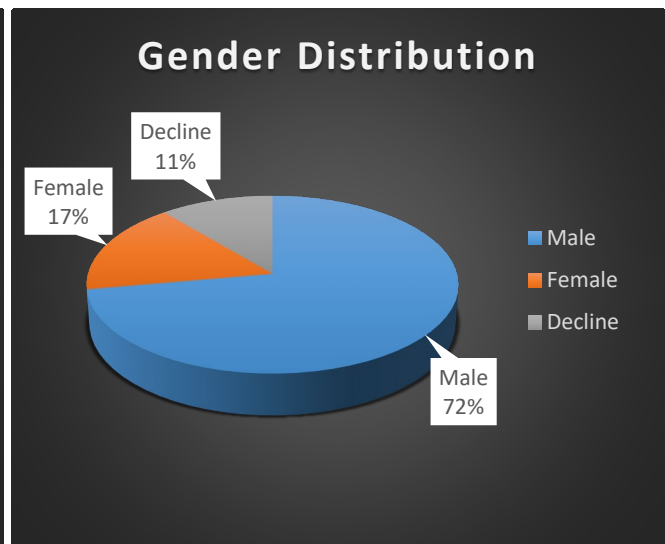
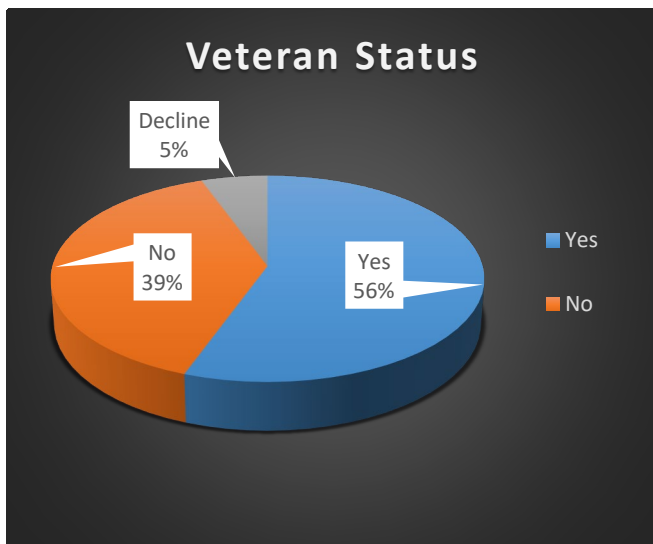
**Annual Target of Individuals Served:**

- 90 Adults

**Data Collection and Evaluation:** Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: “How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?” The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language. Data is collected through questionnaire evaluations at the beginning/early in the workshop and at the completion of the workshop for all participants. Evaluation methods were conducted using a Likert Scale, to measure changes in attitudes, knowledge and/or behavior regarding suicide. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcomes survey to track and evaluate the effectiveness of the program.

**Demographics:**





*Activity: SafeTALK*

*Program Code: SP-03*

**Description:** SafeTALK is a training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and connects them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all trainings. The ‘safe’ of SafeTALK stands for ‘suicide alertness for everyone’. The ‘TALK’ letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and Keep Safe. SafeTALK was developed by Living Works Education to complement longer suicide intervention training.

The SafeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these barriers. Six sixty- to ninety- second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used throughout the training to provide experiential references for the participants.

SafeTALK trainings are held in venues throughout Sutter and Yuba counties, including government buildings and community spaces. PEI staff collaborate with organizations and agencies in the community to offer the training in various settings including schools, government buildings, privately owned buildings, and behavioral health buildings. Offering the training in different locations facilitates the ability of community members from both counties we serve to participate. Program staff also employ several methods to reach out and engage potential training participants, including flyer distribution, social media postings, Eventbrite invites, emails, and other community outreach activities.

**Goals:**

- Learn how to become suicide alert

- Learn how to identify people who might be having thoughts of suicide
- Learn how to connect people who might be having thoughts of suicide to persons trained in suicide intervention

**Numbers Served:**

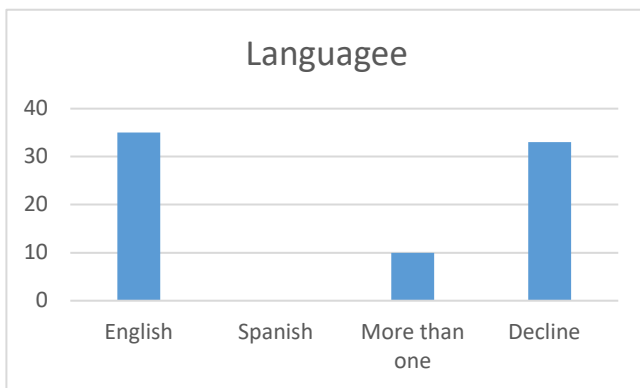
- In FY 21/22, 78 clients were served.

**Annual Target of Individuals Served:**

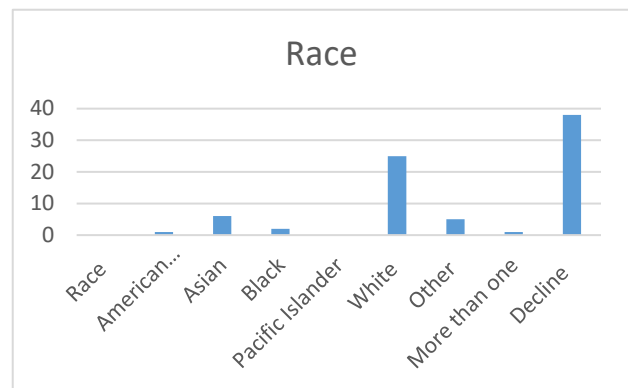
- 100 Adults

**Data Collection and Evaluation:** Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: “How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?” The evaluations are completed anonymously. The evaluations are written, in a culturally competent way, using non-stigmatizing language. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

**Demographics**



*Activity: Signs of Suicide Prevention*



*Program Code: SP-04*

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

**Goals:**

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

**Numbers Served:**

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

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

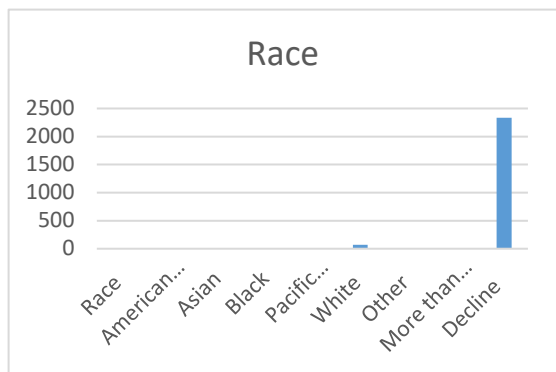
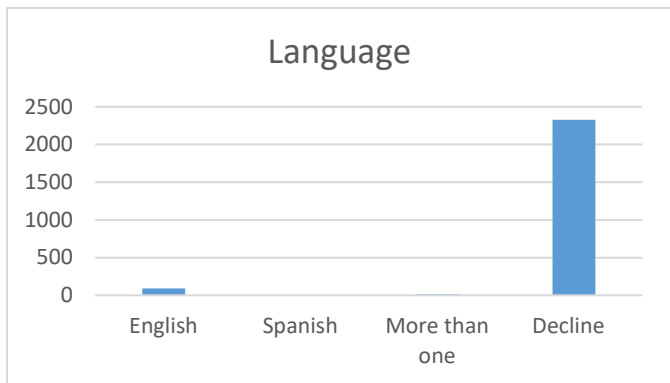
- Teach students how to identify the signs of depression and suicide in themselves and their peers
- Acknowledge the importance of seeking help
- engage parents and school staff as partners in prevention

**Data Collection and Evaluation:** At the beginning of the presentation, there is discussion about students’ knowledge about suicide and depression, as well as group brainstorming about who trusted adults could be within and outside of school. There is an optional student screening that assesses for depression and suicide risk and identifies students to refer or follow-up with staff. Many schools also follow the presentations with in-class and/or smaller group discussions. Informal data collection occurs at the beginning of the presentation, optional screening at the end of the presentation.

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

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

**Demographics:**



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## Access and Linkage to Treatment Program

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*Activity: Promotores Project*

*Program Code: AL-01*

**Description:** The Promotores Project was planned for and initiated during FY 18/19, but due to an unanticipated change in staffing this activity could not be fully implemented. This activity was expected to be re-ignited during FY 19/20. PEI faced some challenges in staffing the program. In FY 21/22, two new staff members were hired and assigned to manage the Promotores program, but the COVID-19 pandemic prevented PEI from implementing the program. Promotores did community outreach regarding Mental Health Awareness, Each Mind Matters, and Knowing the Signs of Suicide in FY 21/22.

**Goals:**

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

**Numbers Served:**

- In FY 21/22, 948 unduplicated clients were served

**Annual Target of Individuals Served:**

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

**Outcomes Desired:**

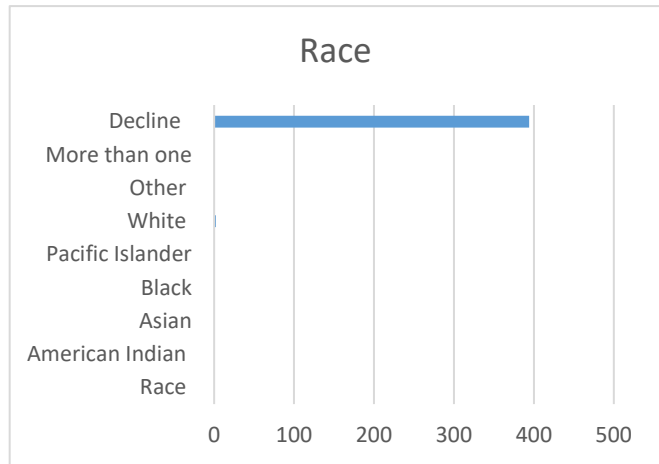
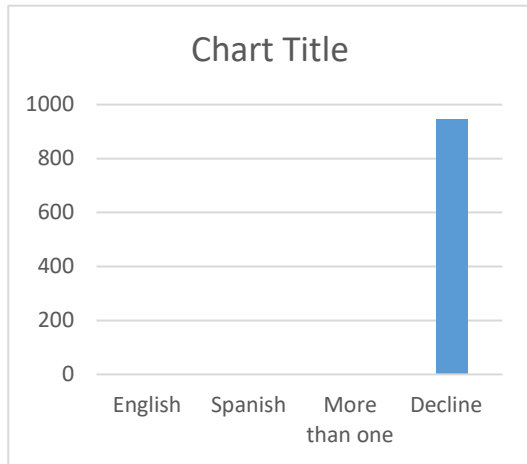
The outcomes desired from this standardized curriculum are as follows:

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

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

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

**Demographics:**



*Activity: Peer Resource Engagement Program (PREP)*

*Program Code: AL-02*

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

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

**Goals:**

- To spread mental health awareness and preventions tools to youth in Sutter and Yuba Counties
- Provide interventions to students of identified target populations and appropriately connect them to resources

- Add protective factors to students via mentoring, positive role-modeling, and support
- Improvement of grades and attendance and a decline in discipline and negative behaviors

**Numbers Served:**

- In FY 21/22, 417 unduplicated clients

**Annual Target of Individuals Served:**

- 500+ Individuals

**Indicators and Desired Outcomes:**

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

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

The outcomes predicted from this standardized curriculum are as follows:

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

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

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

*Homeless Engagement and Resolution Team (HEART)*

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

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

- Laundry
- Life Skills Classes

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

The team is a multidisciplinary team which is supervised by a Prevention Services Coordinator. The team consists of an Intervention Counselor, Peer Mentor, and Outreach Worker. The team partners with Law Enforcement, Code Enforcement officers and the street nurse team during outreach activities.

**Number Served:**

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

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

The Prevention Services Coordinator position was added in July 2022, as well as an intervention Counselor role specific to substance use disorders to work with the HEaRT team. In addition, during the CPPP process, the MHSA team took into consideration feedback provided to SYBH staff by community members in multiple different meetings and settings. These include: Sutter and Yuba County Board of Supervisors meetings, the Creating Safe and Informed Communities Committee monthly meetings, Sutter County weekly homeless planning meetings, and Community Health Assessment meetings conducted by Public Health. The overwhelming amount of community input regarding the need to address the issue of homelessness in the Yuba-Sutter area, as well as the need to provide behavioral health informed services to the homeless, led to the creation of a Community Services Manager position, to be funded partially by Public Health dollars and partially by Sutter Yuba Behavioral Health MHSA dollars. This will allow homeless services to be brought together under one program with one manager. As funding allows, additional program changes may be made to ensure that SYBH, HEART and iCARE team is coordinating with CalAIM services (community supports and enhanced care management) to support those who are homeless, and strategically evolving program performance to ensure effective integration with the efforts identified in the Sutter – Yuba Local Homeless Action Plan. If funding allows, these changes could include joint training opportunities for collaborating teams, enhancements in allowable data sharing efforts, focused work on integration and increased access to Substance Use Disorder Treatment services. Lastly, for those beneficiaries that the HEART or ICARE team houses, welcome home packages for critical household items will be provided to include kitchen utensils, cooking items, bedding and sheets, towels, and other allowable/reasonable items.

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## Timely Access to Services Program

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*Activity: Adult Early Intervention Program*

*Program Code: TA-01*

**Description:** The PEI-funded Adult and Older Adult Early Intervention Program is focused on serving adults and older adults who are newly diagnosed with a moderate to severe mental health condition, adults who have been in previous treatment but who have been mis-diagnosed, or adults who are identified as having severe mental health conditions that have gone untreated or significantly under-treated.

The goal of the Early Intervention Program is to provide education, support, and therapeutic tools for mental health recovery. These interventions will be provided in six one-hour weekly or bi-weekly therapy sessions after initial referral to the program. Adult therapists will combine education with tools from the following evidence-based treatments for early intervention: Cognitive Behavioral Therapy for anxiety and depression, Dialectical Behavior Therapy for personality disorder, emotion regulation disorders and co-occurring disorders, Seeking Safety for co-occurring trauma and substance use, NAVIGATE for psychotic disorders, and Motivational Interviewing for engagement across diagnostic categories. Participants will also be eligible to participate in weekly group therapy if desired. After the initial six hour-long sessions, participants in the program will continue to be eligible to participate in weekly group sessions as well as 30-minute individual therapy sessions every two, three, or four weeks as determined by the client and clinician. Clients may participate in the Early Intervention Program for up to 18 months after being received into the program.

The pandemic and staffing shortages delayed the startup of this program. SYBH plans for a FY 22/23 implementation.

*Activity: Family Urgent Response System (FURS)*

*Program Code: TA-02*

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

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

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

**Number Served:**

- In FY 21/22, 0 clients were served. The FURS Interim Plan was launched March 1, 2021, and the long-term plan fully launched July 1, 2021

**Data Collection and Evaluation:** In FY 21/22, the program was still in its infancy and had not served any clients. The contractor will be collecting data through its Call Source and Exym phone answering system and Electronic Health Record, respectively. The contractor will also be completing the CANS crisis module to help inform outcomes and treatment planning.

# All Prevention and Early Intervention Program Demographics

## Fiscal Year 2021-2022

FY - 21-22 - all programs															
Age Group	# of individuals		Race	# of individuals		Sexual Orientation	# of individuals		Gender Identity	# of individuals		Language Spoken	# of individuals		
	Prevention	Early Intervention		Prevention	Early Intervention		Prevention	Early Intervention		Prevention	Early Intervention		Prevention	Early Intervention	
0-15 yrs.	202	266	White	319	137	Lesbian or Gay	10	4	Female	414	163	English	462	182	
16-25 yrs.	98	42	African American or Black	16	16	Heterosexual	482	208	Male	154	92	Spanish	2	24	
26-59 yrs.	356	146	Asian	50	67	Bisexual	11	5	Transgender woman	0	0	Vietnamese	0	0	
60 & older	21	6	Native Hawaiian or Other Pacific Islander	2	8	Queer, pansexual, and/or questioning	9	1	Transgender man	0	0	Cantonese	0	0	
Declined to Answer	2512	1845	Alaska Native or Native American	12	2				Genderqueer	1	0	Mandarin	0	0	
			Other	101	39	Other	11	3	Other	2	0	Tagalog	0	0	
			More Than One Race	43	19	Declined to Answer	2660	2084	Declined to Answer	2621	2050	Cambodian	0	0	
			Declined to Answer	2646	2017	Disability		# of individuals		Hmong	0	0			
						# of individuals		Prevention	Early Intervention	Russian	0	0			
Veteran	# of individuals		Ethnicity	# of individuals		Communication	Prevention	Early Intervention	Mental (not SM)	2	2	Farsi	0	0	
	Prevention	Early Intervention		Prevention	Early Intervention		Physical/Mobility	6	1	Arabic	0	0			
Yes	35	71	Hispanic	155	62	Seeing	13	3	Chronic Health Condition	13	1	Other	0	0	
No	628	576	Non-Hispanic	214	183							More than one	109	32	
Declined to Answer	2526	1658	More Than One Ethnicity	18	5	Hearing or Having Speech Understood	3	1	Other (specify)	1	0				
			Declined to Answer	2802	2055	Other (specify)	1	0	Declined to Answer	2642	2145				
						None	Prevention	Early Intervention							
Total Number of Individuals Served during the Prior Fiscal Year Period:							3189	2305							
Cost Per Individual:							\$	\$							

# Appendix: Sutter-Yuba County

## County Contact and Specific Dates

The primary contact for Sutter-Yuba County is:

Name: Jesse Hallford  
Email: jhallford@co.sutter.ca.us  
Telephone: 530-822-7200 x 2372

Sutter-Yuba Behavioral Health (SYBH) local review dates are listed in the table below. More detail on Sutter-Yuba’s stakeholder engagement process can be found in the “Local Community Planning Process” section.

Local Review Process	Date
Date Proposal posted for 30-day Public Review	September 12, 2023
Local Mental Health Board Hearing approval	October 12, 2023
Board of Supervisors (BOS), calendared date to appear before BOS	December 2023

## Description of Local Need

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, our Children’s run by Youth 4 Change and an Adult program run 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 Partners also receive services through the Wellness and Recovery program and peer support services.

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 County 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.

### **Response to Local Need**

Through this Innovation proposal, Sutter-Yuba Behavioral Health seeks to participate in the statewide initiative to increase counties’ collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Sutter-Yuba Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. 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.
2. Explore how appropriate goals and metrics may vary based on population.
3. Develop training materials for staff and supervisors to support increased accuracy in the completion of DCR Outcome reports and forms.
4. Develop FSP Outcome and Audit reports that accurately reflect the impact FSP services are having on FSP partners
5. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
6. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
7. 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, how next steps and program modifications are identified).

In addition, this project will provide Sutter-Yuba Behavioral Health the opportunity to share and exchange knowledge with other counties participating in this project and through the statewide learning community.

**Local Community Planning Process**

The community planning process helps Sutter-Yuba County determine where to focus resources and effectively utilize MHSA funds to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, the MHSA Steering Committee, providers, community-based organizations, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared and discussed at the Behavioral Health Advisory Board meeting June 15, 2023 and at the monthly MHSA Steering Committee meeting on June 20, 2023. After the presentation, and a review of this proposed use of innovation funds, stakeholders acknowledged the project as an appropriate use of funding. The project is included in the MHSA Fiscal Year 23/24 Annual Update.

A draft plan was publicly posted for a 30-day comment period beginning on September 12, 2023. In addition, the plan will be presented at the Sutter-Yuba County Behavioral Health Advisory Board Hearing on October 12, 2023. The plan is scheduled to go before the Sutter-Yuba County Board of Supervisors for review and final approval in December 2023 (following the MHSOAC’s review process).

**County Budget Narrative**

Sutter-Yuba County will contribute up to \$1,226,250 over the ~5-year project period to support this statewide project. This amount will support project management and technical assistance provided by Third Sector, fiscal intermediary costs, and evaluation provided by RAND.

**Total Budget Request by Fiscal Year**

The table below depicts Sutter-Yuba County’s year-over-year contribution to the Innovation Project.

**Table 1**

	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	Total
<b>Individual County Contribution to the Collaborative*</b>	\$381,500	\$572,250	\$190,750	\$54,500	\$27,250	\$1,226,250

**Budget by Fiscal Year and Specific Budget Category**

**Table 2**

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>Total</b>
1.	Salaries	\$0	\$0	\$0	\$0	\$0	\$0
2.	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
3.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4.	Total Personnel Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Operating Costs (travel, hotel)</b>		<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>Total</b>
5.	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
6.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7.	Total Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>Total</b>
8.	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10.	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>Total</b>
11a.	Direct Costs (Third Sector)	\$350,000	\$500,000	\$150,000	\$0	\$0	\$1,000,000
11b.	Direct Costs (CalMHSA)	\$31,500	\$47,250	\$15,750	\$4,500	\$2,250	\$101,250
11c.	Direct Costs (Evaluator)	\$0	\$25,000	\$25,000	\$50,000	\$25,000	\$125,000
12.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13.	Total Consultant Costs	\$381,500	\$572,250	\$190,750	\$54,500	\$27,250	\$1,226,250
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>Total</b>
14.	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15.		\$0	\$0	\$0	\$0	\$0	\$0
16.	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>BUDGET TOTALS</b>							
Personnel		\$0	\$0	\$0	\$0	\$0	\$0
Direct Costs		\$381,500	\$572,250	\$190,750	\$54,500	\$27,250	\$1,226,250
Indirect Costs		\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Individual County Innovation Budget</b>		\$381,500	\$572,250	\$190,750	\$54,500	\$27,250	\$1,226,250

## Innovation Plan Appendix D: Cohort 2 Expansion (cont.)

### Appendix Overview

The following appendix contains specific details on the local context, local community planning process, and budget details for Sutter-Yuba County participating in the Multi-County FSP Innovation Project as an expansion to Cohort 2.

The appendix describes the county-specific need for this Multi-County FSP Innovation Project. Though there can be slight differences among participating counties' needs in terms of either the prioritization or the specifics, the response to this local need will be similar among counties through the execution of the Innovation Plan. The appendix also outlines a county-specific budget narrative and budget request by fiscal year, with detail on specific budget categories.

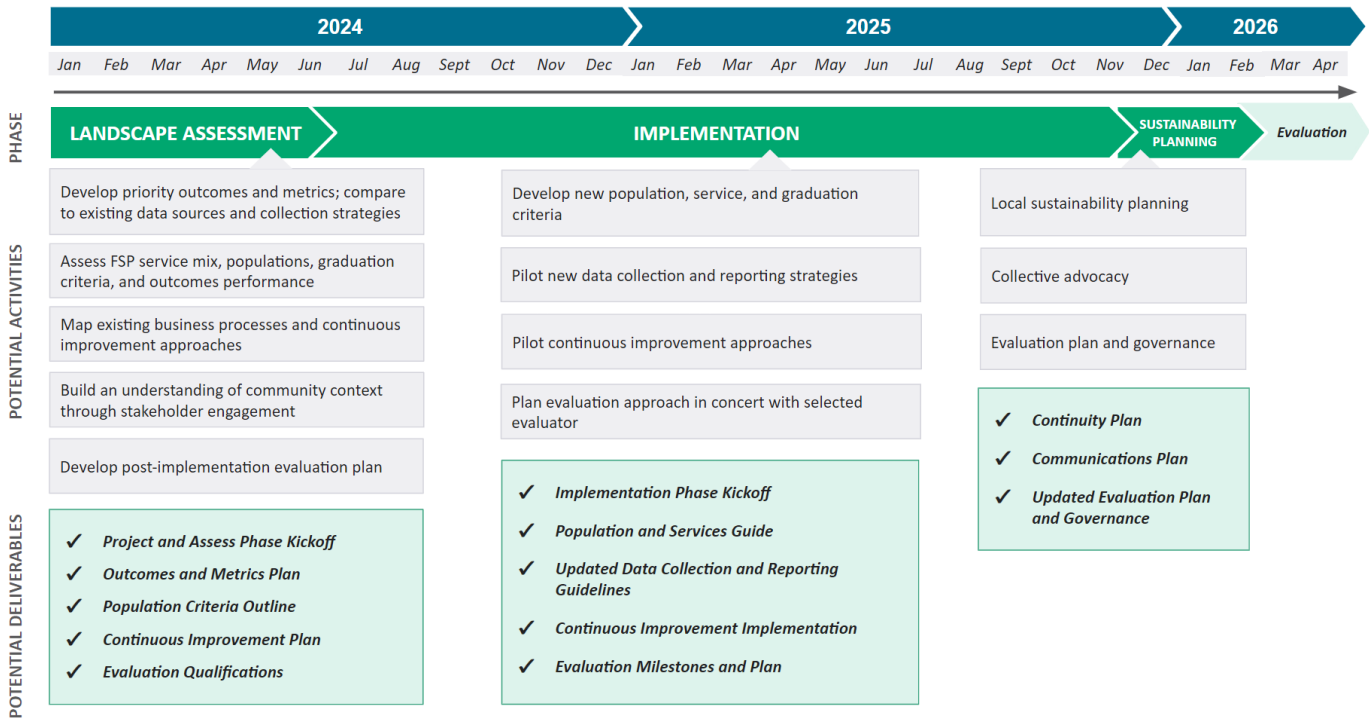
### Work Plan and Timeline

Sutter-Yuba County will join the Multi-County FSP Innovation Project in January 2024 and follow a similar work plan and timeline as the other participating counties. See **Figure 4** below for an illustrative Implementation TA work plan and timeline by phase.

While some adjustments in process and structure may occur to fit the unique needs of joining the project at this time, the goals of the project will remain consistent:

- 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)

**Figure 4: Sutter-Yuba County Illustrative Implementation TA Work Plan**



### Benefits of Project Expansion

The addition of Sutter-Yuba County to the Multi-County FSP Innovation Project as an expansion of Cohort 2 will continue to grow the impact of the project across the state. The current counties are developing a more consistent, data-driven approach to FSP that includes standardizing population definitions, process measures, and outcomes. Sutter-Yuba County will not only be able to adopt the work done to date but will also be able to build upon the work in a way that works for their local need. Examples may include:

- Adding child population definitions, process measures, and outcomes to the existing list of adult definitions and measures developed by Cohort 1
- Creating additional resources that can be replicated or adopted by other small, rural counties that often have different populations, needs, and resources
- Furthering the efforts to update the DCR by continuing to work with counties across the state and DHCS on potential improvements

The expansion of Cohort 2 will benefit the state by building on current initiatives and by increasing the resources available to other counties statewide by adding more ‘tools to the toolkit.’

Another benefit of growing the Innovation Project is the expansion of knowledge sharing across counties. In addition to joining the cohort-wide work done to date, Cohort 2 counties will also focus on several county-specific implementation initiatives to create lasting improvements within their individual FSP programs. By joining the existing project, new counties can leverage best practices and lessons learned from the counties that have already begun local implementation. For example, if Sutter-Yuba County determines they need to standardize their local graduation criteria across programs, they will benefit from the seven other counties that have already gone through this process. In turn, Cohort 1

counties will also be able to apply any new learnings from Cohort 2 counties through their continuous improvement structures.

Finally, Sutter-Yuba County will be added to the existing project evaluation, creating a broader understanding of the impact of direct technical assistance, highlighting additional learnings and benefits of a multi-county collaborative, and driving consistent data collection and analyses across all participating counties.

Ultimately, the addition of another Cohort 2 county will bring California one step closer to having consistent data to compare FSP programs and outcomes in a meaningful and equitable way and share best practices statewide through regular collaborative forums.

### **Budget Narrative**

The total proposed budget supporting Sutter-Yuba County is \$1,226,250 over approximately 5 years. This includes project expenditures for three different primary purposes: Third Sector implementation TA (\$1,000,000), fiscal and contract management through CalMHSA (\$101,250), and third-party evaluation (\$125,00). All costs will be funded using county MHSA Innovation funds.

## INNOVATION PROJECT PLAN

### Participating Counties:

- Cohort 1: Fresno<sup>1</sup>; Sacramento; San Mateo<sup>2</sup>; San Bernardino; Siskiyou; Ventura
- Cohort 2: Stanislaus, Lake
- Cohort 2 Expansion: Napa

**Project Title:** Multi-County Full Service Partnership (FSP) Innovation Project

### Duration of Project:

- Cohort 1: January 1, 2020 through June 30, 2024 (4.5 years)
- Cohort 2: August 1, 2021 through January 30, 2026 (4.5 years)
- Cohort 2 Expansion: Oct 1, 2022 through March 31, 2027 (4.5 years)

## Section 1: Innovation Regulations Requirements Categories

**General Requirement:** An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

**Primary Purpose:** An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

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<sup>1</sup> Fresno County has already submitted an Innovation Project plan to the MHSOAC detailing its plans to participate in this project; this plan was approved by the MHSOAC in June 2019.

<sup>2</sup> San Mateo County does not have MHSOAC INN funds available to commit to this project, but instead intends to use unspent MHSOAC CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but intends to participate in the broader effort and, thus, is included here and in the Multi-County FSP Innovation Project plan.

## Section 2: Project Overview

### Primary Challenge

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a “whatever it takes” approach to serving and partnering with individuals living with severe mental illness. In many counties, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Despite the positive impact of FSP, the program has yet to reach its full potential. Many Californians with serious mental illness still struggle to achieve fuller, more independent lives and achieve the outcomes that MHSA prioritizes (i.e., reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness).

Counties and FSP providers have identified two barriers to improving and delivering on the “whatever it takes” promise of FSP:

The first is a *lack of information* about which components of FSP programs deliver the greatest impact. To date, several counties have strived to establish FSP programs to address specific populations and specific underserved regions, but data collection has been limited or inconsistently implemented. Additionally, there have been few coordinated efforts or comprehensive analyses of this data. This has resulted in an approach to program development that is, in its most noble of intent, driven by a desire to serve the community, but based often only on a best guess as to what will be effective. Counties desire a more data-driven approach to program development and continuous improvement, one rooted in shared metrics that paints a more complete picture of how FSP clients are faring on an ongoing basis, is closely aligned with clients’ needs and goals, and allows comparison across programs, providers, and geographies. As one participating county (San Bernardino) described during an early planning meeting for this project, “Community members, FSP staff, and clinicians have identified an opportunity for data collection [and metrics] to be better integrated with assessment and therapeutic activities.” These metrics might move beyond the current state-required elements and allow the actionable use of data for more effective learning and ongoing program refinement. Several counties and their provider staff, for example, indicate that FSP data is collected for state-mandated compliance and does not inform decision-making or service quality improvements. In addition, data is collected within one system, typically by FSP providers; however, meaningful FSP outcomes are designed to be measured with cross-agency data (such as health care, criminal justice, etc.), meaning many counties are reliant on self-reported progress toward outcomes rather than verified sources.

The second barrier is *inconsistent FSP implementation*. FSP’s “whatever it takes” spirit has allowed necessary flexibility to adapt the FSP model for a wide variety of populations and unique local contexts. At the same time, this flexibility inhibits meaningful comparison and a unified standard of care across the state. During early planning conversations for this project, several counties indicated the need to improve how their county collects and uses FSP program data, particularly as it relates to creating

consistent and meaningful criteria for eligibility, referral, and graduation. As one participating county (San Bernardino) described, “consumers have expressed interest in a standardized format for eligibility criteria and [seek] consistency in services that are offered and/or provided.” While some variation to account for local context is to be expected, standardizing these processes using data, evidence, and best practices from across California offers the promise of significant performance improvements and better client outcomes.

To-date, several initiatives have worked on related challenges but have not identified solutions that are directly applicable to this dual-natured problem, or they have not attempted to apply solutions in a statewide context. Specifically:

- While Los Angeles (LA) County’s Department of Mental Health has attempted to address these two primary challenges via their FSP transformation pilot, it remains to be seen whether the metrics, strategies, and data-driven continuous improvement approach is directly applicable to other California counties, or whether their solutions need further customization and refinement in order to be used as a statewide model. Through this Multi-County FSP Innovation Project, counties will also seek to compare and leverage needs and solutions from Los Angeles County, determining how their metrics and processes can be adapted to be relevant to California counties of all geographies and sizes.
- In 2011 and 2014, the Mental Health Services Oversight and Accountability Commission (MHSOAC) supported two efforts<sup>3</sup> that, at a high level, worked to develop priority indicators of both consumer- and system-level mental health outcomes through leveraging existing data, develop templates and reports that would improve understanding of FSP impact on these outcomes, and identify gaps and redundancies in existing county data collection and system indicators. However, these efforts did not work to implement these changes in a collective, consistent multi-county manner, nor did they focus on additional FSP elements such as eligibility and graduation criteria. This effort also did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs.

### **Proposed Project**

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This Multi-County FSP Innovation Project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

The MHSOAC has supported Third Sector in leading counties through the process of developing and implementing this Multi-County FSP Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSP programs. A San Francisco-based nonprofit, Third Sector has helped behavioral and mental health programs nationwide create an

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<sup>3</sup> The 2011 effort was undertaken by the UCLA Center for Healthier Children, Families, and Communities and EMT Associates. The 2014 effort was undertaken by the UCLA Center for Healthier Children, Families, and Communities and Trylon.

improved focus on outcomes, guiding government agencies through the process of implementing and sustaining outcomes-oriented, data-driven services focused on improved meaningful life outcomes. *Section 4: INN Project Budget and Source of Expenditures* below further describes Third Sector’s experience and approach to transitioning social services programs to an outcomes orientation. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each participating county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Through participation in this Multi-County FSP Innovation Project, participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. Staff will examine what matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive FSP programs. The overall purpose and goals of the Multi-County FSP Innovation Project are to:

1. **Improve how counties define and track priority outcomes** and related performance measures, as well as counties’ ability to apply these measures consistently across FSP programs
2. **Develop new and/or strengthen existing processes for continuous improvement** with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and effectively using qualitative and quantitative data to inform potential FSP program modifications
3. **Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined** through various state-level and county-specific reporting tools
4. **Develop a shared understanding and more consistent interpretation of the core FSP components** across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context
5. **Increase the clarity and consistency of enrollment criteria, referral, and graduation processes** through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners

*Collaboration with a Statewide FSP Outcomes-Driven FSP Learning Community:* In addition to the county-specific implementation technical assistance (TA) proposed in this Innovation Project, counties participating in this Innovation Project have co-developed and will participate in a concurrent, statewide Outcomes-Driven FSP Learning Community that Third Sector is leading with funding from the MHSOAC. County MHSAs and FSP staff, FSP providers, FSP clients, and other community stakeholders will engage in an interactive learning process that includes hearing and sharing lived experiences and developing tools to elevate FSP participant voice. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the Outcomes-Driven FSP Learning Community, helping each group build upon the work of the other, and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

### *Rationale for Using the Proposed Approach*

Over the past several months, a broad group of counties (beyond the six counties participating in this Innovation Project) and Third Sector have convened to further unpack these challenges in a collective setting. Specifically, counties and Third Sector have collaborated in several virtual and in-person convenings to develop (i) an initial baseline understanding of counties' current FSP programs, including unique assets and challenges as it relates to defining and measuring important FSP client outcomes; data collection, data sharing, and data use; FSP services and population guidelines; and ongoing FSP performance management and continuous improvement processes, and (ii) an initial, shared plan for implementing outcomes-focused FSP improvements. Counties have expressed interest in developing a consistent and understandable framework for data collection and reporting across counties that better encourages actionable analysis of outcomes data and helps counties track the adoption of evidence-based practices.

The activities and goals proposed by this project are directly informed by these efforts and designed to respond to common challenges, capacity needs, and shared opportunities for FSP program improvements cited by counties.

This approach is also inspired by Los Angeles County Department of Mental Health's (LACDMH) journey to similarly focus their FSP programs on meaningful outcomes. This Innovation Project will build off LACDMH's early successes, implement adjusted strategies and approaches that are appropriate for a statewide context, and facilitate broader statewide exchange of collective learning and shared opportunities for improving FSP programs.

### *Number and Description of Population(s) Served*

This project focuses on transforming the data and processes counties use to manage their FSP programs to improve performance at scale; it does not entail direct services for FSP clients. Accordingly, we have not estimated the number of individuals that will be served or identified specific subpopulations of focus. This project will build outcomes-focused approaches across a variety of age-specific and population-specific FSP programs statewide, exploring and identifying key commonalities and relevant differences by population of focus, and building a flexible, scalable set of strategies that can be further implemented statewide.

## Research on the Innovative Component

This Innovation Project presents a new opportunity and innovative practice for participating counties in several ways:

### *1. Systems-Level Changes to Accelerate Performance*

Instead of piloting a new FSP service or intervention, this project will reduce barriers that prevent counties from leveraging data and evidence to deliver better outcomes in FSP programs. While piloting and testing new service interventions remains a key tool for driving mental health services innovation, far too often promising innovations are expected to take root in systems that lack the infrastructure or capacity to support them—leading to suboptimal replication, challenges disseminating learnings, or failure to scale. This Innovation Project seeks to address those structural barriers by accelerating counties' ongoing efforts to use data and shared outcome goals to continuously improve their FSP programs, and do so in a manner that centers on increasing statewide learning.

### *2. County-Driven Origins with Statewide Impacts*

This project also represents an opportunity for counties to drive state progress on reporting requirements, data collection, and data use. Many counties have individually struggled to track FSP client outcomes and make meaningful use of the existing data, but have to-date approached this problem alone. Recognizing these gaps and the power of a collective effort, counties themselves took the initiative to form this project as a response to their individual FSP program challenges and after hearing reflections on Los Angeles County Department of Mental Health's FSP transformation.

The county-driven origins of this project, paired with support from the MHSOAC, present a unique opportunity for participating counties to both (i) pursue county-specific implementation efforts that will drive lasting improvements within their *individual* FSP programs, and (ii) exchange learnings from these implementation efforts with other counties via a structured Outcomes-Driven FSP Learning Community designed to help increase *statewide* consensus on core FSP components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

### *3. Introducing New Practices for Encouraging Continuous Improvement and Learning*

This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients' experiences and life outcomes and aim to increase consistency in how FSP programs are administered within and *across* different counties. It aims to develop and pilot continuous improvement processes and actionable data use strategies that are tailored to each participating county's specific context, and to generate new learning and shared consensus around FSP program and performance management best practices, alongside other participating counties. For example, a county may implement a new data dashboard that helps better illustrate client utilization of emergency services over time. This dashboard could be used to understand the relationship between an incoming client's needs, FSP services delivered, and changes in emergency services utilization over time. With this newly clarified data, county staff and/or providers would be able to understand and collaboratively discuss how different clients' needs should determine the services they receive, based on the historical success of other, similar clients.

#### *4. Building on Individual County Progress to Create a Statewide Innovative Vision*

This project will build on the continuous improvement tools and learnings emerging from Third Sector’s existing work with the Los Angeles County Department of Mental Health’s (LACDMH) FSP transformation, which centered on understanding and improving core FSP outcomes across all age groups, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement. LACDMH’s FSP transformation efforts have led to the development of new continuous improvement-focused “Learning Collaboratives” (regular meetings for providers and LACDMH to review outcomes data and discuss new service approaches), have surfaced new learnings and questions (e.g., how to define and measure positive FSP life outcomes like “meaningful use of time”), and have better standardized FSP programs via clarified enrollment and graduation criteria. This project presents an opportunity to deeply explore these learnings and tools at a statewide level in a collaborative manner, bringing counties together to explore and identify which FSP changes and innovations that LACDMH pursued (or purposefully did not pursue) might be most relevant and applicable across counties and, importantly, what modifications are necessary to implement these learnings at a state-level. More specifically, counties will explore how these changes may need to be adopted to meet the needs of counties with a variety of different attributes (e.g., smaller counties, more rural counties, counties with fewer program staff, counties with fewer contracted FSP programs, counties with different ethnic and racial makeups), balancing the desire for increased consistency with the spirit of meeting local context and needs.

#### *5. Building Upon Existing Data-Focused Multi-County Collaborations*

In addition, this project differs from existing, data-focused multi-county Innovation Projects in its focus on *implementing and applying* data insights to refine current learning and continuous improvement practices within FSP programs.

Four California counties are currently participating in an FSP “classification” pilot study sponsored by the MHSOAC and in partnership with the Mental Health Data Alliance. Through surveys of specific programs, this “classification” pilot seeks to identify specific components of FSP programs that are associated with high-value outcomes, namely early exits. The “classification” study can create and already has produced valuable learning on how counties can define outcomes like early exit and what FSP program characteristics map to a specified outcome. Moreover, it is an important demonstration of the value of collecting, maintaining, and sharing descriptive information about FSP program profiles that counties can correlate to FSP client outcomes.

However, the “classification” pilot does not propose to support counties in *applying* such learnings to their FSP programs, or in creating sustainable data feedback loops that leverage existing data to drive more real-time, continuous program improvements. Additionally, as a pilot, it is limited to the four participating counties and to a select few FSP programs and types (TAY, Adult, and Older Adult). Counties participating in this Multi-County FSP Innovation Project may look at the entire range of FSP services (including Child). Finally, this project will regularly connect with a larger group of counties than the scope of the “classification” pilot allows, leveraging the statewide Outcomes-Driven FSP Learning Community that is open to all counties (beyond the six counties contributing funds in this Innovation Project proposal) and that will encourage broader statewide input and collaboration.

In 2011, the UCLA Center for Healthier Children, Families, and Communities and EMT Associates, with support from the MHSOAC, developed templates and reports on statewide and county-specific data that would improve understanding of MHSA's impact, as well as evaluated existing statewide data on FSP impact. While this effort worked to identify current data collection practices and develop data templates, it did not suggest new outcomes domains, data collection, or metrics. Moreover, this effort did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs and services.

Similarly, in 2014, the UCLA Center for Healthier Children, Families, and Communities and Trylon, with support from the MHSOAC, reviewed existing data to develop priority indicators of both consumer- and system-level mental health outcomes and understand trends and movement in these indicators over time. This effort also identified gaps and redundancies in existing county data collection and system indicators. However, it did not attempt to *implement* new and consistent outcomes and metrics across multiple counties, nor did it develop regular continuous improvement processes that would leverage these specific measures in an action-oriented, data-informed manner.

This Innovation Project will go beyond both the 2011 and 2014 UCLA-led projects by focusing on both the implementation of new data collection and data use strategies, improving consistency and clarity of program guidelines (especially those around cultural or other specific types of services, eligibility, and graduation), and better understanding the connection between FSP services and outcomes. In this manner, this proposed Multi-County FSP Innovation Project proposes a new approach by expanding the extent to which counties attempt to align and create consistency.

#### *5. Proposing Changes to State-level FSP Data Requirements*

Building from the above, this project also intends to surface specific data collection and data use elements that counties can use to track their FSP outcome goals in a more streamlined, consistent fashion that can be feasibly applied across the state. Through this project, counties will develop a more cohesive vision around which data elements and metrics are most relevant and recommend changes to statewide FSP data requirements that better prioritize and streamline their use. Ultimately, these recommendations will aim to better support counties in understanding who FSP serves, what services it provides, and which outcomes clients ultimately achieve.

#### **Stakeholder Input**

Through individual discussions and group convenings, Third Sector and participating counties have discussed several strategies to ensure that the Multi-County FSP Innovation Project aligns with each county's goals, including priorities expressed in stakeholder forums. The Appendix includes more detail about each county's specific stakeholder needs, how this project addresses these needs, and how community planning processes in each county have impacted the overall project vision.

To date, Third Sector has supported counties in sharing the project with local stakeholders by providing summary materials (i.e. project descriptions and talking points) and answers to frequently asked questions. These materials were requested by counties and designed to be accessible to a broad audience. Counties such as Sacramento and San Bernardino have already used and adapted these for community planning meetings, soliciting feedback that has helped to inform this plan. Currently, all

participating counties have shared this project as a part of their three-year plan, annual update, or standalone proposal for public comment and county Board of Supervisors' review.

Furthermore, this project intends to engage county stakeholders—including program participants, frontline staff, and other key community partners—throughout its duration. In the implementation stage, engagement activities may include consulting and soliciting feedback from stakeholders when defining the outcome goals, metrics, service components, and referral and graduation criteria. Counties may choose to do this through focus groups, interviews, and working group discussions. Counties may also invite participants or community representatives to participate in statewide Outcomes-Driven FSP Learning Community events. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future county meetings that are open to the public. Additional description of these activities can be found in the *Work Plan and Timeline* section below.

### **Learning Goals and Project Aims**

This project expects to contribute new learnings and capacities for participating counties throughout the county-specific TA and evaluation activities involved. Specifically, this project will seek to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to current FSP practices and program administration (“systems-level impacts”), and (B) the overall improvements for FSP client outcomes (“client-level impacts”). These two types of measures will help determine whether the practices developed by this project simplify and improve the usefulness of data collection and management and cross-county collaboration, and whether these practices support the project’s ultimate goal of improving FSP client outcomes. Guiding evaluation questions that this project aims to explore include, but are not limited to, the following, as divided by each type of impact:

#### *A) Systems-Level Impacts*

Systems-level impacts will be assessed both within each county to understand local administration changes, as well as across counties to assess the impact of the multi-county, collaborative approach. Guiding evaluation questions to understand changes to individual county FSP administration are:

1. What was the process that each participating county and Third Sector took to identify and refine FSP program practices?
2. What changes to counties’ original FSP program practices were made and piloted?
3. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
4. Has this project improved how data is shared and used to inform discussions within each county on FSP program performance and strategies for continuous improvement?
5. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within each participating county?

Beyond the above county-level learning goals, the project also aims to understand the value of a collaborative, multi-county approach via understanding the level of county collaboration, the quality of it, and its ultimate impact. Guiding evaluation questions to assess the collaborative nature of this project include, but are not limited to:

6. What was the process that participating counties and Third Sector took to create and sustain a collaborative, multi-county approach?
7. What concrete, transferrable learnings, tools, and/or recommendations for state-level change have resulted from the Outcomes-Driven FSP Learning Community and collective group of participating counties?
8. Which types of collaboration forums and topics have yielded the greatest value for county participants?

*B) Client-Level Impacts*

9. What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?

### **Evaluation and Learning Plan**

This project will include two types of learning and evaluation.

First, Third Sector and the counties will pursue a number of evaluation and data analysis activities throughout the duration of the project (as described in the *Work Plan and Timeline* section below) to better understand and measure current FSP outcomes and identify appropriate strategies for improving these outcomes.

Second, Third Sector and the California Mental Health Services Authority ("CalMHSA") will support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator. This third-party evaluator ("evaluator") will provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via an evaluation. These efforts will support counties in articulating a meaningful, data-informed impact story to share across the state about the specific actions pursued through this project and the resulting learnings.

Counties have expressed a desire to prioritize onboarding this evaluator in the early stages of the project. The counties have emphasized the importance of having this partner involved in any initial efforts to approximate counties' baseline FSP practices and performance, as well as provide appropriate time to execute any data-sharing agreements required for the evaluator to gather and assess outcomes data across each of the participating counties. Currently, counties have identified RAND Corporation as a potential evaluation partner, given that RAND has previously partnered with counties through CalMHSA and brings previous experience evaluating FSP programs in LA County. Participating counties, Third Sector,<sup>4</sup> and CalMHSA are currently taking steps to contract and onboard this evaluation partner.

A description and example measures for each of the nine evaluation questions follows below. Counties, with support from Third Sector and the evaluator, will develop and finalize these measures after contracting with the evaluator. The evaluation plan will include a timeline for defined deliverables and

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<sup>4</sup> Third Sector will support counties in identifying and onboarding an evaluation partner, developing an ongoing governance structure for collaborating with the evaluator, and finalizing outcome measures and required data collection strategies through Third Sector's TA period (i.e., through November 2021). Third Sector does not plan to have an ongoing role in the Evaluation period (December 2021 through June 2024).

will crystallize these evaluation questions, outcome measures, data-sharing requirements and resulting evaluation activities. Evaluation planning activities will also include developing and confirming a strategy for each county to gather and collect data consistently, both for the purposes of creating a baseline understanding of current FSP program practices and performance, as well as for gathering data required for the evaluation.

The table below proposes potential qualitative and quantitative measures to assess both systems-level and client-level impacts. As described above, these system-level impacts will assess the positive value and changes experienced by participating counties and community stakeholders. These systems-level measures will be tracked during and following the initial 23-month implementation TA period, and directly answer guiding evaluation questions 1-8 above. Additionally, this project proposes to measure overall improvements in FSP client outcomes that may occur during the project timeframe (client-level impacts), to better understand evaluation question 9 above.

<i>Example Measures</i>	<i>Example Data Source</i>	<i>Relevant Evaluation Questions</i>
<i>Systems-Level Impacts</i>		
Policy changes that a county, the Department of Health Care Services (DHCS), or the MHSOAC implemented as a result of the project	Qualitative interviews of participating counties, state agencies	2, 5, 7
New FSP service approach as a result of the project	Qualitative interviews of participating counties, observational data from local FSP programs	2, 4, 5, 7
New data sharing mechanisms and/or agreements created to support ongoing evaluation, feedback, and analysis of disparities	Qualitative interviews of participating counties	3, 4, 7
Improvements or changes to FSP continuous improvement practices	Qualitative interviews of participating counties	2, 3, 4, 5, 7
New FSP metrics or data elements measured in each county	Qualitative interviews of participating counties	2, 3, 4, 5, 7
FSP metrics or data elements removed by each county due to lack of relevance or usefulness	Qualitative interviews of participating counties	2, 3, 4, 5, 7
Overall staff and clinician satisfaction with quality and impact of outcome measures selected, changes to data collection practices and service guidelines	Survey and/or qualitative interviews of participating counties	2, 3, 4, 8

	Increased confidence from staff and clinicians that measures tracked are meaningful for participants and/or are regularly reviewed and used to inform programs	Survey and/or qualitative interviews of participating counties	3, 4, 8
	Increased understanding across providers and/or county staff of how priority outcomes are defined and the corresponding data collection and reporting requirements	Survey and/or qualitative interviews of participating counties and local staff	3, 4, 8
<b><i>Client- and Program Level Impacts</i></b>			
<i>Changes in cross-system outcomes, such as:</i>			
	Increased percentage of housing-insecure FSP clients connected with housing supports	Self-report via existing outcomes collections systems; data from local housing agencies	9
	Decreased recidivism for justice-involved FSP clients	Self-report via existing outcomes collections systems; data from local jails, and state prisons	9
	Decreased use of emergency psychiatric facilities	Self-report via existing outcomes collections systems; billing records from local hospitals via the county Mental Health Plan	9
	Increased percentage of clients engaging in recreational activities, employment, and/or other forms of meaningful use of time	Self-report via existing outcomes collections systems; additional new state and local data sharing agreements targeting tax and employment data	9
	Increased percentage of clients graduating FSP successfully	Enrollment and retention data from county FSP providers	9
	Increased program graduation rates for clients due to increased capacity (i.e., exits because clients are stable and re-integrated into the community)	Enrollment and retention data from county FSP providers	9
<i>Additional client-level outcomes, such as:</i>			

	Reduced FSP outcome disparities (i.e. disparities by race, ethnicity, and language)	Comparison of pre- and post-outcomes on existing outcomes collections systems	9
	Timely access to programs and services aligned with individuals' long-term goals	FSP provider services and billing records	9
	Decreased utilization of crisis services in counties (e.g., emergency rooms, mental health, justice) due to increased emphasis on prevention and wellbeing	Data from county hospitals, jails, FSP providers	9

Note that the time period for observing and evaluating changes in outcomes and metrics may end sooner (e.g., end of 2023), so as to provide sufficient time for the evaluator to measure and synthesize evaluation findings and to share this information with counties. Third Sector, the evaluator, and participating counties will determine the exact measures and an appropriate evaluation methodology for assessing client-level impacts during the project.

Participating counties will identify and finalize these measures, data sources, and associated learning goals during the first year of the project, memorialized in a shared evaluation plan, with advisory support from Third Sector and the evaluator. As mentioned above, it will be beneficial to the overall project and the project’s evaluation plan to identify and partner with an evaluator prior to finalizing the specific learning metrics, given the complex and systems-level nature of these changes. While the measures listed above are preliminary ideas and priorities identified by participating counties, Third Sector, the evaluator, and the counties will work to refine these measures in the first year of this project.

The evaluation plan will include a timeline for defined deliverables and will crystallize these evaluation questions, outcome measures, data-sharing requirements and resulting evaluation activities. Third Sector, participating counties, and the evaluator will also carefully consider and discuss strategies for mitigating possible unintended consequences when designing the evaluation and selecting measures to be tracked (e.g., any perverse incentives to graduate clients from FSP before they are ready). During the first year of the project, the evaluator and Third Sector will also support counties in identifying the appropriate method and steps to develop an accurate baseline of these measures. See the *Budget Narrative* section below for additional detail on the evaluation activities.

**NOTE: Cohort 2 will adopt the same project aims, learning goals, and a similar structure for stakeholder input and evaluation.**

### Section 3: Additional Information for Regulatory Requirements

#### Contracting

Participating counties intend to contract with a technical assistance provider to support counties with project implementation activities. As described above in the *Proposed Project* section, the MHSOAC has

supported Third Sector (a San Francisco-based nonprofit) in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSP programs. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and responding to any challenges.

Participating counties will also identify and contract with an evaluation partner during the first year of the project. The evaluation partner will support counties in designing and implementing a shared strategy for assessing the project impact.

Counties plan to contract with Third Sector and the evaluation partner through the existing Joint Powers Agreement (JPA) via CalMHSA. The JPA sets forward specific governance standards to guide county relationships with one another, Third Sector, and the evaluator and ensure appropriate regulatory compliance. CalMHSA will also develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties. As further detailed in Section 4, counties intend to use a portion of the Multi-County FSP Innovation Project budget to pay CalMHSA for this support.

### **Community Program Planning**

The Appendix to the Innovation Plan includes more detail about each participating county's specific stakeholder needs, how this project addresses these needs, and what the overall community planning process has involved in each county. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input throughout the duration of this project, including participation via specific focus group and stakeholder interview activities outlined in the project work plan.

### **Alignment with Mental Health Services Act General Standards**

This project meets MHS Act General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**
- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**
- It will establish a shared understanding of the core components of FSP programs and create a common framework that reflects best practices while adapting for local context and **cultural competency**
- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project

## **Cultural Competence and Stakeholder Involvement in Evaluation**

This project intends to engage each county's stakeholders (i.e., program participants, frontline staff, other key community partners) throughout its duration, including in evaluation activities. Example engagement activities may include, but are not limited to:

- Asking for input from FSP provider staff, clients or client representatives, partner agencies, and other stakeholders (via focus groups, interviews, surveys, and/or working group discussions) as counties identify and define outcome goals, develop meaningful metrics for tracking these goals over time, identify key FSP service components, and surface opportunities to clarify and streamline referral and graduation criteria
- Sharing and reviewing data gathered and analyzed throughout this project—including in the Evaluation period—with community members to gather additional input and insight in interpreting trends
- Inviting clients and/or client representatives to participate in statewide Outcomes-Driven FSP Learning Community events
- Soliciting qualitative feedback from stakeholders on how this project has helped (or hindered) FSP service delivery in each county and opportunities for further improvement
- Sharing learnings and regular updates from this project with stakeholders at MHS community planning meetings and county-specific stakeholder committees

## **Innovation Project Sustainability and Continuity of Care**

This Innovation Project does not propose to provide direct services to FSP clients. Each contractor (Third Sector; the third-party evaluator; CalMHSA) will operate in an advisory or administrative capacity and will not provide services to FSP clients. Throughout project implementation, participating counties will ensure continuity of FSP services, without disruption as result of this project.

Participating counties are strongly interested in sustaining any learnings, practices, and/or new statewide collaborative structures developed through this Innovation Project that demonstrate effectiveness in meeting the project goals. The Multi-County FSP Innovation Project work plan includes dedicated time and resources for sustainability planning among counties and Third Sector throughout each phase of the project. During the first two phases of the Implementation TA period (Landscape Assessment and Implementation), Third Sector will work closely with each participating county to ensure sustainability and transition considerations are identified and prioritized in developing new strategies for implementation, and that, by the conclusion of the project, county staff have the capacity to continue any such new strategies and practices piloted through this project.

In addition, the final two months of the Implementation TA period provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Participating counties may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. These plans are further described below in the *Work Plan and Timeline* section). Counties will also use findings from the evaluation to

identify which specific practices or changes were most effective for achieving the different client- and systems-level impacts that the project will measure, prioritizing these for continuation in future years.

Similarly, while Third Sector will organize and facilitate the statewide Outcomes-Driven FSP Learning Community in 2020, the counties and Third Sector intend for the Learning Community to be largely county-driven and county-led. The counties and Third Sector will gather feedback on the efficacy of the Learning Community at various points throughout the first year of the project (2020) and will develop a plan for continuing prioritized activities in an ongoing fashion, whether through county-led facilitation, ongoing Third Sector support, and/or another strategy. The counties and Third Sector welcome and hope to solicit the MHSOAC's input in these conversations.

### **Data Use and Protection**

Third Sector does not intend to request, collect, or hold client-level Personally Identifiable Information (PII) and/or Protected Health Information (PHI) during this Innovation Project. Participating counties may only provide Third Sector with de-identified and/or aggregate data related to their FSP programs. Any such de-identified and/or aggregate data provided will be stored electronically within secure file-sharing systems and made available only to employees with a valid need to access.

Should the third-party evaluator require access to individual level data and/or PII/PHI, CalMHSA, the evaluator and counties will take steps to ensure appropriate data protections are put in place and necessary data use agreements are established.

### **Communication and Dissemination Plan**

Throughout the ideation and development of this Innovation Project, Third Sector has maintained ongoing conversation with the MHSOAC to share updates on county convenings, submit contract deliverables, solicit feedback about project decisions, discuss areas of further collaboration, and generally ensure alignment of interests, goals, and expectations. As the project progresses and moves into a phase of county-specific landscaping and implementation TA, Third Sector will continue to share regular updates, questions, and deliverables with Commission staff. These updates may include summaries of common challenges that participating counties experience on their FSP programs, from state-level data collection and reporting to performance management and continuous improvement practices. Based on these common challenges, participating counties intend to develop a set of shared recommendations for changes to state-level data requirements. Through the statewide Outcomes-Driven FSP Learning Community, these recommendations will be co-created and informed by counties across the state. Third Sector will share regular updates on Learning Community workshops and may invite Commission staff to attend select events. Additionally, Third Sector and the counties will collaborate with the MHSOAC to determine if and when presentations to the Commission may be valuable for further disseminating project learnings.

As the implementation phase of work comes to a close, Third Sector will work with participating counties to develop a plan for sustaining new outcomes-focused, data-driven strategies. This will include developing a communication plan for sharing project activities, accomplishments, and takeaways with the MHSOAC and DHCS. Third Sector will share counties' recommended revisions to state data

requirements, and it will initiate discussions about opportunities for the MHSOAC and DHCS to streamline and clarify guidelines and requirements, supporting more effective and responsive FSP programs. Third Sector will also share insights about the process itself, from Innovation Plan development to implementation TA, and reflect on the successes and challenges of these efforts, promoting a discussion about the sustainability and scalability of future Innovation Projects.

## **Work Plan and Timeline**

### *Project Activities and Deliverables and Timeline*

The Multi-County FSP Innovation Project will begin in January 2020 and end in June 2024 for a total project duration of 4.5 years. The project will be divided into two periods: an Implementation TA period and an Evaluation period. Throughout project implementation, counties will ensure continuity of FSP services.

In the first 23-month Implementation TA period, Third Sector will work directly with each participating county to understand each county's local FSP context and provide targeted, county-specific assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings or calls with counties' core project staff, regular site visits and in-person working groups, and in-person stakeholder meetings, in order to advance the project objectives. These efforts will build on learnings and tools developed in Third Sector's work with the Los Angeles County Department of Mental Health, as well as Third Sector's previous partnerships with other California and national behavioral health, human services, justice, and housing agencies. Each county will receive dedicated technical support with a combination of activities and deliverables tailored for their unique county context, while also having access to shared resources and tools applicable across all FSP programs and counties.

This Implementation TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on each county's needs and goals. County staff and Third Sector will collaborate over the next several months to identify each county's most priority activities and goals and to create a unique scope of work to meet these needs. See **Figure 1** below for an illustrative Implementation TA work plan and timeline by phase.

In the second period of the project, participating counties will pursue an evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces.<sup>5</sup> This Evaluation Period and the overall Multi-County FSP Innovation Project will conclude at the end of June 2024.

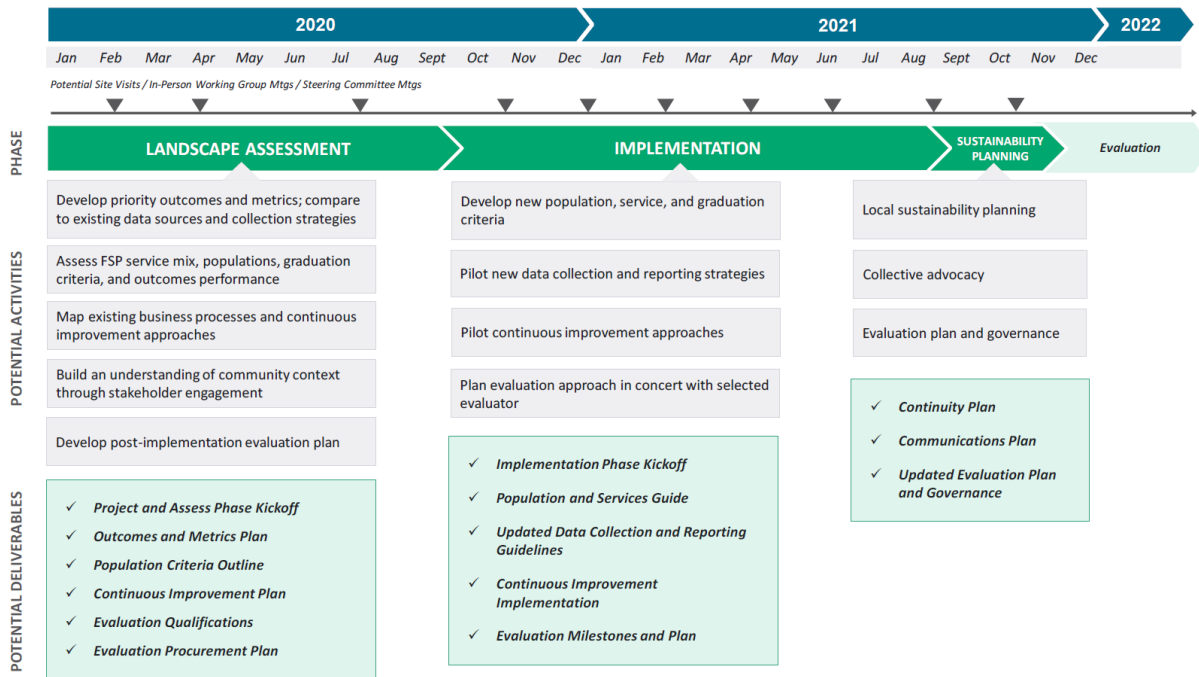
NOTE: Cohort 2 and its expansion will follow a parallel workplan and timeline. See Appendix B and Appendix C for details.

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<sup>5</sup> Note that this evaluator will also be a part of the Implementation TA period, given the importance of having this partner involved in any initial efforts to approximate counties' baseline FSP practices and performance, as well as to provide appropriate time to execute any data use agreements required for the evaluator to gather and assess outcomes data across each of the participating counties. Additional details on the timeline and plan for onboarding an evaluation partner follow in the sections below.

**Figure 1: Cohort 1 Illustrative Implementation TA Work Plan**

Figure 1: Illustrative Implementation TA Work Plan



### *Phase 1: Landscape Assessment*

The Landscape Assessment phase will act as a ramp-up period and an opportunity for Third Sector to learn about each county's context in further detail, including local community assets, resources, and opportunities, existing FSP program practices, and performance on existing outcomes measures. Building off of templates from national mental and behavioral health projects, Third Sector will customize deliverables and activities for each county's local FSP context. During this phase, Third Sector will work with county staff to lead working groups and interviews, analyze county data, and facilitate meetings with local stakeholders to identify opportunities for improvement. County staff will share data and documents with Third Sector and provide guidance on local priorities and past experiences. Other example activities may include conducting logic models and root cause analyses to create consensus around desired FSP outcomes, reviewing current outcomes and performance data to understand trends, and gathering qualitative data about the client journey and staff challenges. By the end of this phase, each participating county will have an understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during the Implementation phase.

Third Sector will produce a selection of the following illustrative deliverables, as appropriate for each county's unique context and needs:

- *Outcomes and Metrics Plan:* Recommended improved FSP outcomes and metrics to understand model fidelity and client success, including recommended areas of commonality, alignment, and consistency across counties
- *Population to Program Map:* A map of current FSP sub-populations, FSP programs, and community need, to illuminate any potential gaps or opportunities
- *Population Criteria Outline:* Recommended changes to population eligibility criteria, service requirements, and graduation criteria
- *Current State to Opportunity Map:* A map of metrics and existing data sources, including identification of any gaps and opportunities for improved linkages and continuity (e.g., auto-population of fields, removal of duplicate metrics, linking services or billing data to understand trends, opportunities to use additional administrative data sources to validate self-reported data)
- *Outcomes Performance Assessment:* An assessment of provider and clinic performance against preliminary performance targets, leveraging existing data and metrics
- *Process Map:* A process map identifying current continuous improvement and data-sharing processes and opportunities for improvement
- *Implementation Plan:* An implementation plan for new continuous improvement processes, both internal (i.e., creating improved feedback loops and coordination between county data, funding, and clinical or program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers)

During this phase, Third Sector and the counties will develop a set of qualifications and work plan for procuring a third-party evaluator. Example evaluator-led activities and deliverables include:

- Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)

- Work plan for executing any required data-use agreements and/or Institutional Review Board (IRB) approvals that may be necessary to implement the evaluation
- Evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client- and systems-level impacts
- Final impact report

Counties will select an evaluator based upon the qualifications and work plan described above. Following procurement and/or onboarding as appropriate, Third Sector, counties, and the evaluator will develop a scope of work detailing the exact deliverables and activities that the evaluator will lead as part of the evaluation, and any associated planning and preparing (e.g. validation of baseline FSP practices and performance) that should occur during the Implementation phase.

### *Phase 2: Implementation*

Third Sector will provide individualized guidance and support to each county through the Phase 2 Implementation process, piloting new strategies that were developed during Phase 1. Understanding limitations on staff capacity, Third Sector will support county staff by preparing materials, analyzing and benchmarking performance data, helping execute on data-sharing agreements, and leading working group or project governance meetings. County staff will assist with local and internal coordination in order to meet project milestones. Additional activities in Phase 2 may include the following: improving coordination across county agencies to create a human-centered approach to client handoffs and transfers, completing data feedback loops, and developing new referral approaches for equitable access across client FSP populations. As a result of this phase, county staff will have piloted and begun implementing new outcomes-oriented, data-driven strategies.

With Third Sector's implementation support, participating counties may achieve a selection of the following deliverables in Phase 2:

- *Referral Strategies*: Piloted strategies to improve coordination with referral partners and the flow of clients through the system
- *Population and Services Guide*: New and/or revised population guidelines, service requirements, and graduation criteria
- *Updated Data Collection and Reporting Guidelines*: Streamlined data reporting and submission requirements
- *Data Dashboards*: User-friendly data dashboards displaying performance against priority FSP metrics
- *Continuous Improvement Process Implementation*: Piloted continuous improvement and business processes to create clear data feedback loops to improve services and outcomes
- *Staff Training*: Staff trained on continuous improvement best practices
- *FSP Framework*: Synthesized learnings and recommendations for the FSP framework that counties and Third Sector can share with the broader statewide Outcomes-Driven FSP Learning Community for further refinement
- *FSP Outcomes and Metrics Advocacy Packet*: Recommendations on improved FSP outcomes, metrics, and data collection and sharing practices for use in conversations and advocacy in stakeholder forums and with policy makers.

### *Phase 3: Sustainability Planning*

Throughout Phases 1 and 2, Third Sector will work closely with each participating to ensure sustainability and transition considerations are identified and prioritized during implementation, and that, by the conclusion of the project, county staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 will provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Participating counties may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. Specific Phase 3 activities may include articulating lessons learned, applying lessons learned to other mental health and social service efforts, creating ongoing county work plans, and developing an FSP impact story. As a result of Phase 3, each participating county will have a clear path forward to continue building on the accomplishments of the project.

Third Sector will produce a selection of the following deliverables for each county:

- *Project Case Study*: A project case study highlighting the specific implementation approach, concrete changes, and lessons learned
- *Continuity Plan*: A continuity plan that identifies specific activities, timelines and resources required to continue to implement additional outcomes-oriented, data-driven approaches
- *Project Toolkit*: A project toolkit articulating the specific approaches and strategies that were successful in the local FSP transformation for use in similarly shifting other mental health and related services to an outcomes orientation
- *Communications Plan*: A communications strategy articulating communications activities, timelines, and messaging
- *Project Takeaways*: Summary documents articulating major takeaways for educating statewide stakeholders on the value of the new approach
- *Evaluation Work Plan and Governance*: An evaluation work plan to assist the counties and the evaluation partner in project managing the Evaluation period

### *Expected Outcomes*

At the end of this project, each participating county will have clearly defined FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation. The specific implementation activities may vary based on the results of each county's landscape assessment, but may include the following: piloting new referral processes, updating service guidelines and graduation criteria, using qualitative and quantitative data to identify program gaps, sharing data across providers, agencies, and counties, streamlining data practices, improving data-reporting formats, implementing data-driven continuous improvement processes, and recommending changes to state-level data requirements.

## Section 4: INN Project Budget and Source of Expenditures

### Overview of Project Budget and Sources of Expenditures: All Counties

The total proposed budget supporting six counties in pursuing this Innovation Project is approximately \$4.85M over 4.5-years. This includes project expenditures for four different primary purposes: Third Sector implementation TA (\$2.87M), fiscal and contract management through CalMHSA (\$.314M), third-party evaluation (\$0.596M), as well as additional expenditures for county-specific needs (“County-Specific Costs”) (\$1.07M).

All costs will be funded using county MHSAs Innovation funds, with the exception of San Mateo County which will contribute available one-time CSS funding. Counties will contribute varying levels of funding towards a collective pool of resources that will support the project expenditures (excluding County-Specific Costs, which counties will manage and administer directly). This pooled funding approach will streamline counties’ funding contributions and drawdowns, reduce individual project overhead, and increase coordination across counties in the use of these funds. See **Figure 2** below for the estimated total sources and uses of the project budget over the 4.5-year project duration across all six participating counties. The Appendix includes additional detail on each county’s specific contributions and planned expenditures.

### Budget Narrative for Shared Project Costs

Consultant Costs and Contracts: Each county is contributing funding to a shared pool of resources that will support the different contractor and consultant costs associated with the project. These costs include support from Third Sector (implementation TA), CalMHSA (fiscal and contract management), and the third-party evaluator (evaluation). These consultants and contractors will operate across the group of participating counties, in addition to supporting each individual county with its own unique support needs.

The total amount of consultant and contractor costs is approximately \$3.78M across all six counties over the 4.5 year timeline. A description of each of these three cost categories follows below.

#### *Third Sector Costs*

As described in the *Project Activities and Deliverables* section above, Third Sector will lead counties through individualized implementation TA over a 23-month timeframe (January 2020 through November 2021). The total budget for Third Sector’s TA across all six counties is \$2.87M over the full 23-month TA period. These costs will fund Third Sector teams who will provide a wide range of dedicated technical assistance services and subject matter experience to each individual county, as they pursue the goals of this Innovation Plan. Third Sector staff will leverage regular site visits to each county, in addition to leading weekly to biweekly virtual meetings with different working groups, developing recommendations for the project Steering Committee, and supporting county staff throughout each of the three implementation TA phases.

Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported over 20 communities to redirect over \$800M

in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the Los Angeles County Department of Mental Health to align over \$350M in annual MHSA FSP and PEI funding and services with the achievement of meaningful life outcomes for well over 25,000 Angelenos; transforming \$81M in recurring mental health services in King County, WA to include new performance reporting and continuous improvement processes that enable the county and providers to better track each providers' monthly performance relative to others and against specific, county-wide performance goals; and advising the County of Santa Clara in the development of a six-year, \$32M outcomes-oriented contract intended to support individuals with serious mental illness and complex needs through the provision of community-based behavioral health services.

#### *CalMHSA Costs*

Six counties (San Mateo, Sacramento, San Bernardino, Ventura, Siskiyou, and Fresno) have selected to contract using the existing Joint Powers Agreement (JPA) via CalMHSA. CalMHSA will act as the fiscal and contract manager for this shared pool of resources through the existing JPA. The JPA sets forward specific governance standards to guide county relationships with one another, Third Sector, and the evaluator. CalMHSA will develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties.

CalMHSA charges an estimated 9% for its services. Rates are based on the specific activities and responsibilities CalMHSA assumes. The total estimated cost of CalMHSA's services across all six counties, assuming a 9% rate, are \$.314M over the total duration of the project.

#### *Evaluation Costs*

Third Sector and the counties will determine the appropriate procurement approach and qualifications for a third-party evaluator during the first nine months of the project. Counties have expressed a desire to prioritize onboarding an evaluator in the early stages of the project. Currently, counties have identified RAND Corporation as a potential evaluation partner, as RAND has previously partnered with counties through CalMHSA and brings previous experience evaluating FSP programs in Los Angeles County. Once selected, counties intend to contract with the evaluator via the JPA administered through CalMHSA. Third Sector and CalMHSA will support counties in determining the appropriate statement of work, budget, and funding plan for the third-party evaluator.

The current budget projects a total evaluation cost of approximately \$.596M. The evaluator will be responsible for developing a formal evaluation plan, conducting evaluation activities, and producing an evaluation report. Estimated costs assume that the counties, Third Sector, and the to-be-determined third-party evaluator will collaborate to develop a uniform evaluation approach and set of performance metrics, with corresponding metric definitions that can be applied consistently across all counties. Costs are estimates and subject to change. Additional charges, such as academic overhead rates and/or the costs for completing any required data sharing agreements, may apply. If any additional information emerges that will increase costs beyond the initially budgeted amounts, the counties, CalMHSA and Third Sector will work in partnership with the MHSOAC to identify appropriate additional funding.

## **Budget Narrative for County-Specific Costs**

The remaining project costs are intended to support additional, county-specific expenditures. Counties will fund these costs directly, rather than through a pooled funding approach. A summary of the total \$1.07M in County-Specific Costs across all six counties follows below. The Appendix includes additional detail of each county's specific expenditures within these categories:

### Personnel Costs

Total personnel costs (county staff salaries, benefits) for all counties are approximately \$844,000 over 4.5 years and across six counties. Each county's appendix, attached, details the specific personnel that this will support.

### Operating Costs

Total operating costs for counties are approximately \$233,000 over 4.5 years and across six counties. Operating costs support anticipated travel costs for each county and requisite county-specific administrative costs. Each county's appendix, attached, details their specific operating costs.

### Non-Recurring Costs

This project will not require any technology, equipment, or other forms of non-recurring costs.

NOTE: Cohort 2 and its expansion will follow a similar budget structure. See Appendix B and Appendix C for details.

**Figure 2: Cohort 1 Budget by Funding Source & Fiscal Year**

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
1	Salaries	\$116,271	\$181,117	\$187,502	\$137,735	\$128,071	\$750,696
2	Direct Costs	\$15,454	\$26,614	\$27,945	\$10,323	\$4,700	\$85,036
3	Indirect Costs	\$1,409	\$2,856	\$2,999	\$624	\$624	\$8,512
4	Total Personnel Costs	\$133,134	\$210,587	\$218,446	\$148,682	\$133,395	\$844,244
<b>Operating Costs (travel, hotel)</b>		<b>FY 19/20</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>
5	Direct Costs	\$20,390	\$24,390	\$24,390	\$24,390	\$12,390	\$105,950
6	Indirect Costs	\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
7	Total Operating Costs	\$30,175	\$53,683	\$53,683	\$53,683	\$41,684	\$232,908
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
11a	Direct Costs (Third Sector)	\$487,424	\$1,515,954	\$681,278	\$186,000	\$0	\$2,870,655
11b	Direct Costs (CalMHSA)	\$34,502	\$197,029	\$72,085	\$6,564	\$4,687	\$314,866
11c	Direct Costs (3rd Party Evaluator)	\$10,417	\$101,649	\$101,649	\$196,649	\$186,232	\$596,596
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$532,343	\$1,814,632	\$855,012	\$389,213	\$190,919	\$3,782,117
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>BUDGET TOTALS</b>							
Personnel		\$133,134	\$210,587	\$218,446	\$148,682	\$133,395	\$844,244
Direct Costs		\$552,733	\$1,839,022	\$879,402	\$413,603	\$203,309	\$3,888,067
Indirect Costs		\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
<b>Total Innovation Project Budget</b>		<b>\$695,652</b>	<b>\$2,078,902</b>	<b>\$1,127,141</b>	<b>\$591,578</b>	<b>\$365,998</b>	<b>\$4,859,269</b>

**BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)**

**ADMINISTRATION:**

A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1.	Innovative MHSAs Funds	\$621,032	\$1,617,209	\$899,869	\$393,991	\$178,828	\$3,710,929
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$64,203	\$360,044	\$125,623	\$938	\$938	\$551,744
6.	<b>Total Proposed Administration</b>	<b>\$685,235</b>	<b>\$1,977,253</b>	<b>\$1,025,492</b>	<b>\$394,929</b>	<b>\$179,766</b>	<b>\$4,262,673</b>

**EVALUATION:**

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1.	Innovative MHSAs Funds	\$10,417	\$52,085	\$52,085	\$147,085	\$136,668	\$398,340
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$0	\$49,564	\$49,564	\$49,564	\$49,564	\$198,256
6.	<b>Total Proposed Evaluation</b>	<b>\$10,417</b>	<b>\$101,649</b>	<b>\$101,649</b>	<b>\$196,649</b>	<b>\$186,232</b>	<b>\$596,596</b>

**TOTAL:**

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1.	Innovative MHSAs Funds	\$631,449	\$1,669,294	\$951,954	\$541,076	\$315,496	\$4,109,269
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000
6.	<b>Total Proposed Expenditures</b>	<b>\$695,652</b>	<b>\$2,078,902</b>	<b>\$1,127,141</b>	<b>\$591,578</b>	<b>\$365,998</b>	<b>\$4,859,269</b>

\*If "Other funding" is included, please explain.

\*San Mateo County does not have MHSAs INN funds available to commit to this project, but instead intends to use unspent MHSAs CSS funds to participate in the goals and activities of this project, alongside other counties. Estimated amounts are provided in the table above. These are one-time funds that have been designated and approved through a local community program planning process to meet

a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but is committed to participating in the broader effort and, thus, is included here and in the Multi-County FSP Innovation Project plan.

## Innovation Plan Appendix A: Cohort 1

### Appendix Overview

The following appendix contains specific details on the local context, local community planning process (including local review dates), and budget details for four of the six counties participating in the Multi-County FSP Innovation Project as Cohort 1:

1. Sacramento County
2. San Bernardino County
3. Siskiyou County
4. Ventura County

The other two participating counties, Fresno County and San Mateo County, are not included in this appendix for the following reasons:

5. Fresno County has already submitted an Innovation Project plan to the MHSOAC detailing its plans to participate in this project. This plan was approved by the MHSOAC.
6. San Mateo County does not have MHSOAC INN funds available to commit to this project, but instead intends to use unspent MHSOAC CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but is participating in the broader effort and thus is included here.

Budget summaries for both Fresno and San Mateo, however, are included for additional reference regarding the total budget across all counties.

Each county appendix describes the county-specific local need for this Multi-County FSP Innovation Project. Though there are slight differences among participating counties' in terms of highest priority and/or specificity of local need, the response to this local need will be similar among counties through the execution of the Innovation Plan.

Through this Innovation Project proposal, participating counties seek to engage in a statewide initiative seeking to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Multi-County FSP Innovation Project plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow each participating county to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable participating counties to:

- 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, how next steps and program modifications are identified)

This project will also provide participating counties the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

In addition to outlining county-specific local need and community planning processes, each county appendix outlines a budget narrative and county budget request by fiscal year, with detail on specific budget categories.

## Appendix: Sacramento County

### County Contact and Specific Dates

- Primary County Contact: Julie Leung; [leungj@saccounty.net](mailto:leungj@saccounty.net); (916) 875-4044
- Date Proposal was posted for 30-day Public Review: November 18, 2019
- Date of Local Mental Health Board hearing: December 18, 2019
- Date of Board of Supervisors (BOS) approval: January 14, 2020

### Description of the Local Need

Sacramento County has eight (8) FSP programs serving over 2,100 individuals annually. Each FSP serves a specific age range or focuses on a specific life domain. While a majority of the FSP programs serve transition-aged youth (18+), adults and older adults, one FSP serves older adults only, another one serves TAY only, and two serve all ages. Further, one serves Asian-Pacific Islanders, one serves pre-adjudicated youth and TAY, and two support individuals experiencing or at risk of homelessness. A new FSP serving TAY (18+), adults and older adults will be added to Sacramento County's FSP service array this fiscal year. This new FSP will utilize the evidence-based Strengths case management model.

While FSP programs provide the opportunity to better serve specific age and cultural groups who need a higher level of care, Sacramento County seeks to establish consistent FSP service guidelines, evaluate outcomes, and disseminate best practices across all FSP programs. Community members, staff, and clinicians have identified opportunities to strengthen the connection between client outcome goals and actual services received and provided by FSP programs. Providers and county department staff do not share a consistent, clear understanding of FSP service guidelines, and providers and peer agencies do not currently have a forum to meet regularly and share learnings and best practices or discuss opportunities. Overall, stakeholders would like to see FSP data used in an effective, responsive way that informs decision-making and improves service quality. Additionally, county staff would like to update inconsistent or outdated standards for referral, enrollment, and graduation.

### Description of the Response to Local Need

Through this Innovation proposal, Sacramento County seeks to participate in the statewide initiative for the purpose of increasing counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow Sacramento County to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable Sacramento County to:

- 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, life domain example: homelessness, unemployment, 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, how next steps and program modifications are identified)

In addition, this project will provide Sacramento County the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

### **Description of the Local Community Planning Process**

The community planning process includes participation from the Sacramento County Mental Health Steering Act (MHSA) Steering Committee, Mental Health Board, Board of Supervisors, community based organizations, consumers and family members and community members. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of the community. Since this process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The Multi-County FSP Innovation Project was introduced to stakeholders at the May 16, 2019 Mental Health Services Act Steering Committee meeting. Further, at the October 17, 2019 MHSA Steering Committee meeting, the Multi-County FSP Innovation Project was presented and discussed. The Steering Committee voted in full support of Sacramento County Division of Behavioral Health Services, opting into this project with Innovation funding.

At the October 17, 2019 MHSA Steering Committee meeting, 24 committee members were in attendance and 17 public members attended. The MHSA Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County’s Behavioral Health Director; three (3) Service Providers (Child, Adult, and Older Adult); Law Enforcement; Adult Protective Services/Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Welfare; Primary Health; Public Health; Juvenile Court; Probation; Veterans; two (2) Transition Age Youth (TAY) Consumers; two (2) Adult Consumers; two (2) Older Adult Consumers; two (2) Family Members/Caregivers of Children age 0 – 17; two (2) Family Members/Caregivers of Adults age 18 – 59; two (2) Family Members/Caregivers of Older Adults age 60+; and one (1) Consumer At-large. Some members of the committee have volunteered to represent other multiple stakeholder interests including Veterans and Faith-based/Spirituality.

The Multi-County FSP Innovation Project was posted as an attachment to the MHSA Fiscal Year 2019-20 Annual Update from November 18 through December 18, 2019. The Mental Health Board conducted a Public Hearing on December 18, 2019, beginning at 6.00 p.m. at the Grantland L. Johnson Center for

Health and Human Services located at 7001A East Parkway, Sacramento, California 95823. No public comments regarding this Innovation Project were received. The plan was presented for Board of Supervisors approval on January 14, 2020.

**County Budget Narrative**

Sacramento County will contribute up to \$500,000 over the 4.5-year project period to support this statewide project. As of this time, Sacramento County intends to use MHSAs Innovation funding subject to reversion at the end of FY19-20 for the entirety of this contribution.

As detailed below, Sacramento County will pool funding with other counties to support consultant and contracting costs. This \$500,000 will support project management and technical assistance (e.g. Third Sector’s technical assistance in project implementation), fiscal intermediary costs, and evaluation.

**Budget and Funding Contribution by Fiscal Year and Specific Budget Category**

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
1	Salaries	\$0	\$0	\$0	\$0	\$0	\$0
2	Direct Costs	\$0	\$0	\$0	\$0	\$0	
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	
4	Total Personnel Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Operating Costs (travel, hotel)</b>		<b>FY 19/20</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>
5	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
11a	Direct Costs (Third Sector)	\$48,594	\$269,134	\$91,990	\$0	\$0	\$409,718
11b	Direct Costs (CalMHSA)	\$5,252	\$30,341	\$11,147	\$938	\$936	\$48,614

11c	Direct Costs (Evaluator)	\$-	\$10,417	\$10,417	\$10,417	\$10,417	\$41,668
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$53,846	\$309,892	\$113,554	\$11,355	\$11,353	\$500,000
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>BUDGET TOTALS</b>							
Personnel		\$0	\$0	\$0	\$0	\$0	\$0
Direct Costs		\$53,846	\$309,892	\$113,554	\$11,355	\$11,353	\$500,000
Indirect Costs		\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Individual County Innovation Budget*</b>		\$53,846	\$309,892	\$113,554	\$11,355	\$11,353	\$500,000
<b>CONTRIBUTION TOTALS</b>							
Individual County Contribution		\$54,849	\$312,943	\$114,455	\$8,876	\$8,876	\$500,000
Additional Funding for County-Specific Project Costs		\$0	\$0	\$0	\$0	\$0	\$0
<b>Total County Funding Contribution</b>		\$54,849	\$312,943	\$114,455	\$8,876	\$8,876	\$500,000

## Appendix: San Bernardino County

### County Contact and Specific Dates

- Primary County Contacts: Francesca Michaels [Francesca.michaels@dbh.sbcounty.gov](mailto:Francesca.michaels@dbh.sbcounty.gov), 909-252-4018; Karen Cervantes, [kcervantes@dbh.sbcounty.gov](mailto:kcervantes@dbh.sbcounty.gov), 909-252-4068
- Date Proposal was posted for 30-day Public Review: November 27, 2019
- Date of Local Mental Health Board hearing: January 2, 2020
- Calendared date to appear before Board of Supervisors: June 9, 2020

### Description of the Local Need

San Bernardino County Department of Behavioral Health is dedicated to including diverse consumers, family members, stakeholders, and community members in the planning and implementation of MHSA programs and services. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. It empowers community members to generate ideas, contribute to decision making, and partner with the county to improve behavioral health outcomes for all San Bernardino County residents. San Bernardino is committed to incorporating best practices in the planning processes that allow consumer and stakeholder partners to participate in meaningful discussions around critical behavioral health issues. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

San Bernardino County has eight (8) FSP programs serving an estimated three thousand-four hundred-fifty-eight (3,458) individuals annually. Two (2) of these assist underserved children and youth living with serious emotional disturbance; one (1) serves Transitional Age Youth (TAY); four (4) serve adults with serious mental illness, and one (1) program specifically focuses on older adult populations. In addition to San Bernardino County FSP programs targeting specific age ranges, the programs are designed to serve unique populations such as those experiencing homelessness, who may be involved in criminal or juvenile justice, individuals transitioning from institutional care facilities, and high frequency users of emergency psychiatric services and hospitalizations, however all programs provide full wraparound services to the consumer. The specificity and number of these FSP programs are both an asset and a challenge. While they enable our county to better serve specific age, cultural, and geographic groups, our county stakeholders express the desire to establish consistency in FSP service guidelines or disseminate best practices across county regions, programs, or while transferring FSP services from one county to another. San Bernardino County intends to focus this project on Adult Full Service Partnership programs.

Through public forums, community members have identified the need for consistency in FSP services across regions, programs, and counties to better serve and stabilize consumers moving from one geographic region or program to another. Consumers have also expressed interest in a standardized format for eligibility criteria and consistency in services that are offered and/or provided. Community members, FSP staff, and clinicians have also identified an opportunity for data collection to be better integrated with assessment and therapeutic activities.

## **Description of the Response to Local Need**

Through this Innovation proposal, San Bernardino County seeks to participate in the statewide initiative seeking to increase counties' collective capacity to gather and use data to better design, implement, and manage Adult FSP programs and services. The key priorities outlined in the Innovation Plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow San Bernardino County to address current challenges and center FSP programs and services around meaningful outcomes for participants. Specifically, participating in this project and aligning with the identified priorities will enable San Bernardino County to:

- 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, how next steps and program modifications are identified)

In addition, this project will provide San Bernardino County the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

## **Description of the Local Community Planning Process**

The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests including the Board of Supervisors, and the Behavioral Health Commission. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared with stakeholders during the following:

- Community Advisory Policy Committee (CPAC), July 18, 2019
- Asian Pacific Islander Awareness Subcommittee, September 13, 2019
- Santa Fe Social Club, September 16, 2019
- African American Awareness Subcommittee, September 16, 2019
- Yucca Valley One Stop TAY Center, September 16, 2019
- Native American Awareness Subcommittee, September 17, 2019

- Transitional Age Youth (TAY) Subcommittee, September 18, 2019
- Serenity Clubhouse, September 19, 2019
- Co-Occurring and Substance Abuse Subcommittee, September 19, 2019
- Consumer and Family Member Awareness Subcommittee, September 23, 2019
- Central Valley FUN Clubhouse, September 24, 2019
- Ontario One Stop TAY Center, September 25, 2019
- Latino Awareness Subcommittee, September 26, 2019
- Older Adult Awareness Subcommittee, September 26, 2019
- A Place to Go Clubhouse, September 26, 2019
- Amazing Place Clubhouse, September 27, 2019
- Victorville One Stop TAY Center, September 27, 2019
- 2<sup>nd</sup> and 4<sup>th</sup> District Advisory Committee, October 10, 2019
- Disability Awareness Subcommittee, October 15, 2019
- 1<sup>st</sup> District Advisory Committee, October 16, 2019
- Community Advisory Policy Committee, October 17, 2019
- LGBTQ Awareness Subcommittee, October 22, 2019
- Women Awareness Subcommittee, October 23, 2019

Stakeholder feedback received was in favor of the Multi-County FSP Innovation Project with **96% of stakeholders in support** of the project, 4% neutral, and 0% opposed. A draft plan will be publicly posted for a 30-day comment period tentatively beginning on November 27, 2019. No feedback was received. The Plan was presented before the San Bernardino County Behavioral Health Commission on January 2, 2020. San Bernardino County will request Board of Supervisors review and final approval in February or March of 2020 (following the MHSOAC's review and approval process).

### **County Budget Narrative**

San Bernardino County requests to contribute a total of \$979,634 in MHSOAC Innovation funds to support this project over the 4.5-year project duration. This funding is not currently subject to reversion. A portion of these funds (\$386,222) will cover San Bernardino County-specific expenditures, while the remainder (\$593,412) will go towards the shared pool of resources that counties will use to cover shared project costs (i.e. Third Sector TA; CalMHSA; third-party evaluation):

- **Personnel Costs:** Costs in this category include salaries and benefits for the time spent by .10 of the Innovation Program Manager as well .5 of the Program Specialist II who will be the lead on this project. Salaries and benefits include a 3% increase to allow for cost of living increases each year. Based on current rates for administrative costs, San Bernardino County will allocate \$349,272 for 4.5 years of personnel costs.
- **Operating Costs:** Costs in this category include travel and administrative costs that will be incurred by staff traveling to meetings for this project. Additional operating costs anticipated include printing materials for community stakeholder meetings, meeting space costs, as well as incentives to encourage stakeholder participation is consistent and ongoing. San Bernardino County anticipates operating costs, including travel, up to \$36,950 over the 4.5 years, or \$7,390 per year, which may vary based on the number of staff traveling and the number of in-person meetings. Costs will also vary on the number of additional stakeholder meetings held.

- **Consultant Costs:** The remaining amount, \$588,778, will support project management and technical assistance (e.g. Third Sector’s technical assistance in project implementation), fiscal intermediary costs (CalMHSA), and evaluation. The evaluation total for San Bernardino County’s contribution is \$41,668 or 4% of the allocated budget.

The budget totals includes 36% of the budget for personnel costs with the remaining 64% going to direct costs associated with the project including county operating costs and the consultant costs. Note that all of San Bernardino’s funding contributions would come from MHS Innovation funding. See the below tables for an estimated breakdown of budget expenditures and requested funds by fiscal year.

**Budget and Funding Contribution by Fiscal Year and Specific Budget Category**

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
1	Salaries	\$65,787	\$67,760	\$69,794	\$71,887	\$74,044	\$349,272
2	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4	Total Personnel Costs	\$65,787	\$67,760	\$69,794	\$71,887	\$74,044	\$349,272
<b>Operating Costs (travel, hotel)</b>		<b>FY 19/20</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>
5	Direct Costs	\$7,390	\$7,390	\$7,390	\$7,390	\$7,390	\$36,950
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$7,390	\$7,390	\$7,390	\$7,390	\$7,390	\$36,950
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
11a	Direct Costs (Third Sector)	\$58,353	\$326,706	\$113,435	\$0	\$0	\$498,494
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,250
11c	Direct Costs (Evaluator)	\$0	\$10,417	\$10,417	\$10,417	\$10,417	\$41,668
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412

<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>EXPENDITURE TOTALS</b>							
Personnel		\$65,787	\$67,760	\$69,794	\$71,887	\$74,044	\$349,272
Direct Costs		\$71,593	\$377,851	\$143,430	\$18,745	\$18,745	\$630,362
Indirect Costs		\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Individual County Innovation Budget*</b>		\$137,380	\$445,611	\$213,224	\$90,632	\$92,789	\$979,634
<b>CONTRIBUTION TOTALS</b>							
Individual County Contribution		\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412
Additional Funding for County-Specific Project Costs		\$73,177	\$75,150	\$77,184	\$79,277	\$81,434	\$386,222
<b>Total County Funding Contribution</b>		\$137,380	\$445,611	\$213,224	\$90,632	\$92,789	\$979,634

## Appendix: Siskiyou County

### County Contact and Specific Dates

The primary contact for Siskiyou County is:

Camy Rightmier  
Email: [crightmier@co.siskiyou.ca.us](mailto:crightmier@co.siskiyou.ca.us)  
Tel: 530-841-4281

Siskiyou County’s local review dates are listed in the table below. More detail on Siskiyou’s stakeholder engagement process can be found in the “Local Community Planning Process” section.

Local Review Process	Date
Innovation Plan posted for 30-day Public Review	December 10, 2019
Local Mental Health Board Hearing	January 21, 2020
Board of Supervisors (BOS) approval	February 4, 2020

### Description of Local Need

Siskiyou County operates two FSP programs, a Children’s System of Care (CSOC) and an Adult System of Care (ASOC) program that combined serve approximately 230 individuals annually. Program eligibility is determined by diagnosis and risk factors pursuant to the MHSA regulations for FSP criteria. Each Partner is assigned a clinician and case manager that work in the appropriate system of care as determined by the Partner’s age. FSP programs may also receive psychiatric services and/or peer support services upon referral by the primary service provider. Many Partners also receive services through the county Wellness Center.

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. Siskiyou County utilizes the Data Collection Reporting (DCR) database developed by the State to track outcomes, however, this tool has not been useful with regard to informing treatment or promoting quality improvements.

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. Throughout numerous focus groups where outcomes have been shared, the Department has recognized that consumers are not interested in the measurement of progress, rather they are solely focused on the amelioration of the problem. Therefore, Siskiyou County Behavioral Health rarely receives feedback on outcome data and is evaluating the program in order to find a meaningful way in which to share the data that will encourage collaborative feedback.

Conversations with Siskiyou 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. There is not a shared, clear understanding of FSP service guidelines among providers and county department staff, and interpretation and implementation of these guidelines varies widely. Data is collected for compliance and does not inform decision-making or service quality improvements, and data is collected within one system, with limited knowledge of cross-agency outcomes. Further, standards for referral, enrollment, and graduation are inconsistent, outdated, or non-existent.

### **Response to Local Need**

Through this Innovation proposal, Siskiyou County Behavioral Health seeks to participate in the statewide initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Siskiyou County Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. 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.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. 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, how next steps and program modifications are identified).

In addition, this project will provide Siskiyou County Behavioral Health the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community.

### **Local Community Planning Process**

The community planning process helps Siskiyou County determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Board, providers, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in stakeholder groups in March 2019, where the proposed use of Innovation funds was well-received. A draft plan was posted for a 30-day comment period beginning on December 10, 2019. No comments were received during the public comment period. Siskiyou presented this plan at a public hearing with the local mental health board on January 21, 2020. Siskiyou County submitted a

final plan (incorporating any additional feedback received) to its Board of Supervisors for review and approval on February 4, 2020.

**County Budget Narrative**

Siskiyou County will contribute up to \$700,000 of MHS Innovation Funds over the 4.5-year project period to support this statewide project. As of this time, Siskiyou County does not intend to use funding subject to reversion for this contribution. As detailed below, Siskiyou County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Siskiyou County’s funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs:* Siskiyou County anticipates travel costs up to \$16,000 over the 4.5 years, or approximately \$3,500 per year, which may vary based on the number of staff traveling and the number of in-person convenings. Including estimated administrative costs, Siskiyou County will allocate approximately \$178,000 for 4.5 years of personnel costs.
- *Shared Project Costs:* The remaining amount, \$506,000, will support project management and technical assistance (e.g. Third Sector’s technical assistance in project implementation), fiscal intermediary costs, and third-party evaluation support

**Siskiyou County Budget Request and Expenditures by Fiscal Year**

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
1	Salaries	\$17,578	\$35,616	\$37,396	\$7,771	\$7,771	\$106,132
2	Direct Costs	\$10,597	\$21,514	\$22,590	\$4,700	\$4,700	\$64,101
3	Indirect Costs	\$1,409	\$2,856	\$2,999	\$624	\$624	\$8,512
4	Total Personnel Costs	\$29,584	\$59,986	\$62,985	\$13,095	\$13,095	\$178,745
<b>Operating Costs (travel, hotel)</b>		<b>FY 19/20</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>Total</b>
5	Direct Costs	\$2,000	\$4,000	\$4,000	\$4,000	\$2,000	\$16,000
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$2,000	\$4,000	\$4,000	\$4,000	\$2,000	\$16,000
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0

<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
11a	Direct Costs (Third Sector)*	\$58,353	\$100,000	\$61,983	\$0	\$0	\$220,336
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,252
11c	Direct Costs (Evaluator)	\$0	\$10,417	\$10,417	\$105,417	\$105,417	\$231,668
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$143,755	\$84,588	\$106,355	\$106,355	\$505,256
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>EXPENDITURE TOTALS</b>							
Personnel		\$29,584	\$59,986	\$62,985	\$13,095	\$13,095	\$178,745
Direct Costs		\$64,203	\$143,755	\$84,588	\$106,355	\$106,355	\$505,256
Indirect Costs		\$2,000	\$4,000	\$4,000	\$4,000	\$2,000	\$16,000
<b>Total Individual County Innovation Budget*</b>		\$95,787	\$207,741	\$151,573	\$123,450	\$121,450	\$700,001
<b>CONTRIBUTION TOTALS</b>							
Individual County Contribution		\$64,203	\$143,755	\$84,588	\$106,355	\$106,355	\$505,256
Additional Funding for County-Specific Project Costs		\$31,584	\$63,986	\$66,985	\$17,095	\$15,095	\$194,745
<b>Total County Funding Contribution</b>		\$95,787	\$207,741	\$151,573	\$123,450	\$121,450	\$700,001

\* Third Sector will provide additional support and capacity to Siskiyou County, beyond the amount Siskiyou is able to contribute using county Innovation dollars alone. This is intended to support the objectives of Third Sector’s contract with the Commission, i.e. that this Multi-County FSP Innovation Project make effort to support and provide meaningful capacity to counties with limited financial resources to participate in the project.

## Appendix: Ventura County

### County Contact and Specific Dates

The primary contacts for Ventura County are:

Kiran Sahota  
Email: [kiran.sahota@ventura.org](mailto:kiran.sahota@ventura.org)  
Tel: (805) 981-2262

Hilary Carson  
Email: [hilary.carson@ventura.org](mailto:hilary.carson@ventura.org)  
Tel: (805) 981-8496

Ventura County’s local review dates are listed in the table below. More detail on Ventura’s stakeholder engagement process can be found in the “Local Community Planning Process” section.

Local Review Process	Date
Innovation Plan posted for 30-day Public Review	December 17, 2019
Local Mental Health Board Hearing	January 27, 2020
Board of Supervisors (BOS) approval	March 10, 2020

### Description of Local Need

Ventura County has 7 FSP programs serving 619 individuals in the 2018/19 fiscal year. Each of these programs has a specific focus, yet they overlap in the age groupings as compared to age groupings as prescribed by MHSA regulations. One (1) of these serves juveniles currently on probation, 1 of these programs serves transition age youth, 4 serve adults age 18 years and older, and another serves older adults. The majority of these programs focus on individuals who are currently experiencing or at risk of experiencing incarceration, substance abuse, or homelessness. Eligibility is determined by the following factors: experience or at risk of incarceration, substance abuse, homelessness, hospitalization, or removal from the home, as well as the individual’s age and a case manager or clinician recommendation.

The specificity and number of these FSP programs is both an asset and a challenge. While they enable our county to better serve specific age, cultural, and geographical groups, our county often struggles to establish consistent FSP service guidelines, evaluate outcomes, or disseminate best practices.

A common, recurring theme at community engagement gatherings has resonated toward offering more concentrated care for the seriously and persistently mentally ill homeless population. Along this line, Ventura County conducted a Mental Health Needs Assessment recently that indicated a need to address issues of homelessness and dual diagnosis as priority populations. Ventura County FSP services are fewer for those under 18 years of age and with respect to ethnicity. There has been consistent communication in Santa Paula and Oxnard community meetings to stress the need to increase services in breadth and depth to the Latinx community. A more cohesive suite of services for step up and step

down crisis aversion. To this end, Ventura County has opened up two Crisis Stabilization Units in the past two years however the feedback continues to be that there is need for more to be done.

Conversations with Ventura 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. There is not a shared, clear understanding of FSP service guidelines among providers and county department staff—interpretation and implementation of these guidelines varies widely. Further, there is not a standard documented model of care designed for each FSP age grouping (Youth, TAY, Adult, Older Adult). FSP has a different meaning and objectives within each group, but is not formally documented. As age categories are further documented, identifying the idiosyncratic challenges particular to each target group due to the needs being very different.

Staff and clinicians have also indicated that data is collected for state mandated compliance and does not inform decision-making or service quality improvements. In addition, data is collected within one system, but outcomes are designed to be measured with cross-agency data collection systems (such as health care, criminal justice, etc.) meaning many counties are reliant on self-reported progress toward outcomes rather than verified sources. Providers and peer agencies do not have a forum to meet regularly and share learnings and best practices or discuss opportunities. Standards for referral, enrollment, and graduation are inconsistent or outdated. Finally, there is a need for more clarity in the understanding of FSP funding allowances. The “whatever it takes” category is especially open to interpretation and there’s no standard across counties to compare approved expenditures or to know what resources are available through FSP funds

### **Response to Local Need**

Through this Innovation proposal, Ventura County seeks to participate in the statewide initiative to increase counties’ collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Ventura County Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. 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.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. 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, how next steps and program modifications are identified).

In addition, this project will provide Ventura County Behavioral Health the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community.

### **Local Community Planning Process**

The community planning process helps Ventura County determine where to focus resources and effectively utilize MHSAs funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, and community members. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in the following Behavioral Health Advisory Board subcommittee meetings:

- Adult Committee on Thursday, November 7, 2019
- Executive Meeting on Tuesday, November 12, 2019
- Prevention Committee on Tuesday, November 12, 2019
- Youth & Family Committee on Wednesday, November 13, 2019
- TAY Committee on Thursday, November 21, 2019
- General Meeting on Monday, November 18, 2019

This project was shared as a part of the 3 year-plan update in the section of proposed use of Innovation funds. A more detailed draft plan proposal was posted for a 30-day public comment period beginning on December 16, 2019. The Behavioral Health Advisory Board held a public hearing on the proposed plan on January 27, 2020. The plan will be revised based on any feedback received, after which it is scheduled to go before the Ventura County Board of Supervisors for review and final approval on March 10, 2020.

### **County Budget Narrative**

Ventura County will contribute \$979,634 using MHSAs Innovation funds over the 4.5-year project period to support this statewide project. As of this time, Ventura County intends to use funding subject to reversion at the end of FY 19-20 for the entirety of this contribution.

As detailed below, Ventura County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Ventura County's funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs:* Ventura County anticipates travel costs up to \$13,000 over the 4 years, or \$3,000 per year, which may vary based on the number of staff traveling and the number of in-person convening's. Based on current rates for administrative costs, Ventura County will allocate \$296,801 for 4 years of personnel costs. The following positions have been allocated at a few hours annually over the next few years in order to achieve the project goals of system change.
  - Senior Project Manager
  - Program Administrator
  - Quality Assurance Administrator

- Electronic Health Record System Coordinator
- Behavioral Health Clinician
- *Shared Project Costs:* The remaining amount, \$593,412 will support project management and technical assistance (e.g., Third Sector’s technical assistance in project implementation), fiscal intermediary costs, and evaluation.

**County Budget Request by Fiscal Year**

The table below depicts Ventura County’s year-over-year contribution to the Multi-County FSP Innovation Project.

**County Budget Request and Expenditures by Fiscal Year and Budget Category**

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
1	Salaries	\$21,531	\$65,797	\$67,771	\$44,909	\$46,256	\$246,264
2	Direct Costs						
3	Indirect Costs						
4	Total Personnel Costs	\$21,531	\$65,797	\$67,771	\$44,909	\$46,256	\$246,264
<b>Operating Costs (travel, hotel)</b>		<b>FY 19/20</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>
5	Direct Costs	\$1,000	\$3,000	\$3,000	\$3,000	\$3,000	\$13,000
6	Indirect Costs	\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
7	Total Operating Costs	\$10,785	\$32,293	\$32,293	\$32,293	\$32,294	\$139,958
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
11a	Direct Costs (Third Sector)	\$58,353	\$326,706	\$113,435	\$0	\$0	\$498,494
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,250
11c	Direct Costs (Evaluator)	\$0	\$10,417	\$10,417	\$10,417	\$10,417	\$41,668

12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>EXPENDITURE TOTALS</b>							
Personnel		\$21,531	\$65,797	\$67,771	\$44,909	\$46,256	\$246,264
Direct Costs		\$65,203	\$373,461	\$139,040	\$14,355	\$14,355	\$606,412
Indirect Costs		\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
<b>Total Individual County Innovation Budget*</b>		\$96,519	\$468,551	\$236,104	\$88,557	\$89,905	\$979,634
<b>CONTRIBUTION TOTALS</b>							
Individual County Contribution		\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412
Additional Funding for County-Specific Project Costs		\$32,316	\$98,090	\$100,064	\$77,202	\$78,550	\$386,222
<b>Total County Funding Contribution</b>		\$96,519	\$468,551	\$236,104	\$88,557	\$89,905	\$979,634

## Appendix: Fresno County Budget Tables

As mentioned above, Fresno County submitted an Innovation Project proposal to the MHSOAC in June 2019, detailing Fresno’s participation in this project. This plan has been approved by the commission and thus. Additional appendix detail on local need is not included here as this information is more comprehensively outlined in Fresno’s Innovation Plan proposal.

A summary of Fresno’s approved budget follows below. Note that the approved Fresno County budget includes costs for Third Sector, CalMHSA and the third-party evaluation in a single total under “Other Project Expenditures”), approximately \$840,000 total over the 4.5 years.

COUNTY BUDGET REQUEST BY YEAR						
	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
<b>Fresno County Funding Contribution</b>	\$237,500	\$237,500	\$237,500	\$237,500	\$0	\$950,000

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$11,375	\$11,944	\$12,541	\$13,168	\$0	\$49,028
2	Direct Costs	\$4,857	\$5,100	\$5,355	\$5,623	\$0	\$20,935
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4	Total Personnel Costs	\$16,232	\$17,044	\$17,896	\$18,791	\$0	\$69,963
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
5	Direct Costs	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$40,000
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$40,000
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0

13	Total Consultant Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
14	Program/Project Cost	\$221,685	\$210,456	\$209,604	\$198,292	\$0	\$840,037
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$221,685	\$210,456	\$209,604	\$198,292	\$0	\$840,037
<b>BUDGET TOTALS</b>							
Personnel		\$11,375	\$11,944	\$12,541	\$13,168	\$0	\$49,028
Direct Costs		\$14,857	\$15,100	\$15,355	\$15,623	\$0	\$60,935
Indirect Costs		\$221,685	\$210,456	\$209,604	\$198,292	\$0	\$840,037
<b>Total Individual County Innovation Budget*</b>		<b>\$247,917</b>	<b>\$237,500</b>	<b>\$237,500</b>	<b>\$227,083</b>	<b>\$0</b>	<b>\$950,000</b>

## Appendix: San Mateo County Budget Tables

As noted above, San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local Community Program Planning (CPP) process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project.

### Local Community Planning Process

On October 2, 2019, the San Mateo County MHSA Steering Committee reviewed a “Plan to Spend” one-time available funds, developed from input received through the following:

- The previous MHSA Three-Year Plan CPP process - 32 community input sessions
- Behavioral Health and Recovery Services budget planning - 3 stakeholder meetings
- Additional targeted input sessions to further involve community-based agencies, peers, clients and family members in the development of the Plan to Spend including:
  - MHSARC Older Adult Committee – June 5, 2019
  - MHSARC Adult Committee – June 19, 2019
  - MHSARC Youth Committee – June 19, 2019
  - Contractor’s Association – June 20, 2019
  - Office of Consumer and Family Affairs/Lived Experience Workgroup – July 2, 2019
  - Peer Recovery Collaborative – August 26, 2019

The Plan to Spend included \$500,000 to better align San Mateo’s San Mateo’s FSP programming with BHRS goals/values and improve data collection and reporting. The proposed Multi-County FSP Innovation Project was brought forward as the means to accomplish this goal. San Mateo’s local mental health board, the Mental Health and Substance Abuse and Recovery Commission (MHSARC), reviewed the Plan to Spend and on November 6, 2019 held a public hearing, reviewed comments received and voted to close the 30-day public comment period. The Plan to Spend was subsequently approved by the San Mateo County Board of Supervisors on April 7, 2020. The Plan to Spend also included \$250,000 for any ongoing needs related to FSP program improvements. San Mateo has brought forward the proposed Multi-County FSP Innovation Project as the means to accomplish this longer-term goal. The update to the Plan to Spend will be included in the current San Mateo County FY 2020-2023 Three-Year Plan and Annual Update, which will be brought to the San Mateo County Board of Supervisors for approval, likely in August 2020. San Mateo is not submitting a proposal to use INN funds. Detailed appendix information is thus not included below, though a summary of San Mateo’s intended funding amounts and expenditures follows below. Note that, like other counties, these amounts are subject to change and further local input and approval.

COUNTY BUDGET REQUEST BY YEAR						
	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
San Mateo County Funding Contribution	\$500,000	\$250,000	\$0	\$0	\$0	\$750,000

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
1	Salaries	\$0	\$0	\$0	\$0	\$0	\$0
2	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4	Total Personnel Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Operating Costs (travel, hotel)</b>		<b>FY 19/20</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>
5	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
11a	Direct Costs (Third Sector)	\$58,353	\$326,706	\$113,435	\$0	\$0	\$498,494
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,250
11c	Direct Costs (Evaluator)	\$0	\$49,564	\$49,564	\$49,564	\$49,564	\$198,256
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>BUDGET TOTALS</b>							
Personnel		\$0	\$0	\$0	\$0	\$0	\$0
Direct Costs		\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000

Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Individual County Budget*</b>	\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000

## Innovation Plan Appendix B: Cohort 2

### Appendix Overview

The following appendix contains specific details on the local context, local community planning process, and budget details for the two counties participating in the Multi-County FSP Innovation Project as Cohort 2:

1. Stanislaus County
2. Lake County

Each county appendix describes the county-specific need for this Multi-County FSP Innovation Project. Though there can be slight differences among participating counties' needs in terms of either the prioritization or the specifics, the response to this local need will be similar among counties through the execution of the Innovation Plan. Each county appendix also outlines a county-specific budget narrative and budget request by fiscal year, with detail on specific budget categories.

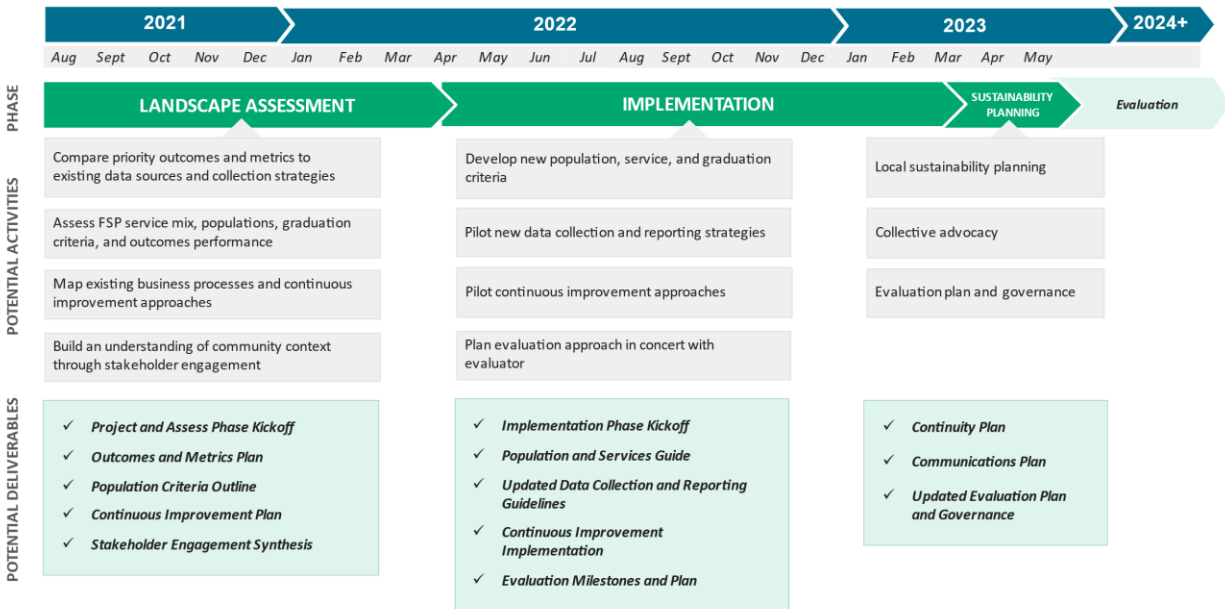
### Work Plan and Timeline

Cohort 2 counties will join the Multi-County FSP Innovation Project in August 2021 and follow a similar work plan and timeline as the original six counties over the course of the subsequent 4.5 years. See **Figure 3** below for an illustrative Implementation TA work plan and timeline by phase.

While some adjustments in process and structure may occur to fit the unique needs of the next cohort, the goals of the project will remain consistent:

- 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, how next steps and program modifications are identified)

**Figure 3:** Cohort 2 Illustrative Implementation TA Work Plan



### Benefits of Project Expansion

The addition of the Cohort 2 counties to the Multi-County FSP Innovation Project will grow the impact of the project across the state. The current six counties are developing a more consistent, data-driven approach to FSP that includes standardizing population definitions, process measures, and outcomes, as well as creating recommendations to improve the Data Collection & Reporting System (DCR). Cohort 2 counties will not only be able to adopt the work done to-date but will also be able to build upon the work with a fresh perspective. Examples may include:

- Adding child population definitions, process measures, and outcomes to the existing list of adult definitions and measures developed by Cohort 1
- Furthering the efforts to update the DCR by continuing to work with counties across the state and DHCS on potential improvements.

Cohort 2 will benefit the state by both expanding on current initiatives and by increasing the resources available to other counties statewide by adding more ‘tools to the toolkit.’

Another benefit of growing the Innovation Project is the expansion of knowledge sharing across counties. In addition to joining the cohort-wide work done to date, Cohort 2 counties will also be focusing on several county-specific implementation initiatives to create lasting improvements within their individual FSP programs. By joining the existing project, new counties will be able to leverage best practices and lessons learned from the six counties that have already begun local implementation. For example, if Stanislaus County determines they need to standardize their local graduation criteria across programs, they will benefit from the five other counties that have already gone through this process. In turn, Cohort 1 counties will also be able to apply any new learnings from Cohort 2 counties through their continuous improvement structures.

All of these learnings will also be shared across the state through the Outcomes-Driven FSP Learning Community, a forum for County MHSAs and FSP staff, FSP providers, FSP clients, and other community stakeholders to help increase statewide consensus on core FSP components and develop shared recommendations for state-level changes to FSP data requirements and guidelines. Third Sector is supporting the first several Learning Communities with the intention for the long-term forum to be largely county-driven and county-led. The addition of Cohort 2 counties means there will be more individuals available to coordinate, plan, and facilitate future Learning Communities in order to continue engagement statewide.

Finally, Cohort 2 counties will be added to the existing project evaluation, creating a broader understanding of the impact of direct technical assistance, highlighting additional learnings and benefits of a multi-county collaborative, and driving consistent data collection and analyses across all participating counties. While the current six counties are incorporating equitable data practices and working to disaggregate data by race, Cohort 2 counties will be able to further these efforts. For example:

- Stanislaus County will be incorporating a Human Centered Design (HCD) approach into their stakeholder engagement in order to ensure all initiatives are co-developed by the community.
- Lake County, with a population of 65,000, will be the second frontier county to join the collaborative, further elevating the voice and unique needs of rural county populations and systems of care.

Ultimately, the addition of Cohort 2 counties will bring California one step closer to having consistent data to compare FSP programs and outcomes in a meaningful and equitable way and share best practices statewide through regular collaborative forums.

### **Budget Narrative**

The total proposed budget supporting Cohort 2 counties in pursuing this Innovation Project, which includes Stanislaus County and Lake County, is approximately \$2.5M over 4.5 years. This includes project expenditures for four different primary purposes: Third Sector implementation TA (\$1.43M), fiscal and contract management through CalMHSAs (\$151K), third-party evaluation (\$250K), as well as additional expenditures for county-specific needs (“County-Specific Costs”) (\$680K).

All costs will be funded using county MHSAs Innovation funds. If multiple counties join, each county will contribute varying levels of funding towards a collective pool of resources that will support the project expenditures (excluding County-Specific Costs, which counties will manage and administer directly). This pooled funding approach will streamline counties’ funding contributions and drawdowns, reduce individual project overhead, and increase coordination across counties in the use of these funds. The Appendix includes additional detail on each county’s specific contributions and planned expenditures.

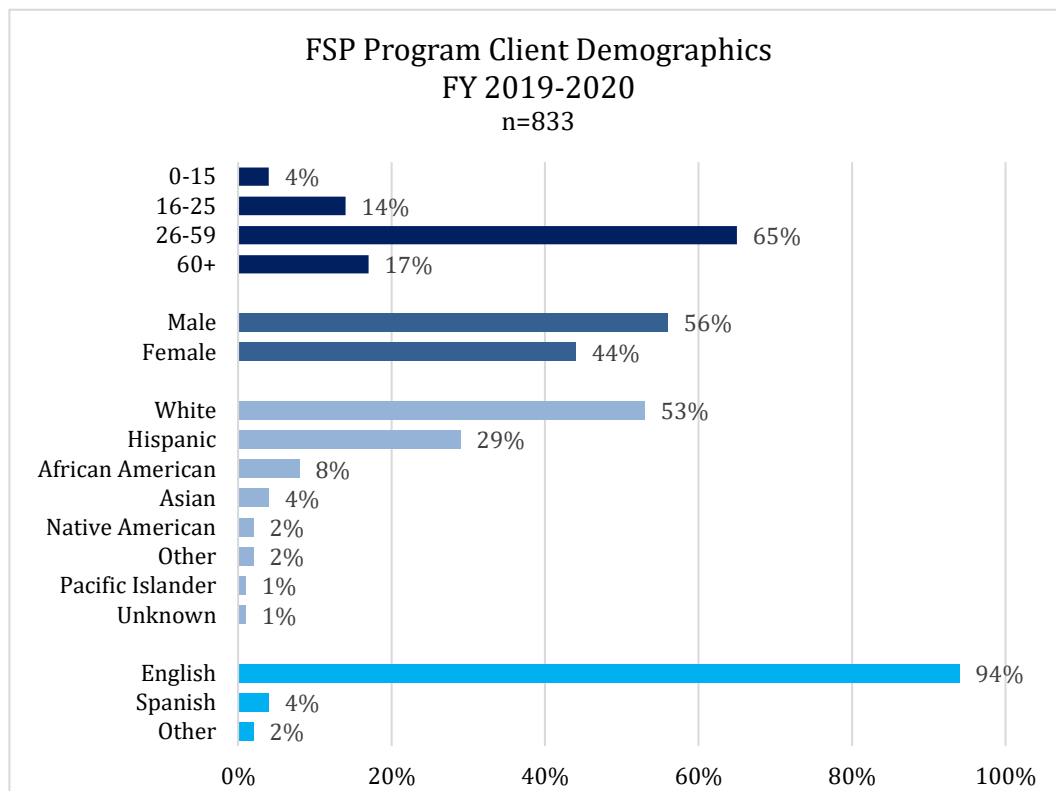
## Appendix: Stanislaus County

### County Contact and Specific Dates

- Martha Cisneros Campos, [mcisneros@stanbhrs.org](mailto:mcisneros@stanbhrs.org), 209-525-5324  
Kirsten Jasek-Rysdahl, [KJasek-Rysdahl@stanbhrs.org](mailto:KJasek-Rysdahl@stanbhrs.org), 209-525-6085
- Date Proposal posted for 30-day Public Review: April 21, 2021
- Date of Local MH Board hearing: May 27, 2021
- Date of BOS approval or calendared date to appear before BOS: June 15, 2021

### Description of the Local Need

Stanislaus County Behavioral Health and Recovery Services (BHRS) currently has eight Full Service Partnership (FSP) programs, and during FY 2019-2020 these programs served a total of 833 clients. The client demographics illustrate the populations that are receiving the majority of FSP program services, but it is not clear if this reflects the current needs of Stanislaus County.



Although these clients represent some of the most underserved or unserved community members, it has been over a decade since BHRS implemented FSP programs by utilizing a comprehensive and thorough approach to explore the demographic and individual needs of Stanislaus County's FSP population. Since we are dedicated to continuously evaluate what is working well and what could be improved in our FSP programs, BHRS has recently engaged the community to update and further

understand and address the unique challenges and needs of our FSP clients. We plan to leverage this engagement and apply a human-centered design (HCD) approach through this Innovation Project. In addition, BHRS recognizes the need to share outcomes with our stakeholders to both inform and elicit feedback from the community. Stakeholders have expressed strong interest in improving FSP program data and better understand program outcomes.

BHRS has identified the need and desire to use and share meaningful data in a clear and engaging way to better understand if our FSP programs are truly resulting in positive recovery outcomes for the clients served. This also includes reviewing ways to improve where we are less successful, e.g., exploring ways that BHRS can be more responsive to individuals' needs, and to better coordinate with other community partners. BHRS overarching goals for this project are reflected below:

- More clearly identify priority outcomes for FSP clients
- Develop effective data collection and tracking mechanisms to increase the accuracy and meaning of FSP data for transforming into performance measures and outcomes
- Create an FSP framework and practices that foster continuous improvement of outcomes for FSP clients
- Develop sustainable ways to continuously evaluate how BHRS FSP programs are effectively meeting the community needs

In recent years, BHRS staff have explored ways to improve data collection, analysis, presentation, and use of data to be more outcome oriented and data-driven, but there are multiple issues and challenges that affect our ability to meet our overarching goals:

- Consistent and accurate data collection by staff is challenging.
  - Staff are focused on quality care and it is often difficult to elicit buy-in for the importance of entering and utilizing client data regularly when using the DCR and other databases is time consuming.
  - Data collection tools can be confusing or frustrating for staff.
- Extracting, analyzing, presenting, and interpreting/creating meaning from data requires skilled staff and time.
- Utilizing data consistently for improvement requires monitoring and resources committed to that practice.
- Stakeholders have multiple perspectives about what data and outcomes are meaningful, and how to use this information.
- Data-driven decisions regarding program design/revisions can be difficult to implement and sustain.

Since BHRS internal resources are limited as described above, this Innovation Project will provide the support and shared learning necessary to fulfill the goals outlined above.

### **Description of the Response to the Local Need**

The proposed Innovation Project will address Stanislaus County BHRS' FSP program challenges and needs through a thorough and inclusive approach. The project will support BHRS in implementing

improvements in how we design, provide, and continuously improve FSP programs in the following ways:

- Create shared understanding of current FSP programs – who the programs are serving, how they are serving them, and what data is being collected to yield outcome measurement
- Include stakeholders in the identification of FSP program strengths and areas of improvement
- Identify problem statements that can be used to create FSP programs that are data and outcome oriented
- Develop and support data collection, analysis, and presentation processes that allow BHRS to identify disparities through demographics and outcomes data, as well as ensure individual clients are connected to appropriate and customized services to increase positive outcomes
- Identify and define FSP program outcome goals, and develop meaningful performance measures to track progress towards goals; concurrently develop sustainable processes for using the data for continuous tracking and improvement
- Clarify, streamline, and improve design and practices within FSP programs to better serve our County's FSP population and subpopulations
- Leverage other counties' processes, learning, and best practices while participating in the Multi-County FSP Innovation Project

Ultimately, this project will help BHRS meet the overarching goals of identifying priority outcomes for FSP clients, developing effective data collection techniques and ongoing measurement, creating an effective FSP framework to improve FSP client outcomes, and developing a structure for continuous evaluation of how well BHRS FSP programs are meeting community needs.

### **Cultural & Linguistic Competency**

Based on the Department of Finance January 2020 population estimates, Stanislaus County has 557,709 residents, of which 45.6% reported Hispanic/Latino; 42.6% reported White; 5.3% reported Asian; 2.6% reported Black; 2.5% reported Two or more races (not Hispanic/Latino); .7% Native Hawaiian or Pacific Islander; .5% reported American Indian and Alaska Native; and .2% reported Other Race (not Hispanic/Latino).

Although diverse, Stanislaus County currently has one threshold language of Spanish. BHRS county staff consist of approximately 25% Spanish speaking staff. In addition, we have staff that speak other languages such as; Cambodian, Assyrian, Hindi, and many other languages. When programs are unable to have a staff person assist in translation, programs utilize our contracted translators (including American Sign Language) or connect with Language Line.

BHRS is committed to strategies that embrace diversity and to provide welcoming behavioral health and compassionate recovery services that are effective, equitable, and responsive to individuals' cultural health beliefs and practices. To ensure we continue to improve the quality of services and eliminate inequities and barriers to care for marginalized cultural and ethnic communities, BHRS supports the Cultural Competence, Equity, and Social Justice Committee (CCESJC). The committee consists of program providers, consumers, family members, and communities representing all cultures and meets monthly to discuss cultural and linguistic needs of our county. Our Cultural Competence and Ethnic Services Manager chairs the committee and ensures the county behavioral health systems are culturally and linguistically competent and responsive in the delivery of behavioral health services. This innovation

project will support the cultural and linguistic needs of the county through a better understanding of the client needs.

### **Description of the Local Community Planning Process**

Stanislaus County Behavioral Health and Recovery Services (BHRS) had been actively engaging in the Community Planning Process specifically with the intent to inform engaged stakeholders on updates facing MHSA, with the focus of strengthening stakeholder engagement. Traditionally stakeholder meetings were convened twice a year, in some years quarterly. However, with the onset of the Covid-19 crisis that began in March of 2020 and policy effects on MHSA, BHRS identified the opportunity to create a more robust stakeholder process. In this effort stakeholders were informed formally of MHSA regulations and their specific role as it relates to the community planning process for the three-year plan and annual update.

Formal Representative Stakeholder Steering Committee (RSSC) meetings for MHSA were held on June 12th, June 26th, September 18th, and December 11<sup>th</sup> of 2020. Each meeting averaged 62-80 participants; the information session had 44 attendees. The meeting held on December 11, 2020 was also offered in person at the new Granger Community Center to gain additional participation from peers and consumers. During the December 11<sup>th</sup> meeting RSSC members were informed of the reversion issue facing BHRS; related to unspent innovation funds from previous fiscal periods. Stanislaus and other counties facing this issue, were encouraged by the MHSOAC to explore alignment with innovation projects already approved. BHRS quickly observed that two multicounty collaborative innovation projects provided by the MHSOAC aligned very well with insights from stakeholder input on the BHRS system as whole and one aligned well with BHRS efforts to create a more robust stakeholder process for future innovations.

To explore this further and to ensure stakeholder support on these innovation projects, BHRS conducted an information session that detailed each project proposed as well as allowed time for discussion and questions surrounding these projects. The information session for proposed innovations was a dedicated meeting for proposed innovations on December 29th. Following the December 29<sup>th</sup> innovation information session stakeholders were invited to the RSSC meeting on January 15, 2021 to formally measure the level of support to move forward and pursue the proposed innovation projects. After engaging in small group discussion and large group feedback discussion, RSSC members were surveyed utilizing the gradients of agreement scale; a scale utilized to measure the level of agreement and support towards a proposal. BHRS provided a one through five scale, with one being non acceptance of the proposed project and five being complete and full acceptance. RSSC members identified fours and fives as their measurement during this meeting. The meeting concluded with agreement to move forward with all three proposed innovations.

Proposed projects will go formally to the Stanislaus County Board of Supervisors (BOS) on June 15, 2021. Following formal approval by the BOS the projects will go through the review period with the MHSOAC as well be posted for the 30-Day local review period for the public.

**TOTAL BUDGET REQUEST BY FISCAL YEAR:**

*Total budget by fiscal year for the county collaborative portion of the costs.*

	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
Total County Contribution to Collaborative	412,729	838,017	330,999	175,401		1,757,146

**BUDGET NARRATIVE FOR COUNTY SPECIFIC NEEDS:**

**Personnel**

The total personnel cost for the county portion is \$648,035 over four years. This includes \$386,574 for salaries and \$261,461 for fringe benefits.

Personnel will include a 0.5 FTE Software Developer/Analyst III and a 0.5 FTE Staff Services Coordinator for four years.

These two positions will provide the following support to contribute to the success of this Innovation Project.

Staff Services Coordinator will:

- Oversee and act as liaison to the Innovation Project contractors
- Coordinate and facilitate meetings and discussions amongst Innovation Project contractors, partners, and other stakeholders
- Coordinate internal staff and project partners to ensure the necessary assignments are completed to meet project requirements, timelines, and quality expectations
- Develop and monitor project timelines; provide updates/status of projects to stakeholders as appropriate
- Oversee, coordinate, and provide technical assistance for the data collection, analysis and reporting of the performance measures for this Innovation Project
- Provide training and technical assistance related to project data and results to staff and stakeholders

Software Developer/Analyst III will:

- Help identify the appropriate county-level data and data transfer methods
- Extract county-level data from the electronic health record, DCR, and other program databases and sources; de-identify data before transferring to contracted staff
- Identify problems and possible solutions in the county-level data (e.g., issues with available data or methods)
- Participate in all relevant meetings regarding data for this Innovation Project

The personnel costs include a 3% annual increase to include cost-of-living salary increases and the associated retirement, and FICA increases based on the increased salaries as well as increases for health care costs.

**Operating Costs**

The ongoing operating costs total \$24,560 over four years. This includes cell phones, office supplies, copier costs, computer licenses, MiFi service for laptops, utilities, alarm and security costs, zoom subscriptions, telephone and data processing services, and janitorial costs.

**Nonrecurring Costs**

Nonrecurring costs total \$10,900 for equipment for the set-up of the office for the two staff members. This includes, desks, chairs, computers, laptops, and software.

**Consultant Costs/Contracts**

The budget includes \$1,073,651 for contracted services over three years. This includes \$810,000 for Third Sector, \$88,651 for CalMHSA, and \$175,000 for RAND as the Evaluator.

The total budget over four years is \$1,757,146.

**BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR COUNTY SPECIFIC NEEDS**

EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Salaries	154,898	159,545	164,331	169,261		648,035
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs	154,898	159,545	164,331	169,261		648,035
OPERATING COSTS		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
5.	Direct Costs	6,140	6,140	6,140	6,140		24,560
6.	Indirect Costs						
7.	Total Operating Costs	6,140	6,140	6,140	6,140		24,560
NONRECURRING COSTS (equipment, technology)		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
8	Desk, Chair, Computer, Laptop	9,900					9,900
9.	Software	1,000					1,000
10.	Total Non-recurring Costs	10,900					10,900

<b>CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
11a.	Direct Costs (Third Sector)	210,909	559,091	40,000			810,000
11b.	Direct Costs (CalMHSA)	19,882	55,514	13,255			88,651
11c.	Direct Costs (RAND)	10,000	57,727	107,273			175,000
12.	Indirect Costs						
13.	Total Consultant Costs	240,791	672,332	160,528			1,073,651
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
14.							
15.							
16.	Total Other Expenditures						
<b>BUDGET TOTALS:</b>							
Personnel (line 1)		154,898	159,545	164,331	169,261	-	648,035
Direct Costs (add lines 2, 5 and 11 from above)		246,931	678,472	166,668	6,140	-	1,098,211
Indirect Costs (add lines 3, 6 and 12 from above)							
Non-Recurring costs (line 10)		10,900					10,900
Other expenditures (line 16)							
<b>TOTAL INNOVATION BUDGET</b>		<b>412,729</b>	<b>838,017</b>	<b>330,999</b>	<b>175,401</b>		<b>1,757,146</b>

**BUDGET NARRATIVE FOR TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR:**

Funding for the project will come from MHSA Innovation funds.

**TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY):**

<b>TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)</b>							
<b>ADMINISTRATION:</b>							
<b>A.</b>	<b>Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>

1.	Innovative MHSA Funds	402,729	780,290	223,726	175,401		1,582,146
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	<b>Total Proposed Administration</b>	402,729	780,290	223,726	175,401		1,582,146
<b>EVALUATION:</b>							
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Innovative MHSA Funds	10,000	57,727	107,273			175,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	<b>Total Proposed Evaluation</b>	10,000	57,727	107,273			175,000
<b>TOTAL:</b>							
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total for funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Innovative MHSA Funds	412,729	838,017	330,999	175,401		1,757,146
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	<b>Total Proposed Expenditures</b>	412,729	838,017	330,999	175,401		1,757,146

# Appendix: Lake County

## County Contact and Specific Dates

The primary contact for Lake County is:

Scott Abbott  
Email: [scott.abbott@lakecountyca.gov](mailto:scott.abbott@lakecountyca.gov)  
Tel: 707-274-9101

Lake County Behavioral Health Services’ (LCBHS) local review dates are listed in the table below. More detail on Lake’s stakeholder engagement process can be found in the “Local Community Planning Process” section.

Local Review Process	Date
Innovation Plan posted for 30-day Public Review <i>No public comment was received during this time</i>	June 22, 2021
Local Mental Health Board Hearing approval	July 22, 2021
Board of Supervisors (BOS), calendared date to appear before BOS	September 14, 2021

## Description of Local Need

Lake County operates four Full Service Partnership (FSP) programs: Children’s, Transitional Age Youth, Adult, and Older Adult programs that combine to serve approximately 120 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 clinician and case manager that work 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 Partners also receive services through the peer support centers around the county.

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. Lake County 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.

LCBHS 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 measurements are desired, up until recently LCBHS has rarely received program feedback based on quantitative outcome data and has relied on qualitative data and reports obtained from the Electronic Health Record. Conversations with Lake 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.

LCBHS is seeking to establish, identify, and define clear guidelines (“guardrails”) 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, ambiguity around these steps has resulted in confusion and unexpected challenges for clinicians and clients, and made it difficult to manage the program with a data-driven approach. For example, without clear standards for engagement, LCBHS has struggled to set targets for regular contact with clients that are tailored to the client’s needs and stage of recovery. If these targets were in place and informed by relevant outcomes data on an ongoing basis, LCBHS would be able to more effectively allocate clinician and case worker time to meet clients “where they are” while focusing resources where they are needed most. Similarly, clear standards for graduation from FSP would give clients a long-term goal to work towards, while facilitating more consistent, tailored services as clients progress in their recovery.

### **Response to Local Need**

Through this Innovation proposal, Lake County Behavioral Health Services seeks to participate in the statewide initiative to increase counties’ collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Lake County Behavioral Health Services to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. 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.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. 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, how next steps and program modifications are identified).

In addition, this project will provide Lake County Behavioral Health Services the opportunity to share and exchange knowledge with other counties participating in this project and through the statewide learning community.

### **Local Community Planning Process**

The community planning process helps Lake County determine where to focus resources and effectively utilize MHSAs funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, community-based organizations, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in a large quarterly MHSAs stakeholder meeting on April 15, 2021 with over 37 virtual participants. After the presentation of the local needs assessment and a review of this proposed

use of innovation funds, stakeholders acknowledged the project as an appropriate use of funding. The project was also shared in the MHSA Fiscal Year 2020 – 21 Annual Update and at the quarterly Innovations Steering Committee on June 17, 2021.

A draft plan was publicly posted for a 30-day comment period beginning on June 22, 2021 and no public comments were received. In addition, the plan was presented at the Lake County Mental Health Board Hearing on July 22, 2021 and approved. The plan is scheduled to go before the Lake County Board of Supervisors for review and final approval on September 14, 2021 (following the MHSOAC’s review process).

**County Budget Narrative**

Lake County will contribute up to \$765,000 over the 4.5-year project period to support this statewide project. As detailed below, Lake County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Lake County’s funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs:* Lake County anticipates travel costs up to \$7,450 over the 4.5 years, which may vary annually based on the number of staff traveling and the number of in-person convenings.
- *Shared Project Costs:* The remaining amount, \$757,500 will support project management and technical assistance (e.g., Third Sector’s technical assistance in project implementation), fiscal intermediary costs, and evaluation.

**Total Budget Request by Fiscal Year**

The table below depicts Lake County’s year-over-year contribution to the Innovation Project.

**Table 1**

	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	Total
<b>Individual County Contribution to the Collaborative*</b>	\$339,390	\$339,390	\$28,740	\$28,740	\$28,740	\$765,000

**Budget by Fiscal Year and Specific Budget Category**

**Table 2**

<b>BUDGET BY FUNDING SOURCE AND FISCAL YEAR</b>							
<b>EXPENDITURES</b>							
<b>Personnel Costs (salaries, wages, benefits)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>Total</b>
1.	Salaries	\$0	\$0	\$0	\$0	\$0	\$0
2.	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
3.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4.	Total Personnel Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Operating Costs (travel, hotel)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>Total</b>
5.	Direct Costs	\$1,490	\$1,490	\$1,490	\$1,490	\$1,490	\$7,450
6.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7.	Total Operating Costs	\$1,490	\$1,490	\$1,490	\$1,490	\$1,490	\$7,450
<b>Non-Recurring Costs (technology, equipment)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>Total</b>
8.	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10.	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Consultant Costs/Contracts (training, facilitation, evaluation)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>Total</b>
11a.	Direct Costs (Third Sector)	\$310,000	\$310,000	\$0	\$0	\$0	\$620,000
11b.	Direct Costs (CalMHSA)	\$27,900	\$27,900	\$2,250	\$2,250	\$2,250	\$62,550
11c.	Direct Costs (Evaluator)	\$0	\$0	\$25,000	\$25,000	\$25,000	\$75,000
12.	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13.	Total Consultant Costs	\$337,900	\$337,900	\$27,250	\$27,250	\$27,250	\$757,550
<b>Other Expenditures (explain in budget narrative)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>Total</b>
14.	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15.		\$0	\$0	\$0	\$0	\$0	\$0
16.	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
<b>BUDGET TOTALS</b>							
Personnel		\$0	\$0	\$0	\$0	\$0	\$0
Direct Costs		\$339,390	\$339,390	\$28,740	\$28,740	\$28,740	\$765,000
Indirect Costs		\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Individual County Innovation Budget</b>		\$339,390	\$339,390	\$28,740	\$28,740	\$28,740	\$765,000

## Innovation Plan Appendix C: Cohort 2 Expansion

### Appendix Overview

The following appendix contains specific details on the local context, local community planning process, and budget details for Napa County participating in the Multi-County FSP Innovation Project as an expansion to Cohort 2.

The appendix describes the county-specific need for this Multi-County FSP Innovation Project. Though there can be slight differences among participating counties' needs in terms of either the prioritization or the specifics, the response to this local need will be similar among counties through the execution of the Innovation Plan. The appendix also outlines a county-specific budget narrative and budget request by fiscal year, with detail on specific budget categories.

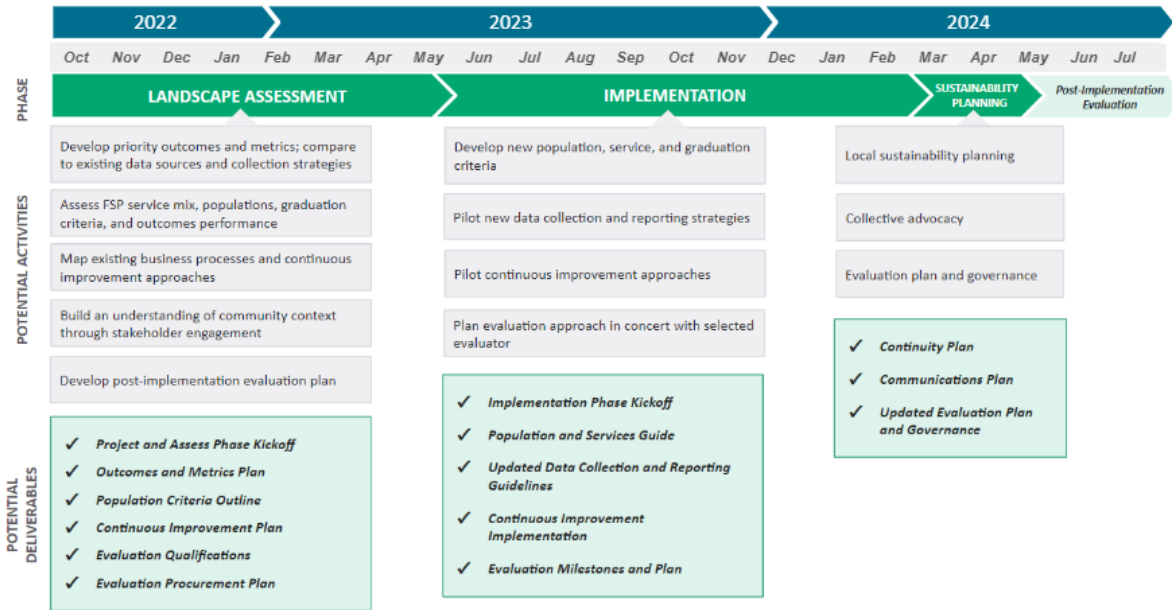
### Work Plan and Timeline

Napa County will join the Multi-County FSP Innovation Project in October 2022 and follow a similar work plan and timeline as the other Wave 2 counties, Lake and Stanislaus, over the course of the subsequent 4.5 years. See **Figure 3** below for an illustrative Implementation TA work plan and timeline by phase.

While some adjustments in process and structure may occur to fit the unique needs of joining the project at this time, the goals of the project will remain consistent:

- 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)

**Figure 3:** Cohort 2 Expansion Illustrative Implementation TA Work Plan



### Benefits of Project Expansion

The addition of Napa County to the Multi-County FSP Innovation Project as an expansion of Cohort 2 will continue to grow the impact of the project across the state. The current counties are developing a more consistent, data-driven approach to FSP that includes standardizing population definitions, process measures, and outcomes. Napa County will not only be able to adopt the work done to date but will also be able to build upon the work alongside Lake and Stanislaus counties. Examples may include:

- Adding child population definitions, process measures, and outcomes to the existing list of adult definitions and measures developed by Cohort 1
- Furthering the efforts to update the DCR by continuing to work with counties across the state and DHCS on potential improvements

The expansion of Cohort 2 will benefit the state by building on current initiatives and by increasing the resources available to other counties statewide by adding more ‘tools to the toolkit.’

Another benefit of growing the Innovation Project is the expansion of knowledge sharing across counties. In addition to joining the cohort-wide work done to date, Cohort 2 counties will also focus on several county-specific implementation initiatives to create lasting improvements within their individual FSP programs. By joining the existing project, new counties can leverage best practices and lessons learned from the counties that have already begun local implementation. For example, if Napa County determines they need to standardize their local graduation criteria across programs, they will benefit from the five other counties that have already gone through this process. In turn, Cohort 1 counties will also be able to apply any new learnings from Cohort 2 counties through their continuous improvement structures.

All of these learnings will also be shared across the state through the Outcomes-Driven FSP Learning Community, a forum for County MHSA and FSP staff, FSP providers, FSP clients, and other community stakeholders to help increase statewide consensus on core FSP components and develop shared recommendations for state-level changes to FSP data requirements and guidelines. Third Sector is supporting the first several Learning Communities with the intention for the long-term forum to be largely county-driven and county-led. The addition of Napa County means more individuals will be available to coordinate, plan, and facilitate future Learning Communities to continue engagement statewide.

Finally, Napa County will be added to the existing project evaluation, creating a broader understanding of the impact of direct technical assistance, highlighting additional learnings and benefits of a multi-county collaborative, and driving consistent data collection and analyses across all participating counties. While the current six counties are incorporating equitable data practices and working to disaggregate data by race, Cohort 2 counties will be able to further these efforts.

Ultimately, the addition of another Cohort 2 county will bring California one step closer to having consistent data to compare FSP programs and outcomes in a meaningful and equitable way and share best practices statewide through regular collaborative forums.

#### **Budget Narrative**

The total proposed budget supporting Napa County is approximately \$844,750 over 4.5 years. This includes project expenditures for four different primary purposes: Third Sector implementation TA (\$650,000), fiscal and contract management through CalMHSA (\$69,750), and third-party evaluation (\$125K). All costs will be funded using county MHSA Innovation funds.

## Appendix: Napa County

### County Contact and Specific Dates

- Primary County Contact: Felix Bedolla, MHSA Coordinator, Felix.Bedolla@countyofnapa.org
- Date Proposal posted for 30-day Public Review: Friday, July 8 – Monday, August 8, 2022
- Date of Local MH Board hearing: Monday, August 8, 2022
- Date of BOS approval or calendared date to appear before BOS: Tuesday, September 13, 2022

### Description of Local Need

**FSP Program Overview:** Napa County has five Full Service Partnership (FSP) programs. During FY 2020-2021, these programs served a total of 249 consumers served, including 54 children served by Children’s FSP, 35 youth served by Transition Age Youth (TAY) FSP, 73 adults served by Adult FSP, 34 adults served by the Adult Treatment Team (ATT) FSP, and 53 older adults served by Older Adult (OA) FSP. Individuals who identified as White, 46%, were the highest represented group. Hispanic/Latinos were the second largest group receiving services, 27% of individuals identified as Hispanic/Latino. Only 1% of individuals identified as Native American, and under 1% identified as Mixed, making both of these groups the least represented. Napa county FSP programs provided 4,105 aggregate services in FY20-21. The service provided most frequently was intensive care coordination and individual therapy. The services least provided were DBT group rehab intervention, TCM placement service, and court-related activity.

**FSP Challenges:** Local stakeholders have identified a number of challenges that could be addressed through the Multi-County FSP Innovation Project.

- **Telling the Story of FSP’s Impact:** Local stakeholders have asked the MH Division to provide evaluation data to demonstrate the effectiveness of FSP services. They point out that the MH Division requires contractors to evaluate their own programs, and they have expressed strong interest in reviewing FSP evaluation data; however, the following issues have made it difficult to paint an accurate picture of the impact of the FSP services provided by Napa County staff.
- **Data collection, reporting, and training challenges:** Napa County has reported outcomes for the individuals served by the previously mentioned FSPs in the California Department of Health Care Services Data Collection and Reporting (DCR) System. In the early years of MHSA implementation, staff were able to extract meaningful data from the system and generate accurate FSP outcome reports; however, as time went on unresolved DCR issues made it difficult to impossible to extract useful and meaningful data from the DCR System. Additionally, limited training opportunities for FSP staff have contributed to lack of understanding around how to make best use of the DCR system. FSP staff are committed to providing high-quality care for their FSP partners and focus on completing progress notes for our Electronic Health Record (EHR). 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 separate data entry process and their priorities are focused on documentation of the services they provide to ensure they are maintaining productivity standards.
- **Lack of Clear Definitions of Discharge Reasons:** When compiling FSP outcomes to report in the FY 21-22 Annual Update, staff determined that FSP programs each have their own understandings and reasons for selecting “Administrative and NA” as the reason for discharge. A significant number of cases were closed under these discharge reasons; however, it is difficult to identify or track a standard for this discharge. Through participation in the FSP Collaborative,

staff hope to work with FSP staff to create shared definitions for discharge reasons and identify cases and scenarios when these reasons are applicable, and share best practices.

- **Staff Turnover and Outliers:** The MH Division 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.

### **Response to Local Need**

Through this Innovation proposal, Napa County Behavioral Health Services seeks to participate in the statewide initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Napa County Behavioral Health Services to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. 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.
2. Develop training materials for staff and supervisors to support increased accuracy in the completion of DCR Outcome reports and forms.
3. Develop FSP Outcome and Audit reports that accurately reflect the impact FSP services are having on FSP partners
4. Create a model of best practices that is relevant for the current needs of FSP partners in the age of Covid, housing challenges, etc.
5. Incorporate learnings for other cohorts participating in the Multi-County FSP Collaborative to improve services and practices in Napa County FSPs
6. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals are discussed, what data is included and in what format, and how next steps and program modifications are identified).

In addition, this project will provide Napa County Behavioral Health Services the opportunity to share and exchange knowledge with other counties participating in this project and through the statewide learning community.

### **Local Community Planning Process**

As was previously mentioned, stakeholders have been requesting accountability through meaningful evaluation reports for the County's FSP programs. Staff presented this proposal to participate in the Multi-County FSP Collaborative to the Stakeholder Advisory Committee on April 6<sup>th</sup>, 2022. This proposal was well-received by Stakeholders, who were supportive of the goal of being able to tell the story of the impact of FSP services on community members receiving services.

The Stakeholder Advisory Committee (SAC) has been active in all stages of the MHSA planning since 2006, when the committee was convened to develop and guide implementation of MHSA Components and programs. The SAC has been meeting monthly since that time to share information, changes and updates regarding MHSA Components and programs as well as other Mental Health Division services

and plans. Participants work with NCMH to ensure that their constituencies receive the information necessary to be able to give input and participate in the planning process. SAC meetings take place every first Wednesday of the month and meetings are open to the public.

Although the SAC is the most involved in the planning process, other groups also have the opportunity to participate. MHSA information is distributed to MH Division staff, the Napa County MH Board, MHSA Contractors, community mental health providers, and the Behavioral Health Cultural Competence Committee.

**Public review and public hearing**

The 30-day Public Review and Comment Period for the FY 22-23 Annual Update to the MHSA Three Year Plan is took place from Friday, July 8<sup>th</sup> to Monday, August 8<sup>th</sup>, with a public hearing held via Zoom at a publicly noticed meeting of the Napa County Mental Health Board on Monday, August 8<sup>th</sup> at 4pm. No public comments were received relating to the Multi-County FSP Innovation Project; therefore, there was nothing to address following the Public Review and Comment Period.

**Budget Narrative**

Napa County will contribute up to \$844,750 over the 4.5-year project period to support this statewide project. This amount will support project management and technical assistance provided by Third Sector, fiscal intermediary costs, and evaluation provided by RAND.

**TOTAL BUDGET REQUEST BY FISCAL YEAR:**

*Total budget by fiscal year for the county collaborative portion of the costs.*

	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>TOTAL</b>
Total Napa County Contribution to Collaborative	332,450	428,733	83,567	844,750

**Consultant Costs/Contracts**

The budget includes \$844,750 for contracted services over three years. This includes \$650,000 for Third Sector, \$69,750 for CalMHSA (9% of Third Sector and RAND costs), and \$125,000 for RAND as the Evaluator. The total budget over four years is \$844,750.

**BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR COUNTY-SPECIFIC NEEDS**

<b>EXPENDITURES</b>								
<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>		
1.	Salaries	0	0	0	0	0		
2.	Direct Costs							
3.	Indirect Costs							

4.	Total Personnel Costs	0	0	0	0	0
<b>OPERATING COSTS</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
5.	Direct Costs	0	0	0	0	0
6.	Indirect Costs					
7.	Total Operating Costs	0	0	0	0	0
<b>NONRECURRING COSTS (equipment, technology)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
8.	Desk, Chair, Computer, Laptop	0	0	0	0	0
9.	Software	0	0	0	0	0
10.	Total Non-recurring Costs	0	0	0	0	0

<b>CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
11a.	Direct Costs (Third Sector)	295,000	355,000	0	0	650,000
11b.	Direct Costs (CalMHSA)	27,450	35,400	6,900	0	69,750
11c.	Direct Costs (RAND)	10,000	38,333	76,667	0	125,000
12.	Indirect Costs	0	0	0	0	
13.	Total Consultant Costs	332,450	428,733	83,567	0	844,750
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
14.		0	0	0	0	0
15.		0	0	0	0	0
16.	Total Other Expenditures	0	0	0	0	0
<b>BUDGET TOTALS</b>						
Personnel (line 1)		0	0	0	0	0
Direct Costs (add lines 2, 5 and 11 from above)		332450	428733	83,567	0	844,750

Indirect Costs (add lines 3, 6 and 12 from above)	0	0	0	0	0
Non-Recurring costs (line 10)	0	0	0	0	0
Other expenditures (line 16)					
<b>TOTAL INNOVATION BUDGET</b>	332,450	428,733	83,567	0	844,750

**BUDGET NARRATIVE FOR TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR:**

Funding for the project will come from MHSa Innovation funds.

**TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY):**

<b>TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)</b>						
<b>ADMINISTRATION:</b>						
<b>A.</b>	<b>Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Innovative MHSa Funds	332,450	390,400	6,900	0	<b>719,750</b>
2.	Federal Financial Participation	0	0	0	0	0
3.	1991 Realignment	0	0	0	0	0
4.	Behavioral Health Subaccount	0	0	0	0	0
5.	Other Funding	0	0	0	0	0
<b>6.</b>	<b>Total Proposed Administration</b>	322,450	390,400	6,900	0	<b>719,750</b>
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Innovative MHSa Funds	10,000	38,333	76,667	0	<b>125,000</b>
2.	Federal Financial Participation					
3.	1991 Realignment					

4.	Behavioral Health Subaccount					
5.	Other Funding					
6.	<b>Total Proposed Evaluation</b>	10,000	38,333	76,667	0	<b>125,000</b>
C.	<b>Estimated TOTAL mental health expenditures (this sum to total for funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Innovative MHSA Funds	332,450	428,733	83,567	0	<b>844,750</b>
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other Funding					
6.	<b>Total Proposed Expenditures</b>	332,450	428,733	83,567	0	<b>844,750</b>