

# Sierra County MHSA Draft Fiscal Year 2020-2023 Three-Year Program and Expenditure Plan



**POSTED FOR PUBLIC COMMENT**  
**May 4, 2021 through June 7, 2021**

The MHSA 2020-2023 Three-Year Plan is available for public review and comment from May 4, 2021 through June 7, 2021. We welcome your feedback via phone, in person, or in writing/e-mail. Comments may also be made during the Public Hearing to be held on Monday, June 7, 2021.

Public Hearing Information:

Monday, June 7, 2021 10:00 am  
Sierra County Wellness Center  
706 Mill Street, Loyalton, CA 96118

Comments or Questions? Please contact:  
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Thank you!

Community Planning Process information will be updated to reflect new survey data during the thirty-day review.

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## PLAN OVERVIEW

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The following MHSa values have been utilized during the CPP and are imbedded within programs and strategies to obtain the following desired outcomes:

- Community Collaboration
- Cultural Competence
- Consumer/Family Driven
- Wellness, Recovery, and Resilience Focused
- Integrated Service Experiences for Clients and their Families

The above listed values help to enhance programs offered by identifying appropriate service and strategy venues meeting the unique needs of Sierra County community members.

## COVID-19 IMPACT ON 2020-2023 THREE YEAR PLAN

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Due to the COVID-19 Public Health Emergency the Mental Health Services Act 2020-2023 Three Plan and Annual Update submission date is now July 1, 2021. This extension was granted through AB81. Sierra County Behavioral Health submitted the required documentation to participate in this extension. This plan is titled the 2020-2023 Three Year Plan. However, during FY 20/21 Sierra County Behavioral Health MHSa services were implemented utilizing the FY 19/20 Annual Update and the 2017-2020 Three Year Plan.

# MHSA 20-23 PLAN CHANGES FROM FY 19/20 ANNUAL UPDATE & 17-20 THREE YEAR PLAN

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## Community Services and Supports:

- 1) The following standalone programs in the 1017-2020 plan have been incorporated into General Services in the 2020-2023 plan:
  - a. Crisis Line
  - b. Insight Respite Center
  - c. Crisis Stabilization Unit
  - d. No Place Like Home
- 2) Reversion Funds will be incorporated into each program it applies to and will be utilized as first dollar to be spent.
- 3) Prudent Reserve will be incorporated into General Services and Full Service Partnership
- 4) Integrated Primary Care has been removed.
- 5) Rural Border County Interagency Agreements(s) has been removed.

## Prevention & Early Intervention (PEI):

- 1) Music Together has been removed.
- 2) Reversion Funds will be incorporated into each program it will apply to and will be utilized as first dollar spent.
- 3) Sierra Wellness Advocacy for Youth (SWAY) has been added.
- 4) Behavior Intervention Specialist & Therapeutic Behavioral Services will be a part of Youth Access to Services.

## Capital Facilities & Technologies

- 1) Creating a warming and cooling center at the Wellness Center & Behavioral Health building through purchasing and installing a generator has been added.

# WELCOME TO SIERRA COUNTY

Sierra County is the second least populated county in the State of California. In the summer months, Sierra Valley supports more cattle than the total number of Sierra County residents. Considered a “*Frontier County*”, because of remoteness and population density, Sierra County has no stoplights, fast food restaurants, movie theaters, traditional public transportation systems, hospitals, or shopping centers. Most communities are geographically isolated from services and other communities. The county is bisected by the Sierra Nevada Mountain range, one pass (Yuba Pass, elevation 6,701 ft.) provides access between the east and west side communities. Harsh weather and mountain driving conditions make travel during the winter months treacherous and dangerous.

Sierra County shares a border with the State of Nevada. Neighboring counties are Plumas, Lassen, Nevada and Yuba.



## Estimated Population per Community Zip Code\* within Sierra County:

Alleghany/Forest City	89	Loyalton	1,627
Calpine/Sattley	326	Sierra City	258
Downieville	352	Sierraville	215
Goodyears Bar	46		

\* 2010 US Census Bureau-FactFinder, Community Facts

Sierra County’s population of 3,003 (US Census Bureau 2014 estimate) is spread over 962 square miles (of which approximately 70% is National Forest). The only incorporated city is Loyalton, with 769 persons residing within the city proper. Another 858 residents live within Loyalton’s zip code, associating approximately 50% of Sierra County’s population with the City of Loyalton. While the county seat is located in Downieville, Sierra County Board of Supervisor meetings alternate between the locations of Downieville and Loyalton.

<b>Population as of 2010*: 3,240</b>	
<b><u>Population percentage by age:</u></b>	
Under 18	17.0%
18-19	1.6%
20-24	3.6%
25-34	7.5%
35-49	18.3%
50-64	31.0%
65 & older	21.0%

The main campus of Sierra County Health & Human Services is located in Loyalton. An office is located in Downieville allowing the agency capacity to serve community members on both the east and west side of the county.

\* 2010 US Census Bureau-FactFinder, Community Facts

Based on US Census Bureau statistics (table below), the number of families who fall within the 200% below poverty level are increasing, thus increasing the percentage of individuals who may be eligible for services through Sierra County Behavioral Health.

US Census Bureau - Fact Finder based on 2010 Census	Estimated 2012	Estimated 2013	Percent Increase or Decrease
	Percent	Percent	
Persons Below Poverty Level	16.80%	19.40%	+2.6%
Median Household Income	\$42,500	\$39,009	-8.21%
Number of Households	1,338	1,253	-6.35%
Persons per Household	2.32	2.45	+5.6%

# COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

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Sierra County Health & Human Services is a consolidated and integrated Health & Human Services Agency which includes Behavioral Health, Public Health, Environmental Health, Tobacco Use Reduction Program and Social Services. As such, Sierra County Health and Human Services is utilizing the following key strategies to engage in program development:

- Establishing consolidated administrative support infrastructures;
- Establishing consolidated program support infrastructures;
- Importing or developing evidence-based practices and other outcome-based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;
- Establishing client and cultural inclusion structures/processes that will advise the agency in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self-sufficiency, as well as improved community health.

To ensure the most effective use of resources, avoid duplication of effort, and maximize the leveraging of ongoing efforts and community strengths, Mental Health Services Act (MHSA) programming is developed and delivered with careful consideration of the common goals of other Sierra County Department of Health and Human Services initiatives and includes the strategies listed above to guide planning and service delivery in Sierra County.

## STAKEHOLDER/CONSUMER PROCESS

Two survey efforts took place during FY 19/20 as part of the Community Planning process. One was conducted as an open-ended, three question phone survey. Only the three questions were asked to keep the participant engaged and willing to fully participate. The second was a pen to paper, in-person survey with more in-depth questions. There was hope that as the year progressed in-person encounters would be possible, however this was not the case and face-to-face encounters were very limited. Hand-capping a robust community planning process with community planning meetings.

Sierra County does not enjoy unfettered use of internet. Many community members live in areas where service is non-existent or so weak/slow that it is virtually useless to provide any platform to Zoom or Webex. Internet is expensive, bundled subscriptions are not available to all community members. The Low-Economic status of many community members creates a barrier to updated technology uses.

### Consumer Process 2020

#### Phone survey with outpatient beneficiaries - CPP

With the onset of COVID-19 it was decided one method to allow Sierra County Behavioral Health (SCBH) beneficiaries to participate in the Community Planning Process was a short phone survey conducted in May 2019 with individuals receiving mental health services. Of the 77 mental health beneficiaries receiving services, 33 (43%) were willing to participate in this phone survey. No services were being offered as face to face at the time this survey was conducted.

Demographics of survey participants are disseminated in the following narrative and tables below.

#### Language

All 33 respondents indicated English as their primary language.

#### Ethnicity

Ethnicity	Percentage
European (White)	85%
Other Hispanic Latino	9%
Mexican/Mexican American	3%
Unknown	3%

#### Age

Age Group	Percentage
Youth (0-15)	3%
Transitional Aged Youth (16-25)	0%
Adult (26-59)	69%
Older Adult (60+)	28%

#### Gender

Of the 33 respondents 66% identified as female; whereas 34% identified as male.

#### Community of Residence

Community	Percentage
Loyalton	55%
Downieville	19%
Sierra City	13%
Sierraville	6%
Pike	3%
Alleghany	3%
Calpine	3%

## Phone Survey Outcomes

Peer Support staff called beneficiaries who indicated they were willing to participate in the survey. They explained what MHSA is (APPENDIX CPP.1 – MHSA OVERVIEW) and asked the following three open ended questions:

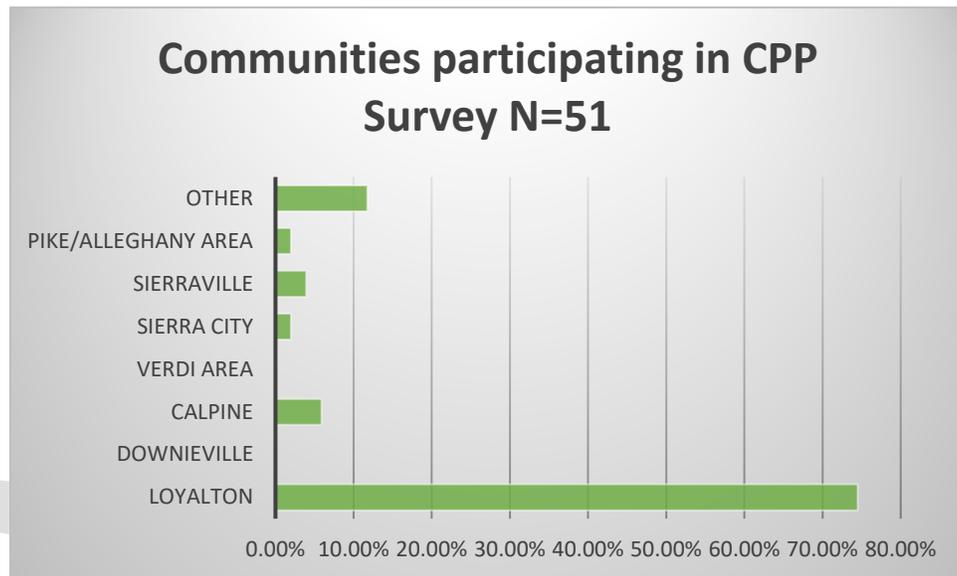
1. Has accessing services improved the quality of your life?
2. Are there additional services you are currently not receiving that would benefit you?
3. What challenges have you found or encountered while receiving services?

Has accessing services improved the quality of your life?	Respondent Percentage	Identified theme within answers
Accessing services has not improved the quality of life.	3%	<ul style="list-style-type: none"> <li>• Medication and access to services</li> </ul>
Ambivalence to services improving quality of life	9%	<ul style="list-style-type: none"> <li>• I think so.</li> <li>• Yes and no.</li> </ul>
Accessing services has improved quality of life	85%	<ul style="list-style-type: none"> <li>• Yes.</li> <li>• Likes staff.</li> <li>• Appreciates support.</li> </ul>
COVID-19	3%	<ul style="list-style-type: none"> <li>• Difficult to provide therapy to child over the phone. Child doing well before COVID.</li> </ul>

Are there additional services you are currently not receiving that would benefit you?	Respondent Percentage	Identified theme within answers
No additional services identified	87%	<ul style="list-style-type: none"> <li>• No/None</li> </ul>
Additional services identified	3%	<ul style="list-style-type: none"> <li>• Groups</li> <li>• Medi-Cal assistance</li> <li>• Changing negative thinking to positive thinking – get hope.</li> </ul>

What challenges have you found or encountered while receiving services?	Respondent Percentage	Identified theme within answers
No challenges identified	46%	<ul style="list-style-type: none"> <li>• No/None</li> </ul>
Building Trust with staff	16%	<ul style="list-style-type: none"> <li>• Trust built after time</li> </ul>
Fear	6%	<ul style="list-style-type: none"> <li>• Overcame social fears</li> </ul>
Covid	6%	<ul style="list-style-type: none"> <li>• Interruption of face to face services</li> </ul>
Life Challenges	3%	<ul style="list-style-type: none"> <li>• Dealing with other agencies</li> </ul>
Inclement Weather	6%	<ul style="list-style-type: none"> <li>• Snow</li> </ul>

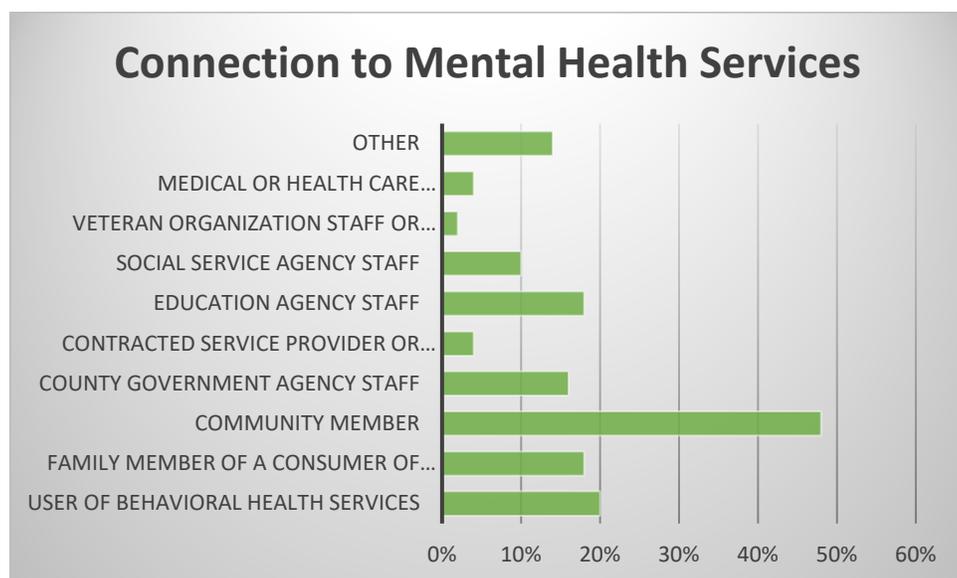
The pen to paper survey was conducted with more questions regarding MHA services and supports (APPENDIX CPP.1 – MHA OVERVIEW, CPP.2 – SURVEY QUESTIONS). Fifty-one (51) individuals participated in the survey. The following data was collected.



Female	Male	Other
80.43%	15.22%	4.35%

Race	Percent
White/Caucasian	95.92%
Native American/Native Alaskan	2.04%
Multi-Race	2.04%

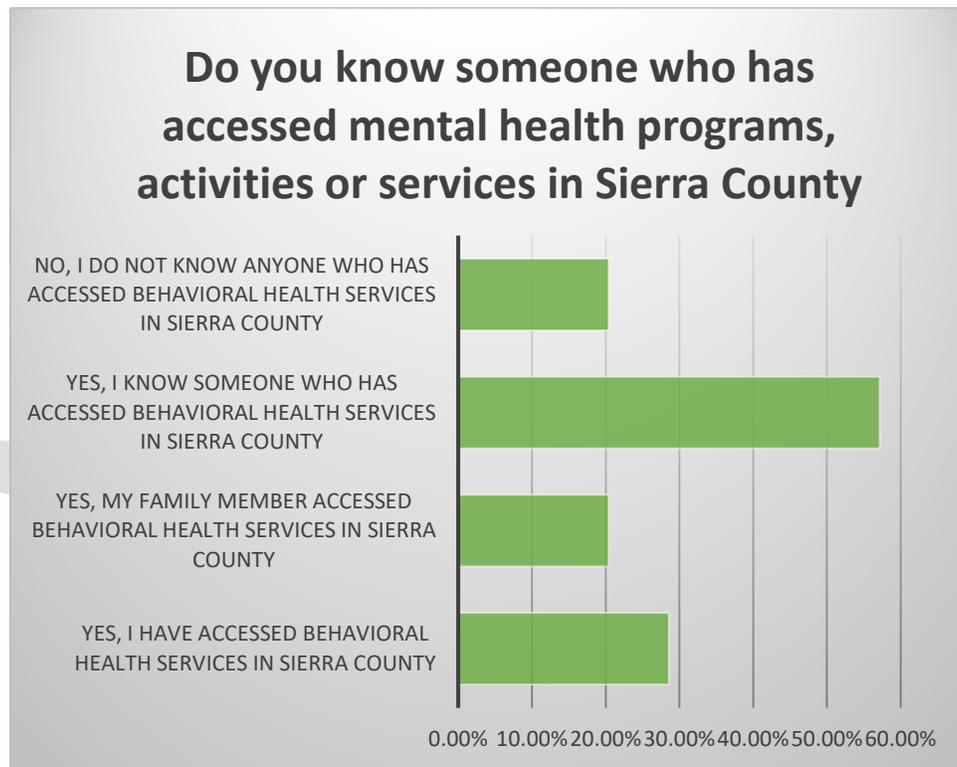
English was identified as participants primary language. Only 16 participants answered the question, with 35 skipping it. It is a safe conclusion that at least 90% of the other 35 respondent’s primary language is English.



Participants who responded with other in ‘Connection to Mental Health Services’ wrote in the following:

- Didn’t use

- Connected to the BHAB – Advisory Board Member
- Senior Center Staff (3 respondents)
- Teacher



When asked the question, ‘Are there specific groups of people in your area who are in particular need for mental health services?’ the following responses were received:

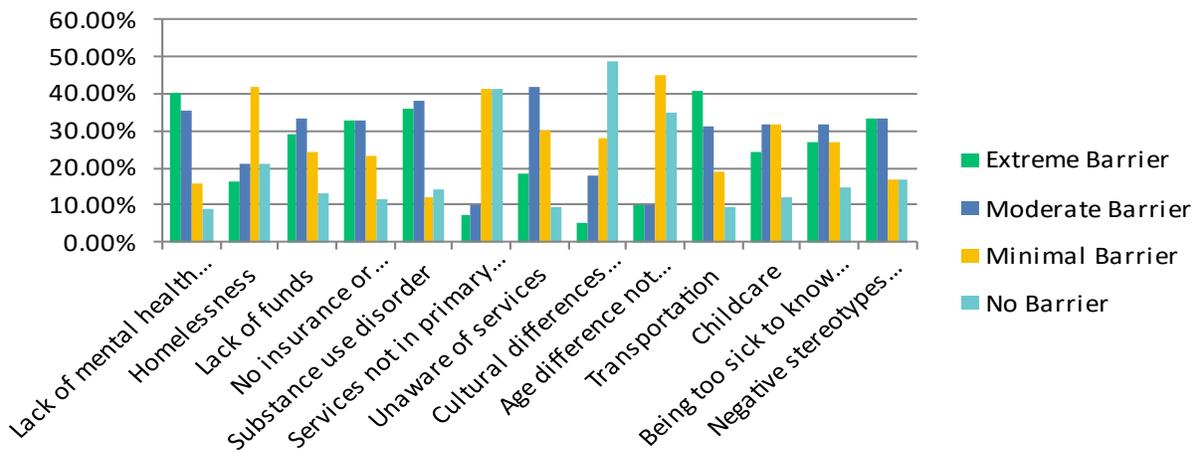
- Young children – 29.55%,
- Transition age youth, ages 16-24 – 75%
- Seniors – 50%
- School-age children – 65.91%
- Adults – 61.36%
- Parents – 52.27%
- Geographically isolated people – 40.91%
- Linguistically isolated people – 18.18%

People get mental health services through.....	Yes	No
Medical primary care provide	88.37%	11.63%
County mental health outpatient services	95%	5%
Involvement with child/family services	94.87%	5.13%
Emergency Room	64.29%	35.71%
Calling crisis line	86.84%	13.16%
Calling 911/law enforcement	74.07%	25.93%
Comments:		
<ul style="list-style-type: none"> <li>• Friends and family</li> <li>• Law enforcement is very effective with mental health issues</li> <li>• Commodities/Church</li> <li>• Senior Center</li> <li>• Peer counseling, family resource center, senior center</li> <li>• It is very difficult to get MH Services</li> </ul>		

Barriers to mental health programs, activities or services were listed as:

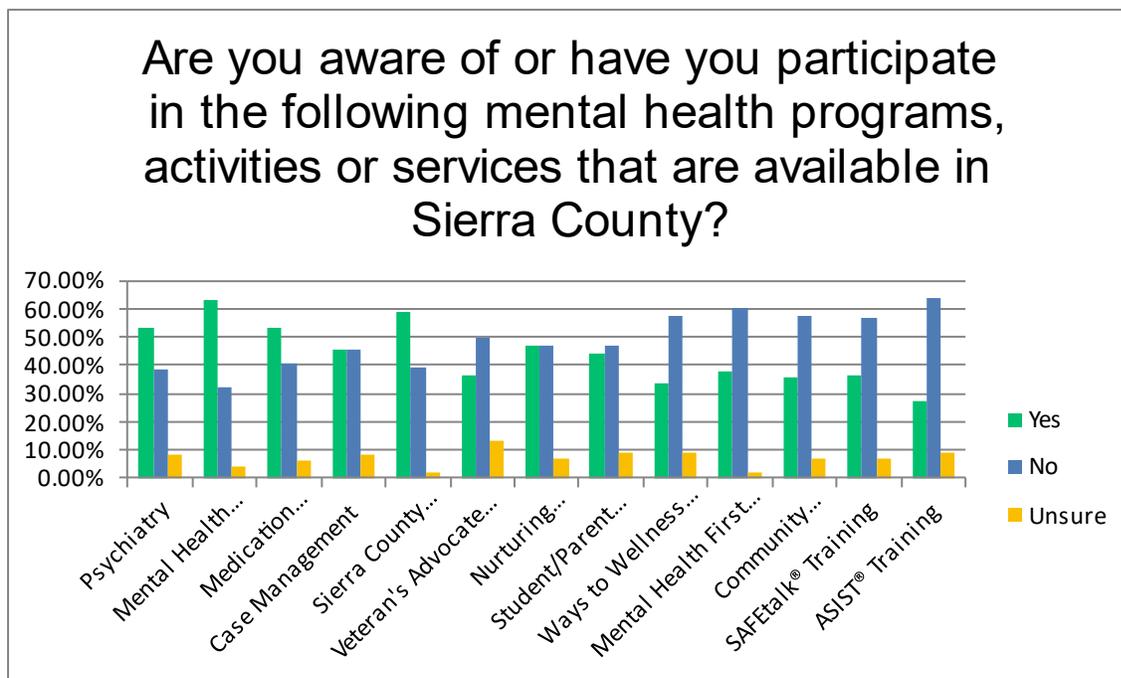
- Lack of mental health providers
- Homelessness
- No insurance or privately insured
- Substance use disorder
- Services not in primary language
- Unaware of services
- Cultural differences not respected or recognized
- Age difference not respected or recognized
- Transportation
- Childcare
- Being too sick to know services are needed
- Negative stereotypes (stigma)

In Sierra County, barriers to mental health programs, activities or services include. (please rate all barriers listed)



These comments were made under the option of Other under the above statement 'In Sierra County, barriers to mental health programs, activities or services include...':

- The Wellness Center has operated more effectively with the help of Wellness Center staff. She's very knowledgeable and caring.
- Sierra County population is so small that everyone knows, is related to, or has interacted with most individuals living in Sierra County. Therefore, community members are not always interested in accessing services because they are known and they don't feel safe accessing the service.
- Cultural differences, Age differences not respected or recognized questioned.
- Childcare questioned.
- Population is so small everyone has a personal connection, no anonymity.



What mental health programs, activities or services are working well in Sierra County? Why?

- I think Sierra County currently has a great clinical team and support staff. I have heard nothing but great things about peer support. I love the trainings for community members.
- I know but don't know.
- Don't know
- I went through an abusive relationship and I needed that to get through it.
- Counseling
- Wellness/Etc - Great
- Outreach van, filling a need.
- Wellness Center. More counseling for psy.
- Wellness Center providing information and great services for needs on a walk in basis but lack in confidentiality.
- Behavioral Health
- WIC -food program
- Wellness Center: best thing going.
- no opinion

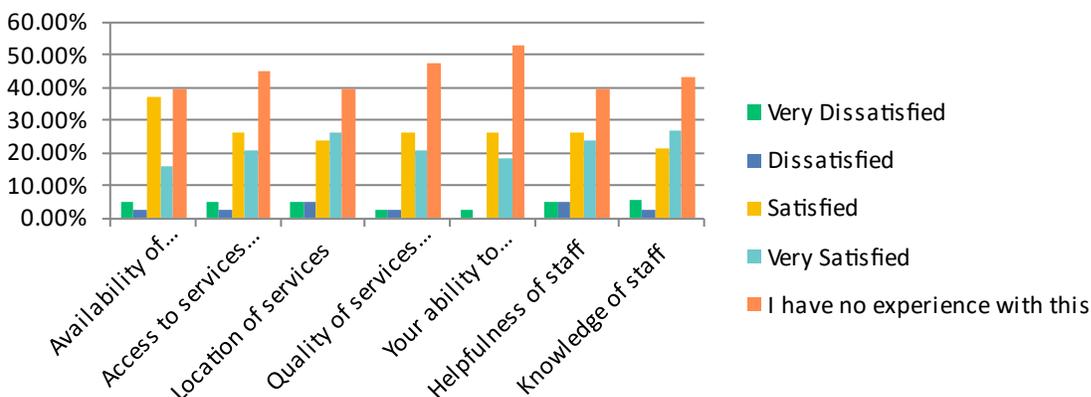
- Senior Center and Wellness Center help has improved 100%. Brandy is the bee's knees. She takes her job very seriously and helps everybody.
- I have a good experience with D&A Counseling, marriage counselor, food stamps/Soc. Sec., transportation, Community Out, Van.
- unknown
- I believe peer support is doing a good job. I don't believe that many in the community are aware of all the programs that are available.
- Wellness Center, Psychiatry
- unsure. People not on welfare are unable to access MHSA services
- All activities and services work if they are one on one services and not group activities. Sierra County recognizes this fact and does their best to provide individualized services.
- I believe that they all are to a degree, when the barriers aren't preventing the services from being administered.
- Peer support helps find good activities to do. Case workers help get the needed services.
- Peer Support staff keeps me productive. Wellness Center, I just love it. Great program. Staff know what and how to help us community members.
- All that are staffed.
- I believe they work okay for the uninsured. What do people with insurance get from in county services?
- I don't know.
- SAFEtalk is the only program I've had real contact with. This is an important asset to the HS.
- Family Resource Center - assistance with food, clothes, bills.
- ?
- Sierra County Wellness Center  
Veteran's Advocate  
Community Outreach Van
- I think the health services and flu shot clinics are successful.
- I know of most of these programs, but not well enough to tell you if they are working well.

What mental health programs, activities or services could be improved? Why?

- N/A
- Don't know
- Not sure
- All great
- Service providers in mental health don't provide different options for counseling. There needs to be a better way to communicate. Example - online/sms. Wellness Center staff gossips in community.
- Transportation and transitional housing.
- Student/child parent counseling. \*Confidentiality\* too many employees talk about patients outside of work.
- Accessibility
- ?
- Unknown
- no opinion
- Transportation needs improvement. They have plenty of cars. No Drivers.
- Need more people who can serve.

- Mental health counseling/behavioral health very little follow through, too much 'take over' client instead of assisting clients to become self-reliant
- Persons working within mental health programs need to get out into the public. Participate and educate the public. Help get rid of the stigma, making it more comfortable to get help. Its easier to reach out to someone you know instead of a stranger.
- n/a
- psychiatry , medication management isn't effective without continued counseling
- State regulations are a hindrance to providing specialty mental health services as there is not the employee capacity to address all of the regulations.
- na
- Need in-person adolescent services!
- I don't know.
- Most can improve awareness, hire a school psychologist.
- ?
- In my experience, more services for children and teens.
- Same as above.

If you have experience seeking and/or receiving behavioral health services or trainings, how would you rate your experience in the following areas:



Comments from the above question are listed below:

- I have not accessed service in some time.
- My young niece used services in Reno.
- Help received is awesome.  
\*Note: Person completing survey meant to check Very Satisfied rather than Very Dissatisfied.
- Some are too friendly and that can put me off.
- Staff shouldn't use people's names if they went into the Wellness Center for the confidential services. I experienced a staff member telling another staff about myself outside of the offices. Staff shouldn't speak about people who used the services at Leonard's. People at the

landfill shouldn't know info about me if I used the Wellness Center thinking it was going to be confidential.

- No direct involvement
- Brandy was kind and helped immediately. She made my experience great and helped me with my issues. She had answers to all my questions. She makes a bad day...good.
- Mostly satisfied, sometimes very frustrated and not
- I can only speak to the experience of others shared with me. If you are insured, there is very little to be offered. Stigma in a community where everybody knows everybody is a real barrier.

#### Community Planning Meeting May 6, 2021

The community planning meeting was attended by 14 individuals. In Sierra County this is considered a good turnout. The 'Mental Health Services Act Quick Reference Guide' was reviewed. (APPENDIX CPP. Program changes and new programs were presented and discussed. Participants agreed on the changes and new programs.

There was question about the NPLH project location decided on through collaboration with Plumas County. The community member asked if anyone had spoken with a client to ask how they felt about the project. The Behavioral Health Director indicated we were in the very beginning of planning stages and that the question had not been asked. However, the question will be asked as the project becomes more of a reality. Also a community member reported on the local Lumber Mill opening back up. The new owners to plan to have the Mill generator come online when electricity is out, providing power for Loyalton. Everyone was still in favor of the Capital Facilities project purchasing a generator to supply power for warming and cooling facilities.

# COMMUNITY SERVICES AND SUPPORTS

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DRAFT

**1) Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.**

Sierra County Health & Human Services which includes Behavioral Health staff are predominantly Caucasian. However, 13% of total staff (including contractors) are Hispanic/Latino or are of mixed races decreasing disparity within the Hispanic/Latino population that makes up 8.3% of Sierra County's total population.

Sierra County is not recognized as having a threshold language at this time. All of the 13% Hispanic/Latino or mixed race staff members indicated above are bilingual in English and Spanish. Therefore, Sierra County would be able to meet bilingual staff proficiency at this time should Spanish be identified as a threshold language.

**2) Compare and include an assessment of the percentage of culturally, ethnically, and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the county the total population currently serviced in the county.**

Sierra County Health & Human Services which includes Behavioral Health identifies as predominantly Caucasian. When comparing general population race/ethnicity almost 83% identified as white and not Hispanic or Latino, at the same time the majority of staff and beneficiaries identify as Caucasian. The Hispanic or Latino population is 8.3% of the general population. Staff and beneficiary ratios compare with the general population. Language preference is not indicated within the following tables. The client population receiving mental health services in 2020 all indicated English as their preferred language.

A target population that is not identified with an ethnic group is the Low Socio Economic Status population. 25.83% of the general population lives in households below the 200% poverty level. Therefore, in striving to be culturally aware, the agency needs to be mindful of the culture associated with poverty and uninsured community members.

The objective to improve penetration rates and eliminate disparities centers more on the Low Socio Economic Status population with the knowledge that Sierra County Health and Human Services needs to continually move forward in recruiting and employing a more culturally diverse staff to lessen any disparity between Sierra County's workforce and the Hispanic/Latino community.

Table 1 – Ethnic Identification of Sierra County Health and Human Services (SCHHS) Workforce

Sierra County Health & Human Services workforce (May 2020).	Caucasian	Hispanic/Latino	African American	Asian	American Indian	Mixed	Vacant Positions	Total	Percentages
<b>SCHHS Ethnic Identification</b>									
Admin/Management	6	0	0	0	0	0	0	6	<b>13.33%</b>
Direct Services	23	1	0	0	0	1	0	25	<b>55.56%</b>
Support Services	8	1	0	0	0	0	2	11	<b>24.45%</b>
Interpreters (contracted)	0	1	0	0	0	0	0	1	<b>2.22%</b>
Consumers	2	0	0	0	0	0	0	2	<b>4.44%</b>
Totals	39	3	0	0	0	1	2	45	-----
<b>Percentages</b>	<b>86.67%</b>	<b>6.67%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2.22%</b>	<b>4.44%</b>	—	<b>100%</b>

Table 2 – Ethnic Identification of Contract Agencies Workforce

Sierra County Health & Human Services contract agencies workforce (2020)	Caucasian	Hispanic/Latino	African American	Asian	American Indian	Other	Total	%
<b>Contract Agencies Ethnic Identification</b>								
Admin/Management	1	0	0	0	0	0	1	<b>33.33%</b>
Direct Services	1	1	0	0	0	0	2	<b>66.67%</b>
Support Services	0	0	0	0	0	0	0	<b>0</b>
Interpreters	0	0	0	0	0	0	0	<b>0</b>
Consumers	0	0	0	0	0	0	0	<b>0</b>
Totals	2	1	0	0	0	0	3	-----
<b>Percentages</b>	<b>66.67%</b>	<b>33.33%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	—	<b>100%</b>

Table 3 – Comparison of ethnicity between SCHHS staff, client population receiving Specialty Mental Health Services, estimated Medi-Cal Beneficiary population, Households Below 200% population to the General Population.

	Caucasian	Hispanic/Latino	African American	Asian	American Indian	Other	Total	% of Population
Overall Staff	41	4	0	0	0	1	47	-----
Direct Service Staff	25	4	0	0	0	1	32	-----
Client Population receiving Mental Health Services†	55	6		0	0	3	64	1.978%
Medi-Cal Beneficiary Population††	57	17	8	0	7	15	97	2.99%
Households Below 200% Poverty††† Population	673	115	4	1	21	238	837	25.83%
General Population††††	2808	269	6	12	44	101	3240	-----

† Derived from 2020 total client utilization

†† 2008 State Medi-Cal Information

††† California Mental Health Prevalence Estimates (2009),

†††† Derived from 2010 U.S. Census Bureau American Fact Finder

**3) Provide a narrative analysis of an assessment of mental health needs of unserved, underserved/inappropriately served and fully served County residents who qualify for MHS services.**

It is noteworthy that no other in-county mental health services are available to Sierra County residents other than Sierra County Behavioral Health. Thus, all Sierra County residents potentially fall into an unserved or underserved category and could meet MHS eligibility requirements.

"Unserved" **§3200.310** means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Given the definition above for unserved residents, Sierra County has implemented programs to provide outreach and to build trust within communities. These programs enable Sierra County Behavioral Health to identify and refer willing residents to services. At this point in time the Sierra County Wellness Center through prevention and the Community Outreach Van

through Outreach and Engagement are able to provide linkage and access to services.

"Underserved" § 3200.300 means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. The clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services.

During the Spring 2020 Community Planning Process the following question was asked, "Are there additional services you are currently not receiving that would benefit you?". Of the 64 individuals currently receiving services 33 participated in the Community Planning process of which 85% of those surveyed indicated no additional services are needed. This indicates most clients feel they are receiving sufficient services as of those surveyed close to 88% indicated their quality of life has improved with services received. At least half of current clients were surveyed

**4) Discuss the possible barriers your system may encounter in implementing the programs and how you will address and overcome these barriers and challenges.**

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a) Providing services to Sierra County's micro population is challenging due to the intra-connectedness within communities, as well as, the inter-relationships and inter-connectedness which occur throughout the county as a whole. Dual relationships, along with a lack of anonymity, are a distinctive norm community members of Sierra County live and deal with on a day to day basis. Thus, providing specific programs focusing on an under-represented, minority population inadvertently creates profiling of the population Sierra County Behavioral Health is seeking to serve. For example, a youth seeking services does not feel comfortable receiving services in a group setting because they can be identified, have a current or have had a previous relationship with the other youth receiving services or the facilitator of the service. More likely than not, there are familial ties to the youth and one or more of those individuals involved in receiving or providing the service. Once the service has a 'label' or a specific identified outcome, the youth attending have been profiled. Sierra County's community defined best practices, based on the challenges above, indicate building trust while participating in a universal or selective service strategy resulting in warm referrals is most successful.

b) There is also a distrust of Government prevalent in Sierra County's population. To break down this barrier it is necessary for staff to build relationships with key community members. The key community member plays a distinct role in whether or not a resident in need will be willing to meet with staff. Building trust in this capacity is essential as well.

c) It is challenging to hire qualified staff members when doing business in a geographically isolated frontier county. The other factor in contracting services with outside agencies is the

low number and intermittent needs of individuals seeking specialized services. It has proven to not be worthwhile for the contractor or the outside agency to provide the service as there may be months when there is no need for the service and then there is one family with needs. Many agencies have declined contracting with us indicating their staff capacity and the cost of providing the service is a barrier for them. Sierra County continues to research out-of-county agencies and contractors hoping to work out a solution benefiting both parties.

d) Due to the COVID19 Pandemic and the uncertain future of California's economy Sierra County will struggle fiscally with receiving and generating enough funds to provide all required services as well as funding positions needed to ensure regulations around Medi-Cal billing requirements, mental health plan requirements, outcome and evaluation requirements are being met. Staff members wear multiple hats and are amazing at juggling them all to ensure Sierra County Behavioral Health is successful in both providing services and meeting necessary State or Federal requirements.

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STATUS	New	X	Continuing
EMPHASIS	X General (Non-FSP)	X	Full Service Partnership (FSP)*
AGE GROUP	X Children (0-15)		
	X Transitional Age Youth (16-25)		
	X Adult		
	X Older Adult		

**PROGRAM DESCRIPTION**

General Service Delivery improves the County’s mental health service delivery system for all severely mentally ill or severely emotionally disturbed community members who receive services and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families. General Service Delivery funds may only be used to pay for those portions of the mental health programs/services for which there is no other source of funding available.

Sierra County Behavioral Health utilizes General System Development and Services funds to provide and maintain appropriate continuum of care services identified for each individual. Sierra County population is so small, and the culture is such that group program offerings are not utilized resulting in services not being utilized. Therefore, there are times when services and intensity of services vary greatly from individual to individual.

Sierra County Behavioral Health has contracted with Nevada County Behavioral Health so that Sierra County community members have access to a Crisis Stabilization Unit. The CSU is part of a crisis continuum of care for residents of Sierra County. Individuals receive crisis services, including psychotherapy, medication services, and psychiatry for up to 23 hours per client event.

Sierra County Behavioral Health has also contracted with Nevada County Behavioral Health to provide peer respite to eligible community members. The IRC provides a relaxed and welcoming home-like environment for individuals with mental health challenges who are going through an escalation of mental health symptoms, in order to prevent crisis intervention or hospitalization. This wellness-, resiliency-, and recovery-oriented setting is less restrictive than a Crisis Stabilization Unit (CSU) or a psychiatric inpatient facility. The IRC facilitates communication and coordination across all components of the crisis continuum of care, including the Crisis Response Team at the local Emergency Department, CSU, and other service agencies involving a client’s support network.

The regulatory need for an Access Line will be met through a contract with Telephone Triage Services.

\*Full Service Partnership partners will have access to the Nevada County and Telephone Triage Services contracted services under General Services.

**GOALS & OBJECTIVES**

- Operate programs to provide mental health services to individuals and when appropriate the individual’s families who are eligible through Welfare and Institutions Code Section 5600.3 (a), (b) or (c).

**OUTCOMES**

- Improvement or attainment of goals reducing symptoms of Mental Illness or Severe Emotional Disturbance.
- Improvement in daily functioning.

STATUS	New	X	Continuing
EMPHASIS	General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP	X Children (0-15)		
	X Transitional Age Youth (16-25)		
	X Adult		
	X Older Adult		

### PROGRAM DESCRIPTION

The Full Service Partnership (FSP) program is best defined as a collaborative relationship between the county and participants of all ages who live with severe mental illness (SMI) or live with a severe emotional disturbance (SED). Family members are included when appropriate. FSP expands mental health services and supports and provides a full spectrum of supportive services so that the community member can achieve their individualized identified goals.

Sierra County Behavioral Health staff serve as active partners to FSP participants, increasing the coordination of care within the community or appropriate services and supports which are not offered in Sierra County. The team, composed of Sierra County Behavioral Health staff and individuals identified by the FSP participant, offer strength-based, client/family-directed, individualized mental health and wrap-around services and supportive funding to:

- *Children and Youth* with SED who have experienced school disciplinary problems or academic failure, are in or at risk of out-of-home placement, or are at risk of involvement in the juvenile justice system.
- *Transitional-Age Youth* with SED who are at risk of or have juvenile justice system involvement, co-occurring disorders, risk of homelessness or involuntary hospitalization, or institutionalization.
- *Adults* with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorders, are involved in the criminal justice system, or have had frequent hospitalizations or use of emergency room services for psychiatric problems.
- *Older Adults* with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, have reduced functioning due to health problems, or are isolated or at risk of suicide.

### GOALS & OBJECTIVES

- Provide culturally competent services and supports
- Implement Individualized Services and Supports Plan

### OUTCOMES

- Improvement or attainment in self-efficacy of identified goals in the Individualized Services and Supports Plan
- Reduction in homelessness
- Reduction in use of emergency psychiatric services or hospitalizations
- Reduction in law enforcement encounters (arrests, probation, police encounters)
- Reduction of academic failure

<b>STATUS</b>	New	X	Continuing
<b>EMPHASIS</b>	X General (Non-FSP)	X	Full Service Partnership (FSP)
<b>AGE GROUP</b>	X Children (0-15)		
	X Transitional Age Youth (16-25)		
	X Adult		
	X Older Adult		

**PROGRAM DESCRIPTION**

Sierra County Wellness Center, located in Loyalton, is wellness-focused and provides integrated services that are supportive, alternative and unique to support community members on their recovery path. The Wellness Center strives to be culturally competent, member-driven, and wellness-focused. Peer Support Specialist staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. The Veterans’ Advocate is also housed at this site. Peer support staff provide services via the phone, home visits, and on site.

In general, the Wellness Center provides opportunities to find ways to increase the persons served ability to live life at its fullest. Services focus on:

- Wellness & Recovery Action Plans (WRAP©)
- Supportive Conversation
- Independent Living Skills
- Veterans Peer Support
- Connection with Workforce Alliance
- Art and Meaningful Activities
- Social Activities
- Living with challenges of mental illness
- Collaboration with other entities to provide identified individualized services not offered through the Wellness Center

The Wellness Center is funded through both Full Service Partnership and Prevention. This allows for populations to not be inadvertently targeted and helps to reduce stigma related to Sierra County Behavioral Health.

**GOALS & OBJECTIVES**

- Utilization of WRAP© into everyday operation of Wellness Centers
- Provide ongoing daily group and individual opportunities for persons served to develop an understanding of wellness and recovery, and identify ways to implement these concepts in their lives
- Provide peer to peer support
- Continue to provide training and support for consumer support group facilitators
- To develop viable structures to obtain active input from persons served through the Behavioral Health Advisory Board

**OUTCOMES**

- Increase wellness and recovery activities
- Increase wellness center usage
- Increase partner capacity between providers, communities and overlapping influences
- Connecting persons served to appropriate services

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STATUS EMPHASIS AGE GROUP		New		X	Continuing
	X	General (Non-FSP)			Full Service Partnership (FSP)
	X	Children (0-15)			
	X	Transitional Age Youth (16-25)			
	X	Adult			
	X	Older Adult			

### PROGRAM DESCRIPTION

The Community Planning Process surveys conducted during the summer of 2018 included the geographically isolated communities of Pike/Allegany. Of the surveys collected 74% answered open ended questions addressing improving services. The resounding theme of the answers centered on more education about services offered as well as offering services in these isolated communities. As indicated in the most recent Community Planning Process a need for services has been identified in geographically isolated communities.

The Front Porch program involves peer support staff providing activities in geographically isolated communities while educating about available services, wellness and recovery. Activities and supportive conversation provide an organic opportunity to educate and learn about appropriate service needs along with providing them in a community defined culturally proficient manner to create equity. Identified needs in services will be shared with other agencies in the hopes of providing unique services to bridge the acknowledged gaps in services.

Harm reduction strategies and supplies are delivered during the Front Porch/Community Outreach visit

Sierra County Behavioral Health is collaborating with Public Health and Substance Use Disorders to utilize the Community Outreach Van as part of the Front Porch Program.

The Ways to Wellness and Senior Front Porch programs now fall under Front Porch/Community Outreach and is implemented as a direct result of an identified need to provide services to underserved or unserved community members living at the Senior Apartment Complex in Loyalton. Many of the community members living in the complex do not access services and supports located at Sierra County Behavioral Health in Loyalton. Peer Support Specialists facilitate these activities.

These activities provide an environment where community members can learn creative wellness tools through positive activities aiding in reducing depression and loneliness and promote building relationships, supports and positive social activities through arts and crafts. WRAP's ideas are introduced and participation in completing an action plan is encouraged.

### GOALS & OBJECTIVES

- To increase community knowledge of services and service access in isolated communities as identified during the Community Planning Process

### OUTCOMES

- Identify underserved and unserved individuals
- Link to appropriate services

<b>STATUS</b> <b>EMPHASIS</b> <b>AGE GROUP</b>		New			
	X	General (Non-FSP)		X	Continuing
		Children (0-15)			Full Service Partnership (FSP)
	X	Transitional Age Youth (16-25)			
	X	Adult			
	X	Older Adult			

**PROGRAM DESCRIPTION**

Community Academy activities strive to educate and build trust with other community based-organizations to help reduce barriers associated with receiving behavioral health services. As such, a universal service strategy is used reaching community populations, to address Outreach and Engagement objectives. Cultural Proficiency will continue to be addressed through the Community Academies.

Historically, Community Academies have been successful in Sierra County as a venue to provide one day workshops featuring appropriate and knowledgeable speakers addressing relevant behavioral health topics. Community Academy topics can be determined through the Community Planning Process. A follow-up ‘Bridges out of Poverty’ workshop will be offered as a result of stakeholder interest in continuing to learn about strategies to improve relationships between different cultures and communities, along with reducing barriers to participating in behavioral health services.

Approximately 4 Community Academy Activities will be offered.

**GOALS & OBJECTIVES**

- To educate community members and other community-based agencies/organizations about available services and supports
- To improve relations between providers, overlapping influences, and different cultures and communities
- To educate community members and other community-based agencies/organizations to help dispel myths about living with severe mental illness and to promote wellness, recovery, and resiliency

**OUTCOMES**

- Increased knowledge and understating of Behavioral Health Services
- Increased partner capacity between providers, communities and overlapping influences
- Increased knowledge and understanding of Mental Illness

# PREVENTION AND EARLY INTERVENTION

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# PREVENTION & EARLY INTERVENTION (PEI) Overview

## Purpose

The intent of the Prevention & Early Intervention (PEI) component is to prevent mental illness from becoming severe and disabling. The programs are designed to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness. These programs can be stand-alone organized and planned work activities, actions or approaches. The PEI component must include the following types of programs (if combined, the County shall estimate the percentage of funds dedicated to each program):

- at least on Early Intervention program;
- at least one Outreach for Increasing Recognition of Early Signs of Mental Illness program;
- at least one Prevention program;
- at least one Access and Linkage to Treatment Program;
- at least one Stigma and Discrimination Reduction Program; and
- may include one or more Suicide Prevention Programs.

## Definition of Programs

**Early Intervention:** Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early intervention shall not exceed 18 months, unless the person is identified as experiencing first onset of a serious mental illness, or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.

Serious mental illness or emotional disturbance with psychotic features means schizophrenia spectrum, other psychotic disorders, and schizotypal personality disorder. These disorders include abnormalities in one of the five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia, and negative symptoms).

**Outreach for Increasing Recognition of Early Signs of Mental Illness:** A process of engaging, encouraging, educating, an/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Potential responders include, but are not limited to families, employers, primary health care providers, law enforcement, and school personnel. Outreach may include reaching out to individuals with signs and symptoms of a mental illness so they can recognize and respond to their own symptoms.

**Prevention:** A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Examples of risk factors include, but are not limited to serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins (including in the womb), poverty, family conflict or domestic violence, experience of racism and social inequality, having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

**Access and Linkage to Treatment:** A set of related activities to connect children, adults and seniors with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs. Examples include screening, assessment, referral, telephone help lines, and mobile response.

**Stigma and Discrimination Reduction:** Activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having

a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

**Suicide Prevention:** Organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This program does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Programs include, but not limited to, public and targeted information campaigns, suicide prevention hotlines, training, and education.

**The following Strategies are to be used in each of the above programs:**

1. **Access and Linkage:** Connecting people with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including but not limited to care provided by county mental health programs.
2. **Timely Access to Mental Health Services for Underserved Populations (individuals and families):** Increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available and cost of services.
3. **Stigma and Discrimination reduction:** Promoting, designing and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming and positive.

**The County shall use the following Effective Methods to produce intended outcomes:**

1. **Evidence-based practice standard:** Activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.
2. **Promising practice standard:** Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.
3. **Community and/or practice-based evidence standard:** A set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and/or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

**Demographic Information:**

The Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, and the Access & Linkage to Treatment Programs all require collection of demographic information. The Stigma & Discrimination Reduction and the Suicide Prevention Programs do not have this requirement.

**Funding requirement for Prevention and Early Intervention (PEI) component:**

The State requires at least fifty-one (51%) of the PEI plan budget must be dedicated to individuals who are 25 years old or younger. Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting this requirement. Small counties may opt out of this requirement by illustrating a need, having it go through the Community Planning Process and being approved by the Board of Supervisors. Sierra County's population is over 75% adults. The Behavioral Health Advisory Board has recognized a need to not be restricted to the 51% spending requirement. They believe Sierra County has a need to provide prevention services to all ages of community members.

**Changes in the PEI Component from the 2017-2020 Plan to the 2020-2023 Three-Year Plan.**

- *Music Together* is no longer a program supported under the PEI component.
- *Early Intervention – Treatment* has been renamed to *Access to Youth Services*. Instead of having a program titled *Behavior Intervention Specialist*, it has been determined to house this position under *Access to Youth Services*.
- *Veterans' Peer Support Specialist* program has been renamed the *Veteran's Advocate* program. There is an added component in this program to have the Veteran's Advocate become a Veteran's Service Officer to be the representative for the Sierra County Veteran's Service Office.
- PEI Reversion funds have been earmarked during FY 19/20 to provide funding to support the Sierra Plumas Joint Unified School District and the Community Outreach Coordinator under the Substance Use Disorders program to provide prevention activities to youth.
- Reversion fund use at the local level was extended through June 2020, instead of reverting in June 2019. As such these funds will be utilized as first dollars to pay for PEI program expenditures. Therefore, a PEI reversion fund plan will not be included in the 2020-2023 Three-Year Plan

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PEI SECTION - I		SIERRA COUNTY WELLNESS CENTER		
STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP	X	Children (0-15)		
	X	Transitional Age Youth (16-25)		
	X	Adult		
	X	Older Adult		

### PROGRAM DESCRIPTION

Sierra County Wellness Center, located in Loyalton, is wellness-focused and provides integrated services that are supportive, alternative and unique to support community members on their recovery path. The Wellness Center strives to be culturally competent, member-driven, and wellness-focused. Peer Support Specialist staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. The Veterans' Advocate is also housed at this site. Peer support staff provide services via the phone, home visits, and on site.

In general, the Wellness Center provides opportunities to find ways to increase the persons served ability to live life at its fullest. Services focus on:

- Wellness & Recovery Action Plans (WRAP®)
- Supportive Conversation
- Independent Living Skills
- Veterans Peer Support
- Connection with Workforce Alliance
- Art and Meaningful Activities
- Social Activities
- Living with challenges of mental illness
- Collaboration with other entities to provide identified individualized services not offered through the Wellness Center

The Wellness Center is funded through both Full Service Partnership and Prevention. This allows for populations to not be inadvertently targeted and helps to reduce stigma related to Sierra County Behavioral Health.

### GOALS & OBJECTIVES

- Utilization of WRAP® into everyday operation of Wellness Centers
- Provide ongoing daily group and individual opportunities for persons served to develop an understanding of wellness and recovery, and identify ways to implement these concepts in their lives
- Provide peer to peer support
- Continue to provide training and support for consumer support group facilitators
- To develop viable structures to obtain active input from persons served through the Behavioral Health Advisory Board

### OUTCOMES

- Increase wellness and recovery activities
- Increase wellness center usage
- Increase partner capacity between providers, communities and overlapping influences
- Connecting persons served to appropriate services

A portion of the Wellness Center is funded through Prevention and Early Intervention as a Prevention Program. Stigma reduction and providing services to mitigate risk factors are the strategies embraced by the Wellness Center located at 207 Front Street Loyalton, CA 96118.

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PEI SECTION - II	ASIST		
STATUS	New	X	Continuing
EMPHASIS	X General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP	X Children (0-15)		
	X Transitional Age Youth (16-25)		
	X Adult		
	X Older Adult		

COMPONENT	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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**PROGRAM DESCRIPTION**

ASIST provides a unique, life-assisting intervention model to help caregivers support persons at risk. It also helps caregivers support contribute to the development of suicide-safer resources in their communities. Research shows that ASIST-trained caregivers help at-risk people feel less suicidal and more hopeful.

ASIST participants will be better able to:

- Identify people who have thoughts of suicide
- Understand how beliefs and attitudes can affect suicide interventions
- Listen to the story of a person with thoughts of suicide and recognize turning points that connect that person to life
- Conduct a safety assessment, develop a safe plan, and confirm the safety actions to be done

**GOALS & OBJECTIVES**

- To increase the number of potential responders
- To increase the number of settings providing opportunities to identify early signs of mental illness

**OUTCOME**

- Increase the number of providers trained in ASIST

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Early Intervention
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness		
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma		
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill		
	<input type="checkbox"/>	Access and Linkage to Medically Necessary Care		

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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**PROGRAM DESCRIPTION**

safeTALK is a LivingWorks’ program that provides awareness and skills that help to save lives. The program is part of national, regional and organizational suicide prevention strategies around the world. Whether directly or indirectly, most people with thoughts of suicide invite help to stay safe. SafeTalk is a training that prepares participants to recognize these invitations and connect a person with thoughts of suicide to intervention resources.

**GOALS & OBJECTIVES**

- To increase the number of Sierra County Behavioral Health staff, agency/organization staff and community members as safeTALK helpers

**OUTCOME**

- Connect people with thoughts of suicide to appropriate intervention/services

**PEI SECTION - IV      NURTURING PARENTING**

<b>STATUS</b>	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
<b>EMPHASIS</b>	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
<b>AGE GROUP</b>	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

<b>COMPONENT</b>	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

<b>NEGATIVE OUTCOME</b>	<input type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>
<b>REDUCTION</b>	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Removal of Children from their homes	<input type="checkbox"/>

<b>STRATEGY</b>	<input checked="" type="checkbox"/>	Universal	<input checked="" type="checkbox"/>	Selective	<input checked="" type="checkbox"/>
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**PROGRAM DESCRIPTION**

During the latest Community Planning Process, stakeholders identified a gap of providing supportive services to build stronger and healthier family units. Stakeholders were of the belief that by providing parenting and family strengthening programs, other issues identified as concerns in the survey would be addressed. Stakeholders voiced emotional literacy modeled and learned in a healthy family unit is a first step in reducing immersing mental health issues. Depending on the setting and venue in which the classes/supports are offered, universal, selective, or indicated service strategies will be employed with a target population of community members, children, youth, and families.

Current identified partners consist of the High Sierra Family Resource Center, Social Services, and First 5 Sierra. These partners are willing to leverage funds and resources to increase the breadth of parenting programs purchased, geographic areas reached, and target populations served.

At the very end of FY 15/16 the Nurturing Parenting Program (an evidence based program) was identified by partners as the program to be used county-wide. Nurturing Parenting provides levels of prevention allowing for community based, universal strategies and programs, High Sierra Family Resource Center was able to purchase comprehensive program material through leveraging funding between Social Services and First 5 Sierra. SCBH will be providing training to implement the Nurturing Parenting program with fidelity. The training will take place in-county to allow for multiple agencies/organizations and community members to be trained as Nurturing Parenting facilitators.

**GOALS & OBJECTIVES**

- Improve family relationships
- Improve social functioning

**OUTCOME REDUCTION**

- Reduce risk-factors associated with emotional disturbance and/or mental illness
- Reduce recidivism of child abuse and neglect

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**PEI – SECTION V ACCESS TO YOUTH SERVICES**

<b>STATUS</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing
<b>EMPHASIS</b>	<input type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
<b>AGE GROUP</b>	<input checked="" type="checkbox"/> Children (0-15)	
	<input checked="" type="checkbox"/> Transitional Age Youth (16-25)	
	<input type="checkbox"/> Adult	
	<input type="checkbox"/> Older Adult	

<b>COMPONENT</b>	<input type="checkbox"/> Outreach for Increasing Recognition Early Signs of Mental Illness
	<input type="checkbox"/> Reduction in Mental Illness Stigma
	<input type="checkbox"/> Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/> Access and Linkage to Medically Necessary Care

<b>NEGATIVE OUTCOME REDUCTION</b>	<input type="checkbox"/> Homelessness	<input checked="" type="checkbox"/> School Failure
	<input type="checkbox"/> Incarcerations	<input checked="" type="checkbox"/> Suicide
	<input checked="" type="checkbox"/> Prolonged Suffering	<input type="checkbox"/> Unemployment
	<input checked="" type="checkbox"/> Removal of Children from their homes	

<b>STRATEGY</b>	<input type="checkbox"/> Universal	<input type="checkbox"/> Selective	<input checked="" type="checkbox"/> Indicative
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**PROGRAM DESCRIPTION**

Under the Early Intervention regulations; identified, appropriate treatment up to 18 months can be funded through Early Intervention. Individuals do not have to be living with Severe Mental Illness or be severely emotionally disturbed to access services through the Prevention and Early Intervention funding stream category. Utilizing services under Early Intervention allows underserved or unserved community members to receive early intervention treatment services. Therapeutic Behavior Services and the Behavior Intervention Specialist will be funded under Youth Access to Services. Collaboration with Sierra Plumas Joint Unified School District will take place to allow expanded counseling services.

Youth who live in Sierra County are historically underserved and unserved through a health disparity of a lack of services.

Health disparities due to lack of access to health care and mental health, geographic isolation, lack of housing stock.

Health inequities occur in sierra county with drug use, self-isolation, unaddressed trauma making for youth being at risk of mental illness, lack of social skills

**GOALS & OBJECTIVES**

- Provide relapse prevention
- Provide services to address and promote recovery along with related functional capabilities

**OUTCOME REDUCTION**

- Suicide
- Incarcerations

- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

DRAFT

<b>STATUS</b>	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Full Service Partnership (FSP)
<b>EMPHASIS</b>				
<b>AGE GROUP</b>	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
		Adult		
		Older Adult		

<b>COMPONENT</b>	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input type="checkbox"/>	Reduction in Mental Illness Stigma
	<input type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input type="checkbox"/>	Access and Linkage to Medically Necessary Care

<b>NEGATIVE OUTCOME</b>	<input type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
<b>REDUCTION</b>	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input checked="" type="checkbox"/>	Removal of Children from their homes		

<b>STRATEGY</b>	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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**PROGRAM DESCRIPTION**

Through the Community Planning Process it became evident that all youth have been struggling with effects from the World-wide Pandemic. Sierra County Behavioral Health will be collaborating with the Substance Use Disorders (SUD) Community Outreach Coordinator who oversees Friday Night Live and facilitates activities within the schools. The goal is to provide culturally appropriate whole health activities aimed at addressing/reducing youth mental health risk factors. Whole health activities include providing training to Sierra Plumas Joint Unified School District employees, increasing their understanding of what risk factors affect our youths’ mental health. Speakers will be engaged to promote whole health to youth which will target addressing local mental health risk factors for Sierra County youth.

**GOALS & OBJECTIVES**

- At least 35% of SPJUSD staff will attend trainings.
- At least 2 whole health activities will be offered to youth attending SPJUSD within the school year.

**OUTCOME REDUCTION**

- Increase knowledge of mental health risk factors affecting youth in Sierra County.
- Increase Recognition and Early Signs of Mental Illness

**PEI SECTION - VII VETERAN'S ADVOCATE**

<b>STATUS</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing
<b>AGE GROUP</b>	<input type="checkbox"/> Children (0-15)	—
	<input type="checkbox"/> Transitional Age Youth (16-25)	
	<input checked="" type="checkbox"/> Adult	
	<input checked="" type="checkbox"/> Older Adult	
<b>PROGRAM TYPE</b>	<input checked="" type="checkbox"/> Prevention	
	<input type="checkbox"/> Early Intervention	
	<input type="checkbox"/> Outreach for Increasing Recognition Early Signs of Mental Illness	
	<input type="checkbox"/> Access and Linkage to Treatment	
	<input checked="" type="checkbox"/> Stigma and Discrimination Reduction	
	<input type="checkbox"/> Suicide Prevention	
<b>NEGATIVE OUTCOME</b>	<input checked="" type="checkbox"/> Homelessness	<input type="checkbox"/> School Failure
<b>REDUCTION</b>	<input checked="" type="checkbox"/> Incarcerations	<input checked="" type="checkbox"/> Suicide
	<input checked="" type="checkbox"/> Prolonged Suffering	<input checked="" type="checkbox"/> Unemployment
	<input type="checkbox"/> Removal of Children from their homes	
<b>STRATEGY</b>	<input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Selective
		<input type="checkbox"/> Indicative

**PROGRAM DESCRIPTION**

The Veterans' Peer Support Specialist program was created in direct response to the Community Planning Process identifying the need of services for veterans. Sierra County Behavioral Health has not been successful in hiring an extra help Veterans' Peer Support Specialist. An opportunity arose in-house to change the scope of the program slightly and hire a Veteran's Advocate. As of July 1, 2019 the Veteran's Advocate program will provide direct and indirect support services to veterans and/or their family in either a clinic or a self-help setting, as part of the overall goal of identifying and assisting veterans in accessing available and appropriate services. The Veteran's Advocate will collaborate closely with California Veteran's Offices and its' employees to assist Veterans and their families in obtaining benefits due them. The Veteran's Advocate will also be looking at being the official Veteran's Service Officer for Sierra County.

The Veteran's Advocate will conduct outreach activities to engage Veterans and their families.

The Veteran's Advocate will:

- communicate, represent, and promote the veterans and family/caregiver perspective within the behavioral health system;
- Identify information and resources (network) in local communities which may be of benefit to local veterans;
- Provide peer mentoring on a one-to-one basis,
- Assist veterans in navigation of the behavioral health system and community resources to ensure that needs are met by the appropriate caregiver
- Perform duties of a Veteran's Service Officer once Sierra County is poised to provide these services through a Veteran's Service Office.

Universal strategies will be utilized to provide services and supports as well as participating in activities to reduce profiling and to maintain services

## GOALS & OBJECTIVES

- Increase knowledge of resources available, including wellness/recovery services and supports
- Represent and promote the veteran's and family/caregiver perspective within the behavioral health system

## OUTCOME REDUCTION

- Reduction in homelessness of veterans
- Increase in referrals to Sierra County Behavioral Health and other services/supports

DRAFT

PEI SECTION - VIII		STUDENT/PARENT NAVIGATION		
STATUS		New	X	Continuing
EMPHASIS	X	Prevention		Early Intervention
AGE GROUP	X	Children (0-15)		
	X	Transitional Age Youth (16-25)		
		Adult		
		Older Adult		

COMPONENT		
	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME			
	<input type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>
REDUCTION	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Removal of Children from their homes	<input type="checkbox"/>
	<input type="checkbox"/>	School Failure	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	Suicide	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>

STRATEGY			
	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>
	<input type="checkbox"/>	Selective	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	Indicative	<input type="checkbox"/>

#### PROGRAM DESCRIPTION

The Student/Parent Navigation program provides outreach, linkage, and access to supports and services to families of youth who are experiencing challenges with school attendance and behavior problems. Growing evidence shows that positive emotional health improves educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores. Because of this important interplay between emotional health and school success, SCBH will be collaborating with schools and the Student Attendance Review Board (SARB) as an outreach vehicle in creating relationships with families to identify needs, provide linkage and timely access to appropriate services and supports. This linkage will be based on identified needs and strengths of families, and being person and family centered with a holistic approach to promote whole-person wellness of the student and family. This service strategy will be selective and target children, youth, and families.

Outcomes will be obtained as a direct measurement from quantitative data based on the referral and area where the risk factor has been improved or reduced. Data is based on actual improvement occurring through an identified referral issue and SARB interactions. The removal of a student from the confidential SARB Watch List is utilized as well as pre-SARB interactions resulting in no involvement with SARB.

#### GOALS & OBJECTIVES

- Increase access and linkage to appropriate services and supports
- Increase communication between the schools and parents

#### OUTCOME REDUCTION

- Decrease in school absences and failures
- Decrease in disruptive/harmful behavior

**PEI – SECTION IX**      **MENTAL HEALTH FIRST AID TRAINING**

<b>STATUS</b>	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
<b>EMPHASIS</b>	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
<b>AGE GROUP</b>	<input type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

<b>COMPONENT</b>	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input type="checkbox"/>	Access and Linkage to Medically Necessary Care

<b>NEGATIVE OUTCOME REDUCTION</b>	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input type="checkbox"/>	Removal of Children from their homes		

<b>STRATEGY</b>	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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**PROGRAM DESCRIPTION**

Mental Health First Aid teaches the evidence based ALGEE Action Plan. The training helps one identify, understand, and respond to signs of mental illnesses and substance use disorders. The course helps agency/organization personnel and community members to identify risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone both in crisis and non-crisis situations, and where to turn to for help.

**GOALS & OBJECTIVES**

- To increase the number of potential responders
- To increase the number of settings providing opportunities to identify early signs of mental illness

**OUTCOME**

- Reduction in mental illness stigma

# WORKFORCE EDUCATION AND TRAINING

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DRAFT

DESCRIPTION

E- Learning is a resource that allows BH to develop, deliver and manage educational opportunities and distance learning for employees, contractors and stakeholders. Utilizing e-learning builds program capacity and is a cost effective resource. Sierra County Behavioral Health provides e-learning through Relias Learning.

GOALS & OBJECTIVES

- Increase knowledge about mental illness
- Apply best practices while assisting community members in their recovery goals
- Provide the ability for employees to grow in cultural competency/proficiency.

OUTCOMES

- Increase completed training hours

DRAFT

DESCRIPTION

Due to the high turnover of administrative staff, as well as the addition of staff, training which is appropriate to work related expectations and duties will be offered. Training will be available to increase staff knowledge and capacity to service community members accordingly. The following trainings have been identified thus far:

- Wellness Recovery Action Plan (WRAP) Facilitator training
- Peer Core Competency training
- Administrative Staff training(s)
- Motivational Interviewing
- Wellness, Recovery and Resiliency focused training(s)

Any trainings not identified above will be assessed and approved through the WET Coordinator to provide flexibility to focus resources on specific needs as they are identified. Each subsequent year's plan will be developed following evaluation of the training date, outcomes, and available resources.

Job specific training will also be available to increase capacity in providing services under this program category.

GOALS & OBJECTIVES

- Provide staff and contractors with specific skills and knowledge to provide services from a wellness and recovery lens
- Support recovery and resiliency of consumers receiving services

DESCRIPTION

The Mental Health Services Act encourages loan assumption programs through the Workforce Education and Training (WET) component as stated in California Code of Regulations, Title 9, Chapter 14, Sections 3200, 3850-3856. Sierra County Behavioral Health (SCBH) is proposing a local loan assumption program to continue providing and enhancing quality services to clients.

The student loan assumption program is targeted at individuals who choose a career in the Behavioral Health field and are attending or have attended a valid university, college in positions that are hard to fill, such as associates, Family Therapists, Psychologists and Behavior Intervention Specialists who are employees of Sierra County. The individual must work for Sierra County Behavioral Health at a minimum of one year with three evaluations taking place during the first year. The loan assumption amount may not exceed \$10,000 per year for up to six years. Funds will only be paid to the lending institution after an annual evaluation of services provided.

GOALS & OBJECTIVES

- Increase recruitment of hard to fill positions within Sierra County Behavioral Health.

OUTCOMES

- Increased capacity to serve and support community members

## CAPITAL FACILITIES AND TECHNOLOGIES

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706 MILL STREET – WELLNESS CENTER CONSTRUCTION	51
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DRAFT

## DESCRIPTION

The new Wellness Center Modular Building, located at 706 Mill Street, is now in use. There have been on-going issues with the new building during installation. Any repairs, legal support or professional consultation fees will be paid for from capital facilities related to the installation of the building.

## GOALS &amp; OBJECTIVES

- Resolve on-going issues directly related to the installation of the Wellness Center at 706 Mill Street.

**Key Activities during FY 17/18, FY 18/19 and FY 19/20:**

Reversion fund balances had been identified between Department of Health Care Services and Sierra County fiscal department. Sierra County Behavioral Health hired an architect to create the plans for the expansion of the Wellness Center. Plans were completed and submitted to Public Works to put out to bid. Bids came in well beyond the projected project budget. No bids were accepted. The Wellness Center needed to expand or move to another location as more activities and individuals visit the Wellness Center. It was then determined to purchase a modular building and put it on the site next to the current Behavioral Health Building. The county owns the property. No objections were raised during community planning meetings or by the Behavioral Health Advisory Board. The Sierra County Board of Supervisors approved the project change.

During FY 19/20 the purchase of the modular building, architectural needs, foundation and physical installation projects occurred. The total reversion dollars spent for this project was \$327,959. An adjustment for the FY 19/20 Revenue & Expenditure Report (RER) will need to be made in the amount of \$183,881 in the FY 20/21 RER to account for the purchase of the building. This amount was not reported in the FY 19/20 RER.

Due to COVID the Department of Health Care Services extended the reversion deadline to June 30, 2021. Therefore these reversion funds will continue to be utilized for any other direct expenses associated with the new Wellness Center project as shown in the attached amendment to the FY 19/20 Annual Update.

Sierra County Behavioral Health will continue to pursue purchasing the modular building to house the Sierra County Wellness Center. Capital Facilities reversion funds will be utilized by June 30, 2020 to complete this project.

DESCRIPTION

The new Wellness Center Modular Building, located at 706 Mill Street, is now in use. In August 2020 a wildfire threatened the community of Loyalton, among other communities located in the Sierra Valley, Long Valley and Cold Springs. The ‘Loyalton Fire’ burned through Sierra, Plumas, and Lassen counties. All of which there are communities whose children attend school in Loyalton. Loyalton churches also have members who hail from these outlying communities located in the three counties.

Public power outages also occurred on many occasions for periods of up to a week.

Having a stationary generator to supply power to both the Wellness Center and the Behavioral Health buildings allows us to continue to provide services during planned power outages, unplanned power outages and any natural disasters affecting electricity. The Wellness Center could then partner with the Loyalton Center to provide warming and cooling stations. Behavioral Health could continue to provide outpatient services through Tele-Health.

GOALS & OBJECTIVES

- **Provide a warming and cooling center to community members.**
- **Enable Behavioral Health to continue to provide Telehealth services to beneficiaries during power outages relating to natural disasters, planned and unplanned power outages.**

DESCRIPTION

Sierra County Behavioral Health must maintain electronic health records (EHR). As such Sierra County Behavioral Health contracts with Kingsview to utilize a platform meeting California and Federal HIPAA regulations. EHR maintenance and upgrades must continue to maintain compliance with the State.

Sierra County Behavioral Health’s network is provided through Sierra County’s network and Information Technologies Department. There will be costs associated with maintaining this network.

GOALS & OBJECTIVES

- Maintain state regulated EHR platforms to continue to be in compliance.
- Maintain County network as needed.

**Plans and/or Modifications in FY 19/20**

Sierra County Behavioral Health will be paying \$25,000 to upgrade the EHR Cerner to Millennium.

Sierra County Behavioral Health will also fund any upcoming County network expenses to maintain operating capacity and functionality of the network through this component.

During FY 19/20 \$3,264 was spent on computers as indicated in the Amendment to the FY 10/20 Annual Update (APPENDIX CFTN.1)

The upgrade to the EHR was \$24,975. This amount will need to be adjusted from being posted in the CSS component on the FY 19/20 RER to CFTN in the FY 20/21 RER.

DRAFT

## DESCRIPTION

Innovation funds are distributed to counties pursuant to Welfare and Institutions Code Section 5892, subdivision (a). Innovative projects are projects, which the county designs, and implements for a defined time period and evaluates to develop new best practices in mental health services and supports.

Sierra County does not have an innovative project(s) at this time.

## GOALS &amp; OBJECTIVES

- Work with the Mental Health Oversight and Accountability Committee to create a viable innovative project in Sierra County

**Status FY 17/18 and FY 18/19**

No progress was made towards creating and implementing an innovation plan. A lack of staff capacity played a large roll in no progress being made.

**Plans and/or Modifications FY 19/20**

During community planning meetings held in August 2019 Innovation ideas were presented. Sierra County Behavioral Health will continue to move forward in finding an innovation project appropriate to Sierra County.

# SIERRA COUNTY MHSA PLAN OUTCOMES FY 17/18 TO FY 19/20 COMMUNITY SERVICES AND SUPPORTS

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**GENERAL SERVICES FY 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Program/Service Status FY 19/20**

Implemented with progress made to achieve its objectives.

**Populations served in FY 19/20**

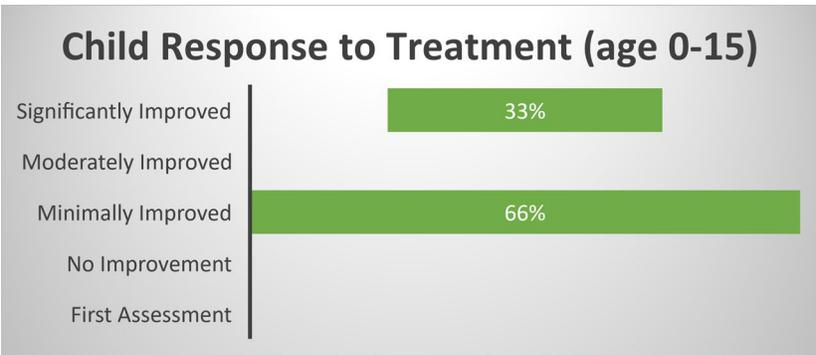
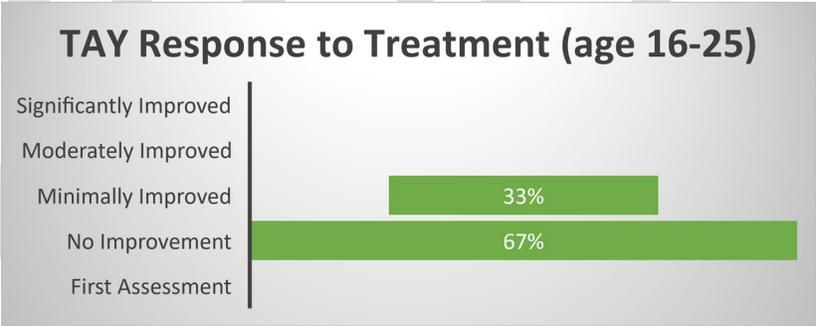
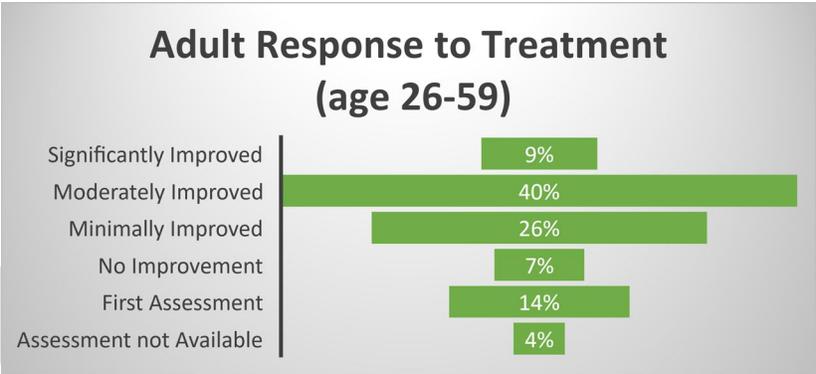
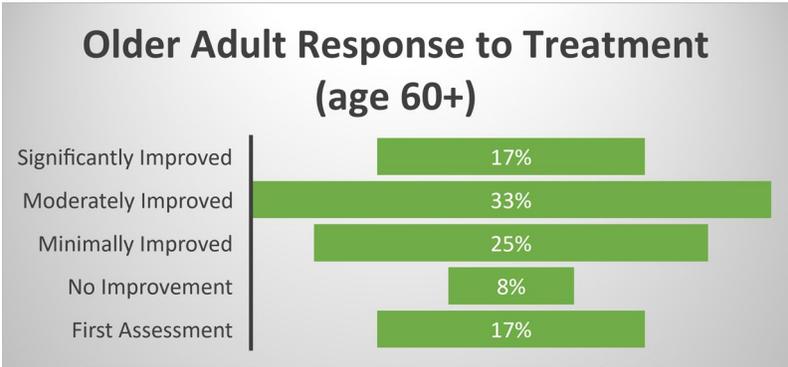
	<b>Populations Served FY 18/19</b>	<b>Populations Served FY 19/20</b>
Average Cost Per Person	\$4,867	\$3,359
Children Aged 0-15	2	3
Transitional Aged Youth 16-25	Not Served	3
Adults 26-59	37	43
Older Adults 60+	17	12
<b>Total Individuals Served</b>	<b>56</b>	<b>61</b>
<b>Demographics of Individuals Served</b>	<b>Percent</b>	<b>Percent</b>
Gender (self-identified)		
Female	77%	56%
Male	23%	44%
Sexual Orientation (self-identified)		
Gay	2%	2%
Race (self-identified)		
White	92%	95%
Native American	4%	Not Served
Black/African American	Not Served	Not Served
Other	2%	3%
Unknown	2%	2%
Preferred Language		
English	100%	100%
Military Veteran	Not Served	

**Key Successes and Outcomes in FY 19/20**

Sierra County Behavioral Health utilizes two methods to measure outcomes related to services provided through General Services: Response to Treatment Assessment and the Consumer Perception Survey. Outcomes to both methods are discussed below.

**Response to Treatment Assessment**

The Response to Treatment Assessment is based on improvement within an individual’s annual mental health assessment. Outcomes are meant to determine if treatment strategies are appropriate along with being successfully engaged by the client, thereby improving the quality of their life. Measures are Significantly Improved, Moderately Improved, Minimally Improved, No Improvement, First Assessment. Four age groups are represented below with Response to Treatment results.



Based on the information presented above; Older Adults, Adults and Children have the majority of clients experiencing improvement in their lives and in their recovery process. Sierra County Behavioral Health is providing meaningful, quality services to our clients. In turn, clients are finding some relief from symptoms and are better able to function resulting in an improved quality of life.

**Consumer Perception Survey – June 2020**

Sierra County Behavioral Health participates in semi-annual State administered Consumer Perception Surveys. Older Adult, Adult, Youth, and Family surveys are provided to our consumers during spring and fall of each year. During FY 19/20 there was only one survey conducted as a result of COVID-19.

**Older Adult Survey Outcomes:**

Questions are answered with a rating system of Strongly Agree, Agree, I am Neutral, Disagree, Strongly Disagree and Not Applicable. In the calculation of outcomes the average rating of each question was calculated (APPENDIX CSS.1 - OAO2020). To report out on a theme of questions the averages were again averaged. The rating scale is shown below:

- Strongly Agree = 5
- Agree = 4
- I am Neutral = 3
- Disagree = 2
- Strongly Disagree = 1
- Not Applicable

All participants reported they have received services here for more than one year. There were no reports of arrests or encounters with law enforcement in the last 12 months.

The overall satisfaction with services received through Sierra County Behavioral Health fell in between Strongly Agree and Agree with an average rating of 4.917. Service delivery is indicated as above acceptable to consumers with outcomes between Strongly Agree and Agree and an average rating of 5.0. How SCBH staff interact with provided to consumers is viewed as being adequate with outcomes falling between Strongly Agree and Agree, the average rating was 4.845. Average ratings in these three areas indicate Older Adults are pleased with the services they have received within the past six months.

Participants are asked about improvements in their lives resulting from services received. Of those surveyed (who did not indicate the questions were not applicable to them) there is evidence of increased resiliency when handling challenging emotional and/or social situations.

**Adult Survey Outcomes:**

Questions are answered with a rating system of Strongly Agree, Agree, I am Neutral, Disagree, Strongly Disagree and Not Applicable. In the calculation of outcomes the average rating of each question was calculated (APPENDIX CSS.2 - AO2020). To report out on a theme of questions the averages were again averaged. The rating scale is the same as for the Older Adult Survey. The overall satisfaction with services received through Sierra County Behavioral Health fell in between Strongly Agree and Agree with an average rating of 4.772. Service delivery is indicated as above acceptable to consumers with outcomes between Strongly Agree and Agree and an average rating of 4.560. How SCBH staff interact with provided to consumers is viewed as being adequate with outcomes falling between Strongly Agree and Agree, the average rating was 4.584. In conclusion, of the 22 adult consumers surveyed, services were provided appropriately within overall satisfaction, service delivery, and service adequacy. Location of services is indicated as convenient (encompassing parking, public transportation, distance, etc.), with an average rating of 4.636.

Consumers are asked about improvements in their lives resulting from services received. Of those surveyed (who did not indicate the questions were not applicable to them) there is

evidence of increased resiliency when handling challenging emotional and/or social situations. The average rating of these questions is 4.291.

The following areas indicate ambivalence:

- My housing situation has improved.
- I am getting along better with my family.
- My symptoms are not bothering me as much.

It does need to be noted that housing stock in Sierra County is very limited. Therefore, housing is always an issue that is becoming more of a challenge and barrier all residents of Sierra County encounter.

#### **Youth Survey Outcomes:**

Questions are answered with a rating system of Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree and Not Applicable. In the calculation of outcomes the average rating of each question was calculated (APPENDIX CSS.3 - YO2020). To report out on a theme of questions the averages were again averaged. The rating scale is shown below:

Strongly Agree = 5  
Agree = 4  
Undecided = 3  
Disagree = 2  
Strongly Disagree = 1  
Not Applicable

Youth who participated in this survey have received services here for an average of three months. The length of time services have been received may be the reason responses indicate no or minimal improvement. In addition, average ratings fell within the Undecided and Agree ratings.

Overall satisfaction with SCBH services was undecided (average rating 3.0). Youth were indecisive with Service Delivery (average rating 3.350) and Staff Interactions (3.875).

Question themes within 'As a direct result of the services I received...' address relationships (family and social), school achievement, support, and coping skills. The rating average of 3.6 indicates some ambivalence in these areas indicating no or minimal improvement.

Participants who have received services here for less than one year reported no arrests or encounters with law enforcement, and no suspensions or expulsions since beginning services. No participant indicated they have been receiving mental health services for "more than one year." Therefore, survey responses regarding encounters with law enforcement, school attendance and expulsion/suspension were not recorded.

#### **Families Outcomes:**

Questions are answered with a rating system of Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree and Not Applicable. In the calculation of outcomes the average rating of each question was calculated (APPENDIX CSS.4 - FO2020). To report out on a theme of questions the averages were again averaged. The rating scale is the same as for Youth Outcomes.

Overall satisfaction with SCBH services was acceptable (average rating 4.3) to participants. Families were satisfied with Service Delivery (average rating 4.7) and Staff Interactions (4.3).

Participants are asked about improvements in their lives resulting from services received. Of those surveyed (who did not indicate the questions were not applicable to them) there is evidence of increased resiliency when handling challenging emotional and/or social situations. The average rating of these questions is 4.29.

The following areas indicate some indecisiveness:

- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is better able to cope when things go wrong.

Since starting to receive services, the number of days participants’ children were in school was on average “about the same.”

70% of survey participants report their child has received services here for six months or longer.

Of the participants who received services for one year or less there was a:  
 17% decrease in arrests before starting services,  
 17 % decrease in school suspensions before starting services  
 17% reported an increase in school attendance since receiving services.

Length of Time Receiving Services	Percentage
First visit	0
More than one visit, received services for less than one month	10%
1-2 months	10%
3-5 months	10%
6 months to 1 year	30%
More than 1 year	40%

**FULL SERVICE PARTNERSHIP FY 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Program/Service Status FY 19/20**

Implemented with progress made to achieve its objectives.

**Populations served in FY 19/20**

Full Service Partnerships	Populations Served FY 18/19	Populations Served FY 19/20
Number Served	11	12
Average Cost Per Person	\$21,192	\$26,905
Children Aged 0-15	Not Enrolled	Served
Transitional Aged Youth 16-25	Served	Not Enrolled
Adults 26-59	Served	Served
Older Adults 60+	Served	Served
Demographics of Individuals Served	Percent	Percent
Gender		
Female	55%	50%
Male	45%	50%
Sexual Orientation (self identified)		
Gay	9%	8%
Ethnicity		
Caucasian	91%	83%
Other Hispanic Latino	9%	17%
Preferred Language		
English	100%	100%
Military Veteran	Not Served	Not Served

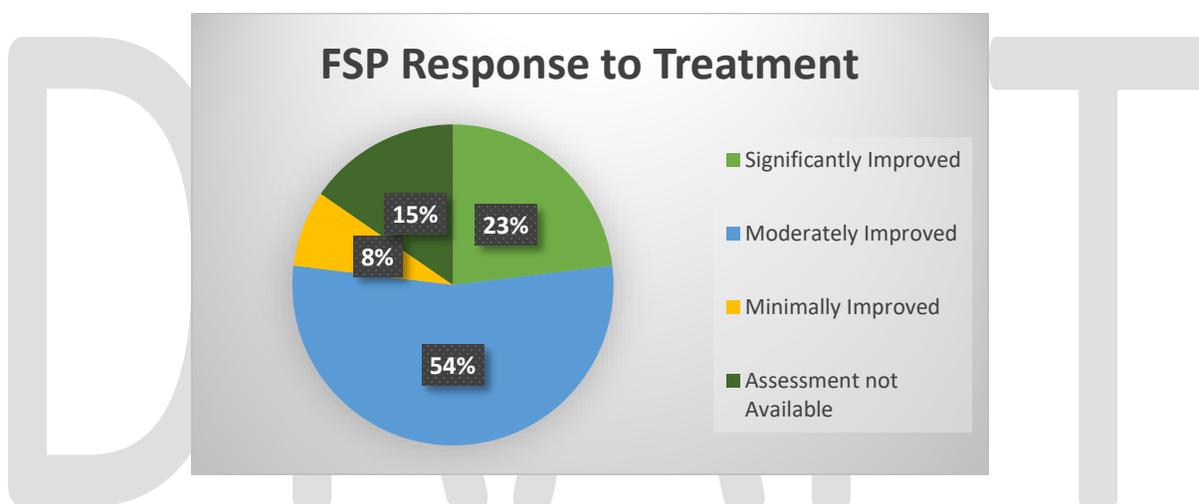
**Key Successes and Outcomes in FY 19/20**

Higher levels of care and supports for FSP participants were provided, including strengthened wrap-around services for participants, providing access to case management and medication support, as well as a continuum of services across the county. Service providers outside of Sierra County were deemed necessary and appropriate as part of recovery through the identified goals of partners.

Length of enrollment within FSP is based on participants' level of engagement and their identified goals. During FY 19/20 the majority of FSP participants were enrolled at a length of 7 months – two years. This shows an increase in penetration rates to FSP services compared to previous years. The FSP program is successfully providing services in supporting the participant's ability to continue to live in their community. The table below shows the percentage of participants enrolled during the time frames of less than 6 months, less than 2 years, less than 3 years and greater than three years.

Time Frame	Percent of Participants	Age Group
1 – 6 months	17%	Children & Older Adults
7 months – 1 year	0%	
13 months – 2 years	42%	Adults
24 months – 3 years	8%	Adults
Greater than 3 years	33%	Adults

The Response to Treatment Assessment is based on improvement within an individual’s annual mental health assessment. Outcomes are meant to determine if treatment strategies are appropriate along with being successfully engaged by the client, thereby improving the quality of their life. Measures are Significantly Improved, Moderately Improved, Minimally Improved, No Improvement, First Assessment. The table below indicates FSP partners’ responses to treatment.



Another measurement of success is graduation from FSP enrollment. One FSP Partner graduated the FSP program by maintaining and meeting ISSP goals.

The following outcomes were achieved through the FSP program:

- 100 % of participants did not experience law enforcement encounters such as arrests, being on probation, or having encounters with police during FY 19/20.
- 42% of participants had a decrease in law enforcement encounters after enrolling in FSP.
- 83% of participants experienced living in a secured housing situation.
- 17 % of participants continue to experience homelessness by FSP definitions and find it difficult to visualize living anywhere else.
- 20% of FSP participants experienced a reduction in homelessness or the need to utilize a homeless shelter.
- 60% of participants experienced a decrease in acute hospitalizations.
- 100% of children served were able to continue living at home and did not experience school suspensions nor involvement with law enforcement.

**Barriers or Challenges in FY 19/20**

Stigma associated with mental health is still a barrier to overcome in Sierra County. Couple this with the small population and a perceived or real (due to the fact that most everyone has a social or family connection in Sierra County) lack of anonymity, individuals may choose not to seek help.

Housing availability in Sierra County is very limited. This creates a barrier when trying to achieve independent living goals for community members receiving services.

Intensive crisis stabilization services along with board and care providers are not available in Sierra County, thus out-of-county services must be sought and can be quite expensive. There are times when no beds are available creating some difficult situations where unique problem-solving must be employed.

The COVID-19 Pandemic and continued State of Emergency required services to be through telehealth or the phone. Staff at Sierra County Behavioral Health provided services in the best manner possible.

Lack of housing stock or building opportunities utilizing NPLH funds continues to be a barrier in providing any permanent supportive housing, transitional housing or shelters in Sierra County.

**Partners in FY 19/20**

Sierra County Behavioral Health collaborated with multiple local agencies, as appropriate, in providing a higher level of care. Contracts with Nevada County to provide higher levels of care for FSP participants were maintained.



**SIERRA COUNTY WELLNESS CENTER FY 17/18, FY 18/19 AND FY 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

The Sierra County Wellness Center continues to grow and provide viable services to individuals living in Sierra County. The Wellness Center staff is funded through General Service Delivery, Full Service Partnership and Prevention funds, based on program status of individual served. Information below applies to those individuals who are General Service Delivery Clients or Full Service Partnership Beneficiaries utilizing the Wellness center. Prevention services provided through the Wellness Center will be addressed under the Prevention & Early Intervention Component.

**Populations Served in FY 17/18, 18/19, and FY19/20**

The table below indicates the average cost per person served. The Sierra County Wellness Center serves the Full Service Partnership beneficiaries as well as those beneficiaries who are served through Behavioral Health as eligible to General Services.

Sierra County Wellness Center FSP and General Services	Populations Served FY 17/18	Populations Served FY 18/19	Populations Served FY 19/20
Average Cost Per Person	\$4,402	\$4,015	\$3,014
Children Aged 0-15	Served under Prevention	Served under Prevention	4%
Transitional Aged Youth 16-25	Served under Prevention	Served under Prevention	8%
Adults 26-59	88%	67%	65%
Older Adults 60+	12%	33%	23%
Total Individuals Served	30 or fewer	30 or fewer	30 or fewer
Demographics of Individuals Served	Percent	Percent	Percent
Gender (self-identified)			
Female	71%	50%	62%
Male	29%	50%	38%
Sexual Orientation (self-identified)			
Gay	0	8%	0
Race (self-identified)			
White	94%	92%	96%
Latino	6%	8%	0
Black	0	0	0
Other	0	0	4%
Unknown	0	0	0
Preferred Language			
English	94%	100%	100%
Spanish	6%	0	0
Military Veteran	Not Served	Not Served	Not Served

65

**Key Activities in FY 17/18, FY 18/19, and FY 19/20**

FY 17/18 and 18/19:

The Sierra County Wellness Center offered supportive conversation, WRAP education and implementation with community members, linkage to services, and support in community members' recovery goals.

Peer Support staff obtained and recertified certification in Wellness Recovery Action Plan implementation.

FY 19/20:

The Sierra County Wellness Center continued to offer supportive conversation, WRAP education and implementation with community members, linkage to services, and support in community members' recovery goals.

The COVID Pandemic brought many changes to how business was conducted in the Wellness Center during the last quarter of the fiscal year. Services were provided via the phone. Sierra County deemed all county workers as essential. Staff reported to work, however services were provided via phone.

**Key Successes in FY 17/18, FY 18/19 and FY 19/20**

FY 17/18 and 18/19:

During both fiscal years individual needs were met. Three individuals were assisted in obtaining housing. Two individuals were supported in obtaining employment with job coaching available to them. Individuals lacking resources were able to utilize the Wellness Center and Peer Support to increase their ability to connect with appropriate resources such as Social Security, Job Applications, resumes and reconnection to family members. Basic needs such as access to a phone, computer, shower, laundry, and kitchen services have been made available and utilized. Socializing and not participating in self-isolation for individuals has been encouraged through weekly activities.

FY 19/20:

Peer Support Specialists interacted with FSP partners and GSD individuals supporting them in the goals in Individualized Services and Supports Plans and/or treatment plans. Sometimes the need is not directly tied to identified goals but is a need associated with an unplanned issue arising in and individual's life affecting daily functioning. Employment endeavors were supported, recovery goals were assisted and in some instances attained, tutoring was made available as well as life skills building. Support applying for Social Security was provided. Housing issues were also addressed, many times with no long-term, sustainable outcome due to lack of housing availability.

To determine the type of need met, Maslow's Hierarchy of Needs was utilized. Maslow breaks down needs into two sections, Basic and Social Needs. The sub-categories associated with Basic Needs are Physiological (air, sleep, food, hunger, thirst, warmth) and Safety & Security (shelter, protection, safety & stability). Sub-categories falling under Social Needs are Love & Belonging (love, affection, family & relationships), Esteem (self-esteem, status, reputation) and Self Actualization (personal fulfillment).

The table below shows the number of individuals accessing the Wellness Center as Full Service Partnership partners or General Service Delivery beneficiaries. Needs were identified as Basic, Social or both.

Maslow's Hierarchy of Needs Sections	FY 17/18 n=13	FY 18/19 n=12	FY 19/20 n=26
Basic Needs	4	1	1
Social Needs	0	1	8
Both Basic & Social Needs	9	10	15
Total Service Hours	960	1,360	1,000

**Status FY 19/20**

While this program is part of the 2017-2020 Three Year Plan, Sierra County Behavioral Health has not been able to successfully implement this program during FY 19/20. However, with the extension of the FY 19/20 Annual Update some Front Porch activities have taken place during FY 20/21. These activities will be reported in the 20/21 Annual Update.

Sierra County Health & Human Services collaborated with Plumas County Public Health in utilizing the Community Outreach Van. Sierra County Behavioral Health has employed .5 FTE Veteran Service Advocate. It is intended this individual will be on the Van as it travels through Sierra County. It is the intent of Sierra County Behavioral Health that this activity will start building trust between community members and our agency to determine a need for this program.

**Populations Served in FY 19/20**

No individuals were engaged during FY 19/20.

**Key Activities FY 19/20**

No key activities took place during both fiscal years linked to direct engagement and implementation of this program.

**Key Successes FY 19/20**

SCBH successfully collaborated with Plumas County and Sierra County Public Health’s Community Outreach Van project and had planned to have the Veteran Service Advocate and Peer Support Staff participate in this project. This was to be a collaboration of identifying and creating a whole person care approach to providing some services to the isolated community of Alleghany.

**Barriers or Challenges FY 19/20**

Just as this project was getting off the ground, the COVID pandemic outbreak occurred. Therefore, there were no further trips with the Community Outreach Van scheduled for the rest of this fiscal year. As stated above, activities took place in FY 20/21.

COMMUNITY ACADEMIES FY 17/18, 18/19 and 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED

**Status FY 17/18 and 18/19**

No Community Academies were held in fiscal years 17/18 and 18/19.

Continued progress in obtaining program goals and objectives during FY 19/20

**Populations Served in FY 17/18, FY 18/19 and FY 19/20**

None

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

No key activities took place in FY 17/18.

During FY 18/19 a Strengthening Families Workshop took place through collaborative efforts with First5 Sierra. Strategies facilitated the workshop. There was no direct program expense to MHSA. During the workshop it was determined that Trauma Informed Care trainings needed to take place.

Collaborative efforts to offer a Trauma Informed Care training series continued with First5 Sierra, the High Sierra's Family Resource Center and Social Services in FY 19/20.

**Key Successes FY 17/18, FY 18/19 and FY 19/20**

No key success took place in FY 17/18 or FY 18/19.

During FY 19/20 collaboration occurred with First5 Sierra, High Sierra Family Services and Sierra County Social Services to determine logistics in providing Trauma Informed Care trainings. A Trauma Informed Care training series did take place during FY 19/21 as an extension of the FY 19/20 Annual Update. This training will be reported on during the FY 20/21 Annual Update.

**Barriers or Challenges FY 17/18, 18/19 and 19/20**

FY 17/18 and 18/19:

There were no real barriers or challenges in either fiscal year. The Behavioral Health Coordinator did not focus on these activities.

FY 19/20:

The onset of the COVID pandemic discouraged and then prohibited any face to face encounters to provide historical in-person trainings. The technology that was available to Sierra County Behavioral Health did not include cameras nor was there an approved venue to hold any type of meeting. In May of 2020 Webex was available for staff to utilize, however one could only phone in as no cameras were available to purchase.

<b>CSS-SECTION</b>		<b>PLUMAS SIERRA CRISIS LINE</b>	
<b>NO LONGER STAND ALONE PROGRAM</b>			
<b>STATUS</b>		New	X Continuing
<b>EMPHASIS</b>	X	General (Non-FSP)	X Full Service Partnership (FSP)
<b>AGE GROUP</b>	X	Children (0-15)	
	X	Transitional Age Youth (16-25)	
	X	Adult	
	X	Older Adult	

Sierra County Behavioral Health provides a local crisis and resource line through collaboration with Plumas Crisis Intervention and Resource Center (PCIRC). Calls range from crisis intervention, supportive conversation, and identifying available resources for callers.

**GOALS & OBJECTIVES**

- To provide a local warm line as well as a crisis line

**OUTCOMES**

- Reduce crisis calls to emergency services
- Increased partner capacity between providers, communities and overlapping influences

**FY 17/18, 18/19 and 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

Sierra County Continues to provide funding to support the need for a local crisis line that can also provide local resources.

**Populations Served in FY 17/18, FY 18/19 and FY19/20**

FY 18/19 and 19/20:

Plumas Sierra Crisis Line served community members of Sierra County. The annual cost of the Crisis Line is \$6,000.

FY 19/20:

The Plumas Sierra Crisis Line served community members of Sierra County. No cost was associated with this service during this fiscal year.

**Key Activities and Key Successes in FY 17/18, FY 18/19 and FY19/20**

FY 17/18 and FY 18/29:

Key activities and key successes lie in the fact that a local crisis line is offered to our community members when needed. The crisis line is used by Sierra County Residents.

FY 19/20:

During FY 19/20 the following issues were presented as the reason for calling:

- Domestic Violence
- Support
- Family Issues
- Mental health related
- Physical health related

- Other

PCIRC received a total of 22 calls from Sierra County residents.

**Barriers or Challenges in FY 17/18, FY18/19 and FY 19/20**

Finding volunteers to man the crisis line can be a difficult task.

DRAFT

NO LONGER STAND ALONE PROGRAM

STATUS	<input checked="" type="checkbox"/>	New
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)
	<input checked="" type="checkbox"/>	Adult
	<input checked="" type="checkbox"/>	Older Adult

- Continuing
- Full Service Partnership (FSP)

PROGRAM DESCRIPTION

Some people who seek services at Sierra County Behavioral Health (SCBH) have conditions that do not qualify for county-based behavioral health services, or are hesitant to be seen in a mental health services agency due to the stigma that they feel accompanies mental health care. Conversely, there are times when SCBH consumers have a difficult time navigating the medical system for a variety of reasons, which include feelings of being uncomfortable in medical waiting rooms and sometimes medical providers’ inexperience treating mental illness.

SCBH is collaborating Eastern Plumas Health Care to provide a seamless bi-lateral referral system. Utilizing Peer Support Staff and the Wellness Center as the pivot point between the two providers will be key to the success of the referral system.

GOALS & OBJECTIVES

- To participate in countywide collaborative healthcare through continuum of care efforts
- Increasing health related peer run groups

OUTCOMES

- Refer persons served to primary care providers
- Connect persons served to primary care providers
- 

FY 17/18, 18/19 and 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED

**Status**

An agreement has not been reached between the two entities. It has been determined to not pursue a bi-lateral referral system at this time.

**Populations Served in FY 17/18 and FY 18/19**

No individuals have been served.

**Key Activities FY 17/18 and FY 18/19**

Sierra County Behavioral Health and Eastern Plumas Health Care met on two occasions during FY 17/18 to discuss a bi-lateral referral system. There was no conclusion to these meetings. Therefore, no agreements were reached.

No activities took place in FY 18/19.

**Key Successes FY 17/18 and FY 18/19**

There were no key successes in either fiscal year.

**Barriers or Challenges FY 17/18 and 18/19**

A lack of desire to create a bi-lateral referral system occurred based on a lack of understanding and trust between entities involved.

**Planned Activities FY 19/20**

A referral system is not being entertained at this time. There are no planned activities to take place during FY 19/20.

DRAFT

**NO LONGER STAND ALONE PROGRAM**

STATUS	<input type="checkbox"/>
EMPHASIS	<input checked="" type="checkbox"/>
AGE GROUP	<input type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

New  
 General (Non-FSP)  
 Children (0-15)  
 Transitional Age Youth (16-25)  
 Adult  
 Older Adult

Continuing  
 Full Service Partnership (FSP)

**PROGRAM DESCRIPTION**

Sierra County Behavioral Health has contracted with Nevada County Behavioral Health so that Sierra County community members have access to a Crisis Stabilization Unit.

Nevada County Behavioral Health has contracted with Sierra Mental Wellness Group to provide Crisis Stabilization services at the CSU. The four (4) bed CSU is located in Grass Valley, California, 70 feet from the entrance of the Emergency Department of Sierra Nevada Memorial Hospital (SNMH). The CSU is part of a crisis continuum of care for residents of Sierra County. Individuals receive crisis services, including psychotherapy, medication services, and psychiatry for up to 23 hours per client event.

**GOALS & OBJECTIVES**

- Provide crisis stabilization

**OUTCOMES**

- Reduction of hospitalizations
- Reduction of utilization of local emergency services

**FY 17/18, 18/19 and 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

The contract with Nevada County Behavioral Health and Sierra County Behavioral Health has been maintained to increase the array of specialty services to Sierra County individuals.

**Populations Served in FY 17/18, FY 18/19 and FY 19/20**

Any Sierra County resident experiencing crisis due to a mental illness has the opportunity to be provided services through the Crisis Stabilization Unit. Individuals were served through this specialty mental health service.

FY 19/20:

Two individuals accessed this service during FY 19/20. This service is Medi-Cal billable. Therefore, there is no cost to Sierra County at this time.

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

The contract was maintained during both fiscal years allowing eligible Sierra County residents access to this specialty mental health service.

**Key Successes FY 17/18, FY 18/19 and 19/20**

Same as above.

FY 19/20:

Interventions resulting from access this service enabled individuals to return to their community with symptoms corresponding to the crisis to ameliorated.

**Barriers or Challenges FY 17/18, 18/19 and 19/20**

Transportation to the facility could be a challenge should there not be a Sierra County Behavioral Health staff member available to transport an individual as a last resort.

**Planned Activities FY 19/20**

Sierra County Behavioral Health will continue to maintain a contract with Nevada County so that Sierra County residents have a means of accessing this specialty service.

DRAFT

**NO LONGER STAND ALONE PROGRAM**

STATUS	<input type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

**PROGRAM DESCRIPTION**

Sierra County Behavioral Health has contracted with Nevada County Behavioral Health to provide peer respite to eligible community members. The IRC provides a relaxed and welcoming home-like environment for individuals with mental health challenges who are going through an escalation of mental health symptoms, in order to prevent crisis intervention or hospitalization. Participants focus on their personal strengths and strive to gain emotional stability, balance, and resilience within their lives as they work with peer counselors and their fellow peers in the program toward their recovery. The IRC honors all aspects of the whole self of all persons involved. The leadership of people with lived experience is essential to the success of the IRC. Primarily peer counselors and others staff the IRC with lived experience. This wellness-, resiliency-, and recovery-oriented setting is less restrictive than a Crisis Stabilization Unit (CSU) or a psychiatric inpatient facility. The IRC facilitates communication and coordination across all components of the crisis continuum of care, including the Crisis Response Team at the local Emergency Department, CSU, and other service agencies involving a client’s support network.

**GOALS & OBJECTIVES**

- Provide peer support services in a 24-7 wrap-around environment

**OUTCOMES**

- Reduction in symptom distress
- Completed Wellness Recovery Action Plans
- Enhanced recovery experience

**FY 17/18, 18/19 and 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

The contract with Nevada County Behavioral Health and Sierra County Behavioral Health has been maintained to increase the array of specialty services to Sierra County individuals.

**Populations Served in FY 17/18, FY 18/19 and FY 19/20**

Any Sierra County resident meeting the eligibility requirements has the opportunity to be provided services through the Insight Respite Center (IRC). Individuals were served through this specialty mental health service.

FY 19/20:

No Sierra County resident accessed this service during FY 19/20.

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

The contract was maintained during the three fiscal years should an individual have a need to access this service. It was also maintained during FY 20/21 as an extension of the Annual Update for FY 19/20.

**Key Successes FY 17/18, FY 18/19 and FY 19/20**

Keeping this facility as a resource during FY years 17/18, 18/19, 19/20 and 20/21 constitutes success in a county with limited resources.

During FY 18/19 Sierra County Behavioral Health made referrals to the Respite Center. Activities of daily living skills were increased making for positive outcomes.

**Barriers or Challenges FY 17/18, FY 18/19 and FY 19/20**

FY 17/18 and 18 19:

Transportation to the facility could be a challenge should there not be a Sierra County Behavioral Health staff member available to transport an individual as a last resort.

FY 19/20:

As stated above, transportation could be challenging. The emergency COVID regulations closed access to the Respite Center for the last quarter of the year.

**Planned Activities FY 19/20**

Sierra County Behavioral Health will continue to maintain a contract with Nevada County so that Sierra County residents have a means of accessing this specialty service.

DRAFT

NO LONGER STAND ALONE PROGRAM IN 2020-2023 PLAN WILL FALL UNDER FRONT PORCH/COMMUNITY OUTREACH

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

**PROGRAM DESCRIPTION**

The Ways to Wellness program was implemented from a direct result of an identified need to provide services to underserved or unserved community members living at the Senior Apartment Complex in Loyalton. Many of the community members living in the complex do not access services and supports located at Sierra County Behavioral Health in Loyalton. Peer Support Specialists facilitate this program.

This program is implemented to provide an environment where community members can learn creative wellness tools through positive activities aiding in reducing depression and loneliness and promote building relationships, supports and positive social activities through arts and crafts. WRAP’s ideas are introduced and participation in completing an action plan is encouraged.

**GOALS & OBJECTIVES**

- Increase community member participation in creating WRAP© plans and understanding wellness and recovery
- Identify unserved and underserved community members within the older adult population

**OUTCOMES**

- Refer community members of the older adult population to services
- Community members of the older adult population will have completed WRAP© and have tools to promote wellness and recovery in their lives

**Status**

Ways to Wellness was implemented during all three fiscal years.

**Populations Served FY 17/18, FY 18/19 and FY 19/20**

The Senior population living at the Sierra Valley Senior Apartments were served in both fiscal years. This activity has been identified as being culturally aware as far as how and where it is delivered for participants. The program activities take place at the Sierra Valley Senior Apartments and provides an opportunity for those living there to socialize, reducing self-isolation due to a lack of transportation services.

During both fiscal years, individuals were served through the Ways to Wellness Program. The preferred language was English. Individuals identified as Caucasian and Hispanic. The age range served included those who fell in the adult (26-59) and older adult (60+) ages.

FY 19/20:

During FY 19/20 six individuals participated in this program. The age range of participants included one adult (20-59) and 5 older adults (60+). The preferred language was English. Individuals identified as Caucasian. Five of the participants are female. The average cost per person was \$672.

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

	FY 17/18	FY 18/19	FY 19/20
Number of Activities	3	2	2
Activity Themes	<ul style="list-style-type: none"> <li>• Importance of Self Care</li> <li>• Remembering to use Wellness Tools</li> <li>• Affirming positive aspects of life</li> </ul>	<ul style="list-style-type: none"> <li>• Remembering to use Wellness Tools</li> <li>• Emergency-to-go-bags/Needs of At-Risk older adults during emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• Holding positive thoughts</li> <li>• Physical safety – falling hazards</li> </ul>

**Key Successes FY 17/18, FY 18/19 and FY 19/20**

During all three fiscal years, Individuals who would normally self-isolate were out in social settings. Individuals living at the Senior Apartments participated in activities that promoted community building within the complex itself.

**Barriers or Challenges in FY 17/18, FY 18/19 and FY 19/20**

One challenge that occurs during the winter encompasses seniors walking over ice. Most often Sierra County Behavioral Health does not schedule activities for the months of January and February.

**Partners in FY 17/18, FY 18/19, and FY 19/20**

During all three fiscal years the Loylton Senior Apartments partnered with Sierra County Behavioral Health by allowing the use of their community center as a place to facilitate this program.

Emergency Preparedness partnered with Sierra County Behavioral Health to implement and provide the Emergency-to-go-bags.

**Planned Activities FY 19/20**

Ways to Wellness will continue during FY 19/20 with no changes.

CSS-SECTION	NO PLACE LIKE HOME		
STATUS		New	X Continuing
EMPHASIS	X	General (Non-FSP)	Full Service Partnership (FSP)
AGE GROUP	X	Children (0-15)	
	X	Transitional Age Youth (16-25)	
	X	Adult	
	X	Older Adult	

**NO LONGER A STAND ALONE PROGRAM IMPLEMENTED THROUGH GENERAL SERVICES**

**PROGRAM DESCRIPTION**

The No Place Like Home (NPLH) Program was established by Part 3.0 of Division 5 of the Welfare and Institutions Code (commencing with Section 5849.1) enacted in 2016. The NPLH Program provides various means of financing to counties investing in permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or are at risk-of chronic homelessness within the county. Before NPLH funds are available for Sierra County, the county is applying for the NPLH Technical Assistance grant. Sierra County Behavioral Health will be using the technical assistance funds to conduct activities which support feasibility, planning and design of permanent supportive housing.

**GOALS & OBJECTIVES**

- To create a homeless plan for Sierra County
- To coordinate with local homelessness systems, including Coordinating Entry Systems
- To coordinate and partner with other county and community providers to increase understanding of the intersections and overlapping needs of these providers’ shared homeless persons.

**OUTCOMES**

- Identify housing needs
- Reduce homelessness for persons who meet criteria

**Status**

**Populations Served in FY 17/18, FY 18/19 and FY 19/20**

No actual individuals were served.

**Key Activities and Successes FY 17/18, FY 18/19 and FY 19/20**

Sierra County Behavioral Health applied for the TA funds during FY 17/18.

During FY 18/19 Sierra County Behavioral Health has become involved as active participants in the Regional Continuum of Care and the Plumas-Sierra Continuum of Care.

During FY 18/19 Sierra County Behavioral Health successfully partnered with Plumas County to move forward with establishing a potential contract for NPLH.

**FY 19/20:**

Sierra County Behavioral Health and Plumas County Behavioral Health contracted with Housing Tools to conduct a Plan to Address Homelessness and the NPLH Housing Site Feasibility Study.

Sierra County Behavioral Health also continued to actively participate in The Regional Continuum of Care and the Plumas Sierra Continuum of Care.

Sierra County maintained the Homeless Management Information System.

**Barriers or Challenges FY 17/18 and 18/19**

**Partners in FY 17/18, FY 18/19 and FY 19/20**

Sierra County partnered with Plumas County, the Regional Continuum of Care, Sierra County Social Services, and the Family Resource Center.

**Planned Activities FY 19/20**

Implementation of contract with Housing Tools and the implementation of the homeless plan. Partnering with the Family Resource Center to utilize the Homeless Management Information Systems (HMIS).

DRAFT

<b>CSS – SECTION</b>	<b>PRUDENT RESERVE</b>
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NO LONGER A STAND ALONE PROGRAM

<b>STATUS</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing
<b>EMPHASIS</b>	<input checked="" type="checkbox"/> General	<input checked="" type="checkbox"/> Full Service Partnership (FSP)
<b>AGE GROUP</b>	<input checked="" type="checkbox"/> Children (0-15)	
	<input checked="" type="checkbox"/> Transitional Age Youth (16-25)	
	<input checked="" type="checkbox"/> Adult	
	<input checked="" type="checkbox"/> Older Adult	

**PROGRAM DESCRIPTION**

Pursuant to WIC Section 5847(a)(7), each County is required to establish and maintain a prudent reserve fund. Sierra County Behavioral Health maintains a prudent reserve fund at the local level to ensure services do not have to be significantly reduced in years in which Prop. 63 revenues are below the average previous years.

SB 192 was filed with the Secretary of State on September 10, 2018. This requires a 33% cap of the average community services and support revenue received in the preceding 5 years. As such, Sierra County will be maintaining this 33% cap in our Prudent Reserve fund.

Audit exceptions identified through the triennial review of Placer/Sierra County Mental Health Plan’s implementation of Medi-Cal Specialty Mental Health Services may also be funded by the prudent reserve should audit exception expenditures significantly reduce services.

**GOALS & OBJECTIVES**

- Maintain Prudent Reserve fund cap balance.

**OUTCOME**

- Maintain fiscal capacity to provide Specialty Mental Health Services through CSS component
- Fund audit exceptions

**Status**

Sierra County Behavioral Health (SCBH) continues to maintain a Prudent Reserve (PR) account.

During FY 18/19 SB 192 was filed with the Secretary of State. SB 192 requires that maximum Prudent Reserve amounts counties may fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. It does need to be noted that this new regulation does not give Sierra County a balance that would maintain Community Services and Supports funding at its annual funding level.

FY 19/20:

To maintain the Prudent Reserve fund cap, Sierra County Behavioral Health determined the needed transfer amounts from Prudent Reserve to Community Services & Supports and Prevention & Early Intervention. These funds have been identified as first dollar to be spent in each component during FY 19/20.

Annual review of the Prudent Reserve Fund may require interest to be transferred back to the CSS component. The swept interest will be adjusted and will be spent as first dollar.

	PR	CSS	PEI
Prudent Reserve Beginning Balance	\$741,451.88		
Transfer from PR to appropriate component	-\$362,312.00	\$300,477.00	\$61,835.00
Interest Transfer from PR to appropriate component	-\$25,046.36	\$20,771.75	\$4,274.61
Ending Balance	\$354,093.52	\$321,243.75	\$66,109.61

DRAFT

**CSS – SECTION XIII REVERSION FUNDS PLAN**

**NO LONGER A STAND ALONE PROGRAM**

<b>STATUS</b>	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
<b>EMPHASIS</b>	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partner (FSP)
<b>AGE GROUP</b>	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

**PROGRAM DESCRIPTION**

Pursuant to Welfare and Institutions Code (WIC) Section 5892.1, Assembly Bill 114 (Chapter 38, Statutes of 2017) states that all unspent Mental Health Services Funds subject to reversion as of July 1, 2017 are deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally made available.

**GOALS & OBJECTIVES**

- Should the need arise, utilize unspent CSS funds to contribute to Capital Facilities Funds in the building project of expanding the Wellness Center (located at 207 Front Street, Loyalton) and building a Behavioral Health Building to expand and enhance current services (located at 704 Mill Street, Loyalton).
- Utilize CSS Reversion Funds as oldest funding dollars within the CSS component and utilize during FY 19/20 as such.

**OUTCOME**

CSS – SECTION IVX RURAL BORDER COUNTY INTERAGENCY AGREEMENT(S)

NOT INCLUDED IN THE 20-23 PLAN

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partner (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

Due to the rural nature of Sierra County and bordering counties, geographic isolation is a constant challenge and/or barrier in receiving services. For example, Behavioral Health Services are located in Loyalton where the Plumas County line is approximately three miles away. An individual and/or family living in Plumas County (outside of the Sierra County line at a distance of approximately 3 to 5 miles out) shops, receives mail, attends school, church and social functions in Loyalton. These bordering county residents consider themselves and are considered as part of the community of Loyalton. Satellite Plumas County Behavioral Health services are approximately 30 miles away from the individual/families’ home. There are no transportation services available for the geographically isolated residents who identify their community as Loyalton.

Providing successful continuum of care services that are not fragmented is essential to reaching one’s recovery goals. Bordering county families with children who attend school in Sierra County specifically encounter fragmentation of services. Creating an Interagency Agreement with bordering counties would allow the unserved/underserved community member/family to receive seamless, cultural specific continuum of care services in the community they identify with.

GOALS & OBJECTIVES

- Research, create and implement a Rural Border County Interagency Agreement meeting the needs of individuals/families living in a border county situation
- Create and implement a Rural Border County Interagency Agreement allowing border counties to benefit from serving individuals/families living in a border county situation

OUTCOME

- Maintain and increase border county residents’ ability to access services

Status

An agreement between participating agencies has not been reached at this point in time. Sierra County Behavioral Health provided continuum of care services, up to 6 months, for individuals who have moved outside of the county to find housing.

FY 19/20:

No agreement was able to be obtained. This program will not be included in the FY 20/23 Plan.

SIERRA COUNTY MHSA PLAN OUTCOMES  
FY 17/18 TO FY 19/20  
PREVENTION AND EARLY INTERVENTION

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WELLNESS CENTER	86
APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)	90
safeTALK© TRAINING	93
NURTURING PARENTING	96
ACCESS TO YOUTH SERVICES	100
STUDENT/PARENT NAVIGATION	104
VETERAN'S ADVOCATE	107
MENTAL HEALTH FIRST AID	109

DRAFT

**PEI WELLNESS CENTER FY 17/18, FY 18/19 and FY 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

The Sierra County Wellness Center continues to grow and provide viable services to individuals living in Sierra County. Under Prevention the Sierra County Wellness Center serves community members to assist in reducing mental health risk factors utilizing a universal method. The universal method also reduces stigma associated with services provided through Sierra County.

**Populations Served in FY 17/18, 18/19, and FY19/20**

The Sierra County Behavioral Health Advisory Board has realized a need to provide services to all Sierra County community members as a way to reduce stigma associated with mental illness as well as to mitigate risk factors. When one examines Trauma Informed Care practices, it is evident providing services through the Wellness Center is needed.

The table below indicates the average cost per person served.

<b>Sierra County Wellness Center Prevention Services</b>	<b>Populations Served FY 17/18</b>	<b>Populations Served FY 18/19</b>	<b>Populations Served FY 19/20</b>
Number Served	Unduplicated per Year	Unduplicated per Year	Unduplicated per Year
Average Cost Per Person	\$2,111	\$2,021	\$1,431
Children Aged 0-15	7	4	1
Transitional Aged Youth 16-25	1	2	3
Adults 26-59	33	26	19
Older Adults 60+	3	3	11
Unknown			40
<b>Total Individuals Served</b>	<b>50 or fewer</b>	<b>40 or fewer</b>	<b>74</b>
<b>Demographics of Individuals Served</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
Gender at Birth			
Female	59%	57%	68%
Male	41%	43%	32%
Current Gender Identity			
Female			13.5%
Male			13.5%
Unknown			73%
Sexual Orientation (self-identified)			
Straight			22%
Other			2%
Unknown			74%
Bi-Sexual	2.44%	2.86%	None
Decline to state			2%
Ethnicity			
Not Hispanic			43%
Mexican/Mexican American			2%
Unknown			55%
Race (self-identified)			
White/Caucasian	98%	97%	37%
Mexican/Mexican American			1%

Black	2%	3%	1%
Native American			4%
Unknown			57%
Preferred Language			
English	100%	100%	99%
Spanish			1%
Military Veteran	Served under VPS Program	Served under VPS Program	Served under VPS Program

Identified Disability	Percent Identified
<b>Communication</b>	
Difficulty seeing	1.5%
Difficulty hearing or having speech understood	1.5%
Other	---
Mental (learning, developmental, dementia, etc.)	9%
Physical/mobility	7.5%
Other	8%
No disability	14%
Decline to answer	3%
Unknown	58%

**Key Activities in FY 17/18, FY 18/19 and FY 19/20:**

The Sierra County Wellness Center has been able to offer supportive services on an individualized basis to community members who made contact with Peer Support.

Relationship building with individuals is the most important activity that takes place at the Wellness Center. Once trust is established individual needs are assessed and assisted with. Wellness Center staff have assisted individuals with housing needs, medical appointments, social security paperwork and questions, job coaching, referring to appropriate entities, providing supportive conversation, make home visits to deliver food bank items.

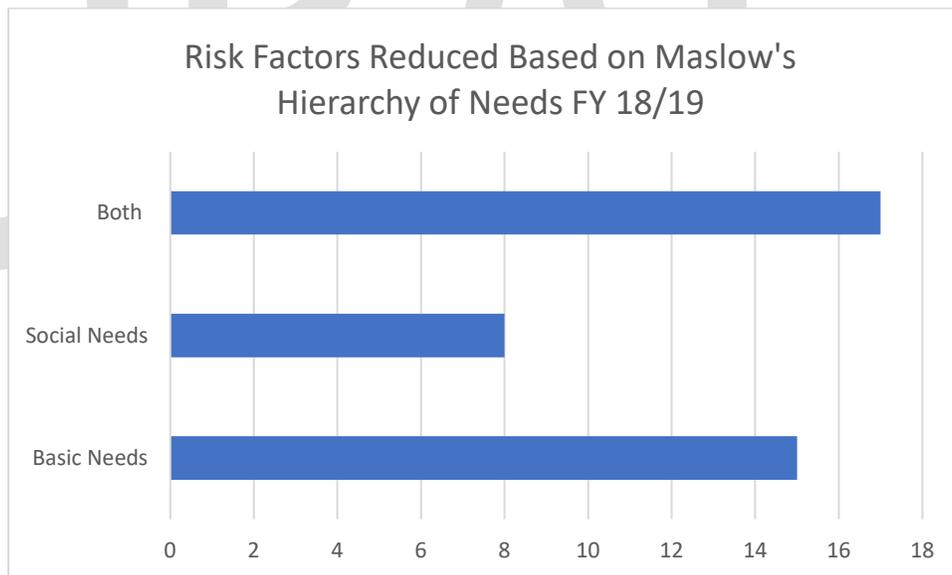
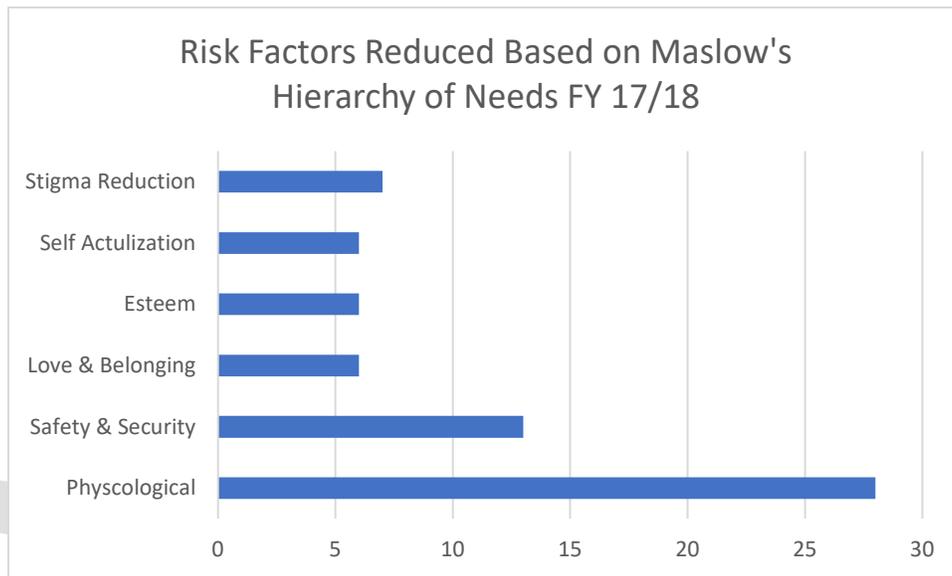
**FY 19/20:**

A COVID warm line was implemented during the stay at home order. A flyer (APPENDIX PEI.1) was distributed to Seniors through their lunch delivery, the Sierra County Sheriff’s office posted it on their face book page, it was also posted on the Sierra County Website, flyers were distributed throughout Loyalton. It is interesting to note that only 19 individuals utilized the COVID warm line with generalized questions, not for supportive conversation.

The Wellness Center also offered ‘curbside’ access to Anthem BlueCross and California Health & Wellness members. Tablets were set up with the apps to access health care through both plans. Community members could call the Wellness Center for an appointment to use the tablet and receive assistance in accessing the application in the privacy of their car. Flyers (APPENDIX PEI.2) and information were distributed throughout Loyalton as well as Sierra County Health and Human Services.

**Key Successes in FY 17/18, FY 18/19 and FY 19/20**

The Sierra County Wellness Center has been successful in building relationships and trust with many Sierra County Community members. The following tables show risk factors mitigated through Maslow's Hierarchy of Needs.



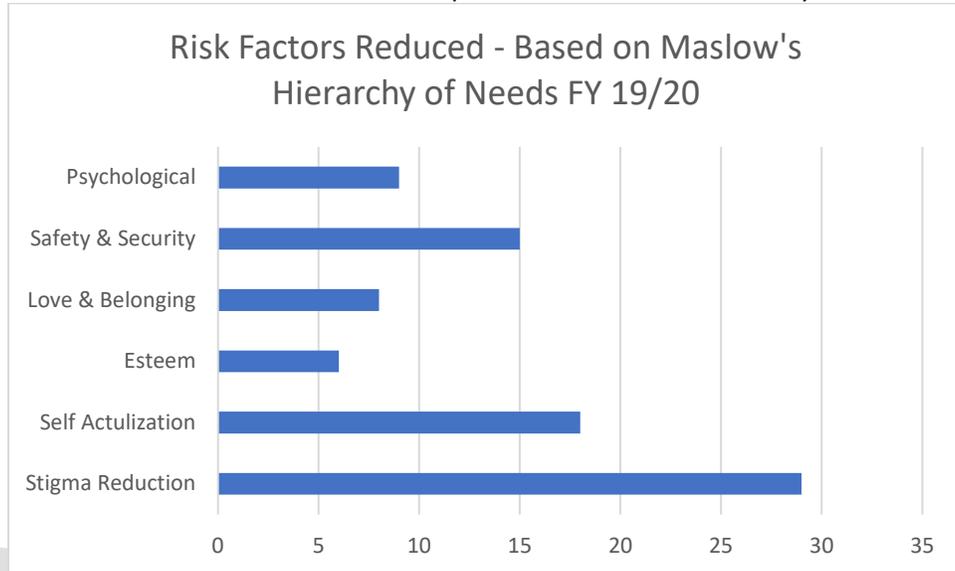
**Key Successes FY 19/20:**

Peer Support staff provided Peer Support and other Wellness Center activities in the 'Wellness Room' located at the Downieville Behavioral Health site before COVID restrictions. Nine unduplicated individuals were served through 59 encounters .

The Loyalton Wellness Center site served 65 unduplicated individuals through this PEI funding under prevention. There were a total of 370 encounters.

Harm Reduction supplies were made available through the Sierra County Wellness Center with 9 individuals accessing them.

SCBH collaborated with Children and Family Services to provide emergency shelter while finding placements. The Wellness Center was utilized to provide this service for three youth.



Most prevention encounters at the Wellness Center begin with community members coming in feeling anxious, fearful, and having difficulty coping with circumstances in their lives. When community members leave they indicate they are thankful and don't feel quite as overwhelmed.

**Barriers or Challenges in FY 17/18 and FY 18/19:**

There were no real barriers or challenges taking place during either fiscal year.

**Activities and/or Modifications during FY 19/20:**

The Sierra County Wellness Center will continue to provide prevention services as indicated in the 2017-2020 MHSA 3-Year Plan.

The Wellness Center will be relocating to a larger building with capacity to serve more individuals. This building is being funded through the Capital Facilities & Technologies component.

**ASIST FY 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

ASIST is being implemented based on the 2017-2020 MHSA Three Year Plan

**Populations Served FY 17/18 and FY 18/19**

During FY 17/18 no ASIST classes were offered.

During FY 18/19 an ASIST class was offered in April 2019. Ten individuals participated in the training. The following demographic information was self-disclosed by the potential responders.

N=10	April 2019	Number
<b>Race</b>		
	White	5
	More than one Race	1
	Decline to answer	3
	Missing	1
<b>Ethnicity</b>		
	Hispanic Mexican/Mex American	1
	Non-Hispanic Ethnicity	0
	Missing	9
<b>Age</b>		
	26-59	8
	60+	1
	Decline to answer	1
<b>Veteran</b>		
		1
<b>Gender at Birth</b>		
	Male	1
	Female	5
	Decline to answer	2
<b>Current Gender Identity</b>		
	Male	1
	Female	5
	Decline to answer	4

N=10	April 2019	Number
<b>Sexual Orientation</b>		
	Heterosexual or Straight	6
	Decline to answer	4
<b>Disability Status</b>		
	Difficulty hearing	1
	No disability	4
	Decline to Answer	5
<b>Languages proficient in other than English</b>		
	Spanish	2
	Other	1

N=10	November 14, 2019	Number
<b>Race</b>		
	White	6
	American Indian	1
	Mexican	1
	Decline to answer	1
	Skipped	1
<b>Ethnicity</b>		
	Hispanic Mexican/Mex American	
	Non-Hispanic Ethnicity	
	Missing	10

N=10	November 14, 2019	Number
<b>Sexual Orientation</b>		
	Heterosexual or Straight	9
	Skipped	1
	Declined to answer	0
<b>Disability Status</b>		
	Chronic Pain	2
	Physical/Mobility	1
	No disability	6
	Decline to Answer	1
<b>Languages proficient in other than English</b>		

Age	
26-59	9
60+	1
Decline to answer	0
Veteran	2
Gender at Birth	
Male	4
Female	6
Skipped	1
Decline to answer	
Current Gender Identity	
Male	4
Female	6
Skipped	1
Decline to answer	0

Spanish	1
Other	0

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

No activities took place in FY 17/18.

One ASIST class was offered with 10 individuals attending in FY 18/19. The total cost of this program was \$3200. The average cost per person was \$320.

FY 19/20:

One ASIST class was offered with 10 participants during FY 19/20. The average cost per person was \$390 per individual.

**Key Successes in FY 17/18, FY 18/19 and FY 19/20**

No Key Success took place in FY 17/18.

During FY 18/19 the one class offered had an outcome of 75% increase in preparedness and an 80% increase in confidence relating to providing suicide intervention.

FY 19/20:

Ten more potential responders were trained in ASIST during FY 19/20. The number of settings increased as well. Sierra County Behavioral Health programs increased potential responders by 5 individuals through Peers Support Specialists, the Veteran’s Advocate, the SUD Community Outreach Coordinator and the SUD Program Manager. Sierra/Plumas Joint Unified School District increased potential responders by two individuals working in the schools. Eastern Plumas Rural Fire (responds to fires in Sierra County) increased potential responders through the Captain EMT/ISO. CASA, potentially interacting with Sierra County residents increased their potential responders by one.

Participant satisfaction, practicality and efficacy of training n=10	Rating Score
How would you rate ASIST (1=did not like at all...10=definitely yes)	9.4
Would you recommend ASIST to others? (1 = definitely no...10 = definitely yes)	9.7
This workshop has practical use in my personal life. ((1 = definitely no...10 = definitely yes)	9.2
This workshop has practical use in my work life. (1 = definitely no...10 = definitely yes)	9.8
If a person’s words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.	29.7% increase
If someone told me he or she were thinking of suicide, I would do a suicide intervention.	2.8% increase

I feel prepared to help a person at risk of suicide	22% increase
I feel confident I could help a person at-risk of suicide.	83.3% increase

Additional comments from participants indicate the ASIST training had been successful:

- Very grateful for the opportunity to participate in this workshop. A+ for the presenters and the materials.
- This is by far the BEST training I've attended in my life! Thank you Dana & Ryan. You two were amazing.
- I really appreciate both trainers being here to help support us to support others.
- I felt this was one of the best trainings that I have attended. I know I will be better able to assist someone in crisis.
- Rock on! Thank you.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has included ASIST in its Nation Registry of Evidence-Based Programs and Practices (NREPP). The Suicide Prevention Resource Center designates ASIST as a 'program with evidence of effectiveness' based on its inclusion in NREPP. As such, Sierra County Behavioral Health utilizes the ASIST training evaluation as the validated measurement tool (APPENDIX PEI ASIST).

**Barriers or Challenges in FY 17/18, FY 18/19 and FY 19/20**

Suicide is a difficult topic to address due to stigma and a lack of education regarding suicide. Many individuals don't feel comfortable participating in suicide prevention or early intervention services.

**Partners**

Sierra County Behavioral Health partnered with Plumas Rural Services to offer this training.

**Planned Activities in FY 19/20**

Sierra County Behavioral Health will be looking at partnering further with Plumas Rural Services to provide one more training in Sierra County. There is also the possibility of Sierra County residents participating in ASIST classes held in Plumas County.

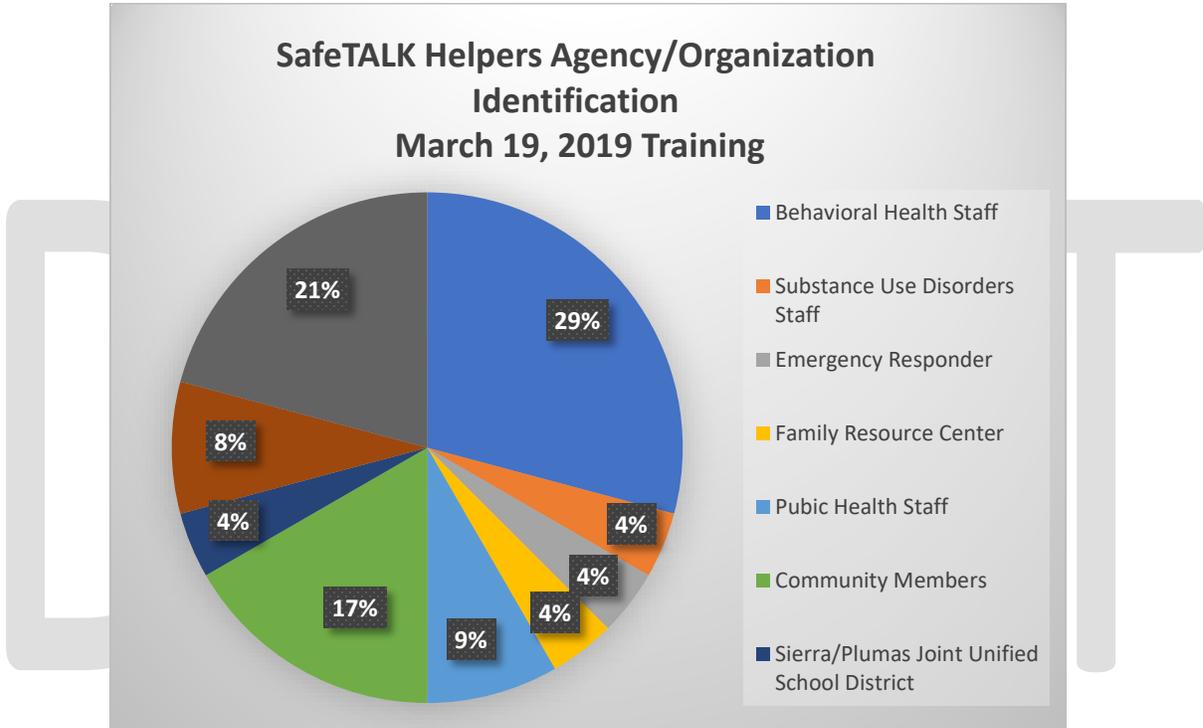
**Status**

SafeTALK continues to be implemented as indicated in the 2017-2020 MHSA Three-Year Plan.

**Populations Served in FY 17/18, FY 18/19 and FY 19/20**

There were no SafeTalk trainings offered during FY 17/18.

During FY 18/19 a SafeTalk training was offered in March. There were twenty-four (24) individuals who attended. The average cost per person was \$21.00 per person. The table below indicates the different agencies/organizations who participated in the training as potential responders.



**Key Activities in FY 18/19 and FY 19/20**

No activities took place in FY 18/19.

FY 2019:

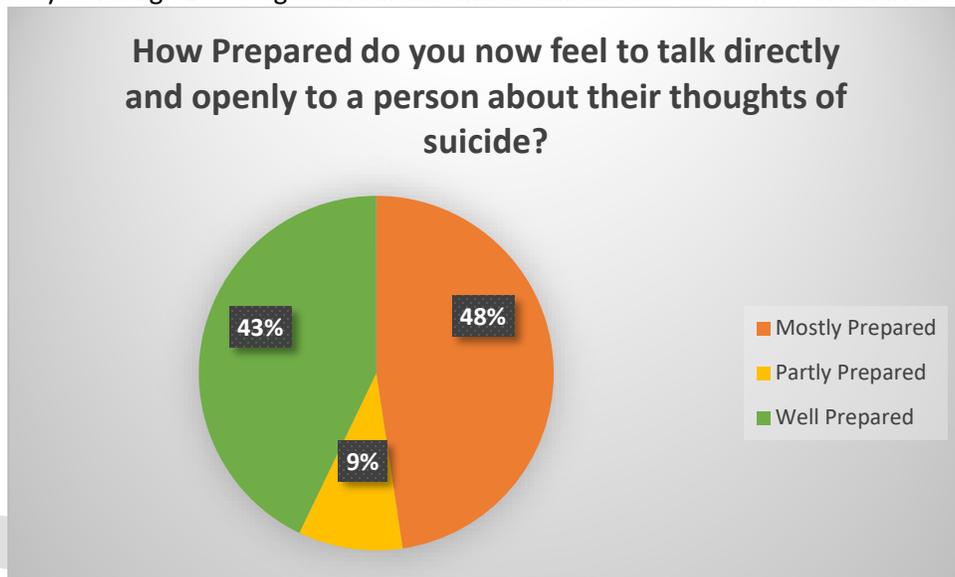
A SafeTALK training was scheduled and advertised for November 6, 2019 during FY 19/20. There were only two individuals who responded. The training was cancelled with the intention of offering another training. Due to COVID no other training was offered for the fiscal year.

**Key Successes FY 17/18 and FY 18/19**

There were no key successes during FY 17/18.

In March 2019 Sierra County offered a SafeTALK training. The fact that 24 individuals attended the training was in and of itself a great success. Most trainings in Sierra County consist of 10-15 individuals.

SafeTALK is identified as an evidence-based practice, therefore the SafeTALK training evaluation is used as the validated outcomes method (APPENDIX PEI safeTALK). The following tables and narrative indicate increased ability to recognize thoughts of suicide and to talk about suicide with the individual.



Overall satisfaction of this training was asked, “On a scale of 1 (very bad) to 10 (very good), how would you rate this training?” Participants rated this training as 9.23, indicating the training provides an overall understanding and ability to connect individuals with thoughts of suicide to appropriate services/interventions.

When asked the if a participant ‘intends to tell others that they will benefit from this training’, 100% responded they would.

Comments regarding the SafeTALK training are as follows:

- Very good awareness
- Very good
- Very informative and easy to understand
- Thoughtful and respectful instruction. Video was a bit dorkey.
- Very Knowledgeable
- More information about how to talk to children who are thinking about suicide.

### **Challenges and Barriers in FY 17/18, FY 18/19 and FY 19/20**

There were no particular challenges during either fiscal year other than the Behavioral Health Coordinator not facilitating a training in FY 17/18.

FY 19/20:

Not enough individuals registered for the November 2019 training. COVID became a challenge to offer another training.

### **Partners in FY 17/18, FY18/19 and FY 19/20**

Sierra County Behavioral Health partnered with Plumas Rural Services to provide the training. SCBH will be further partnering with Plumas Rural Services to allow Sierra County residents and staff to attend

trainings offered in Plumas County. Discussions are underway, the last detail is how to share the data that applies to Sierra County participants.

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**Status**

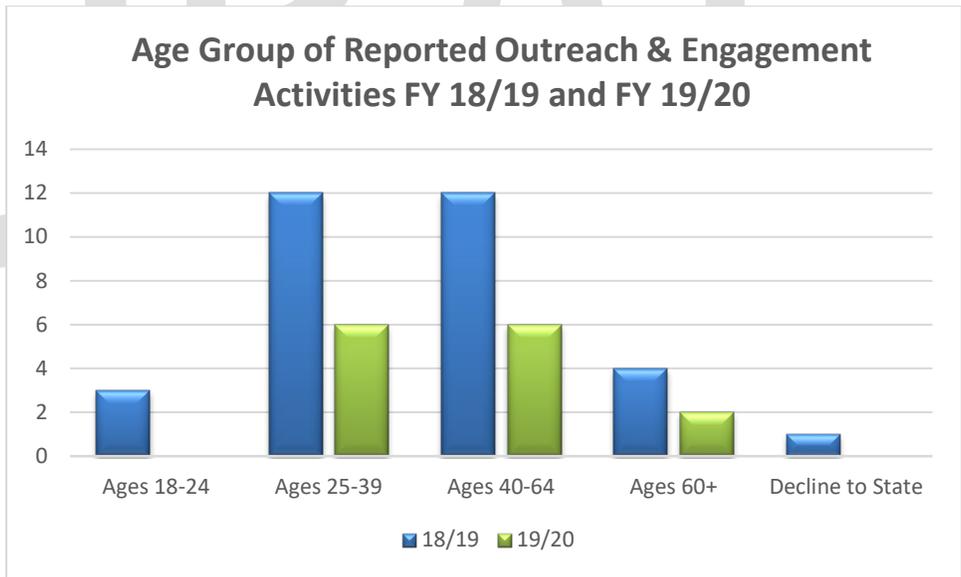
Parenting Program implemented as indicated in the 2017-2020 MHSA Three Year Plan.

**Populations Served FY 17/18, FY 18/19 and FY 19/20**

During FY 17/18 families were served through the High Sierras Family Center. Families self-identified as Hispanic and Caucasian. Of the families participating, some had both parents participating and others had one parent participating. The average cost per family was approximately \$7,490.

During FY 18/19 Outreach & Engagement Activities took place as well through Story-Time and presentations promoting Nurturing Parenting. High Sierra’s Family Resource Center provided narratives (APPENDIX PEI NP) to go along with the Storytime activities. Two presentations were made, one to the Child Care Council and one to Sierra Plumas Joint Unified School District. A total of 35 individuals were served through Nurturing Parenting. The average cost per person served under this program was \$903 in FY 18/19.

During FY 19/20 Outreach & Engagement Activities took place until the COVID restrictions. The average cost per person served under this program was \$1,110 in FY 19/20.



<b>Nurturing Parenting Outreach &amp; Engagement</b>	<b>Populations Served FY 17/18</b>	<b>Populations Served FY 18/19</b>	<b>Populations Served FY 19/20</b>
<b>Total Individuals Served</b>	<b>Information not available</b>	<b>32</b>	<b>14</b>
<b>Demographics of Individuals Served</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
<b>Gender at Birth</b>			
Female		64.53%	75%
Male		32.26%	25%
<b>Current Gender Identity (N=30)</b>			
Female		63.33%	78.57%
Male		33.33%	21.43%
Decline to state		3.33%	
<b>Sexual Orientation (self-identified) (N=27)</b>			
Straight		92.59%	100%
Decline to state		7.41%	
<b>Race (self-identified)</b>			
White/Caucasian		96.67%	100%
Hispanic or Latino		3.33%	
<b>Preferred Language</b>			
English		100%	
<b>Fluent in:</b>			
Spanish		12.5%	100%
<b>Military Veteran</b>			
Yes		3.23%	0%
Decline to state		6.45%	
<b>Disability</b>			
None		87.5%	78.57%
Difficulty hearing or having speech understood		3.13%	7.14%
Decline to state		9.38%	14.29%

The following comments were obtained from the demographics survey administered as Prevention and Early Intervention requirements during FY 18/19:

Comments related to questions asked on the survey.

- A respondent added a box stating ‘non (eunuch)’ for the question regarding sexual orientation.
- A respondent wrote NA next to the question regarding sexual orientation.
- Another respondent crossed out the question regarding sexual orientation.
- When asked gender at birth, a respondent noted ‘This is insane!’ next to the question and then commented ‘at birth and now’.
- A respondent crossed out the Current gender question with ‘STUPID’ written next to it.

- A respondent added a box stating ‘Human’ for the question regarding race.

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

During FY 17/18 activities were provided in homes, High Sierras Family Center and the Sierra City Library.

Outreach and engagement activities were conducted to educate about the importance of family functioning in reducing risk factors for youth. These activities were considered prevention activities.

A total of 15 Storytime activities and 12 meetings took place during FY 19/20. The Family Resource Center was able to make contact with a few individuals to provide Nurturing Parenting via Zoom.

**Key Successes in FY 17/18, FY 18/19 and FY 19/20**

Families participating in Nurturing Parenting showed improvement within areas of identified risk factor sections. The results below are derived from Nurturing Parenting Pre and Post assessments. Nurturing Parenting is an evidence-based practice. As such, SCBH utilizes Nurturing Parenting assessment tools. Based on experiencing and observing the assessments facilitators have found there may be some discrepancy when evaluating the areas of risk factors between the pre-assessment and the post-assessment. During the pre-assessment parents may be unwilling to disclose their true attitudes and beliefs for fear of being negatively judged. When a parent is participating in the post-assessment, they have established a trusting relationship with the facilitator and will tend to participate in the assessment with more honesty. The results below are derived from Nurturing Parenting Pre and Post assessments.

Outcomes FY 17/18 Risk Factors	Risk Factor Reduced	Risk Factor No Change	Risk Factor Increased
Inappropriate Expectations	50%	25%	25%
Low Level of Empathy	100%	0%	0%
Strong Belief in Value of Corporal Punishment	75%	25%	0%
Reverses Family Roles	50%	25%	25%
Restricts Power-Independence	50%	50%	0%

During FY 18/19 three parents were enrolled in the Nurturing Parenting classes. Two parents did not complete the course. One parent found help closer and more conveniently to where they lived. One parent completed the course in FY 18/19.

Outcomes FY 18/19 Completed Course Risk Factors	Risk Factor Reduced	Risk Factor No Change	Risk Factor Increased
Inappropriate Expectations	100%		
Low Level of Empathy	100%		
Strong Belief in Value of Corporal Punishment	100%		
Reverses Family Roles		100%	
Restricts Power-Independence		100%	

In FY 19/20 three parents participated in the Nurturing Parenting classes. Two parents finished the course during FY 19/20 and one parent started the course in FY 19/20, finishing it in FY 20/21. Program outcomes for this parent will be reported in FY 20/21.

<b>Outcomes FY 19/20 Completed Course Risk Factors</b>	<b>Risk Factor Reduced</b>	<b>Risk Factor No Change</b>	<b>Risk Factor Increased</b>
Inappropriate Expectations	100%		
Low Level of Empathy	100%		
Strong Belief in Value of Corporal Punishment	50%	50%	
Reverses Family Roles	50%		50%
Restricts Power-Independence	50%	50%	

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ACCESS TO YOUTH SERVICES FY 17/18, FY 18/19 AND FY 19/20  
 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED

**Status**

Program continues to be implemented per 2017-2020 MSHA Three-Year Plan.

**Populations Served in FY 17/18 and 18/19**

Youth experiencing risk factors have been served under this program. During FY 17/18 seventeen (17) individuals were served.

FY 17/18 Youth Access Demographics								
Age Group	Gender		Race				Preferred Language	
	Male	Female	Caucasian	Other	Unknown	Black African/American	English	Spanish
0-15	5	6	7	1	1	1	8	2
15-25	2	4	4	2	0	0	6	0

FY 18/19 Youth Access Demographics								
Age Group	Gender		Race				Preferred Language	
	Male	Female	Caucasian	Other	Native American	Vietnamese	English	Spanish
0-15	5	3	7	0	1	0	8	0
15-25	2	3	2	1	2	1	5	0

FY 19/20 Youth Access Demographics								
Age Group	Gender		Race				Preferred Language	
	Male	Female	Caucasian	Other	Native American	Black/African American	English	Spanish
0-15	6	5	10	1			11	
15-25	1	1	1			1	2	

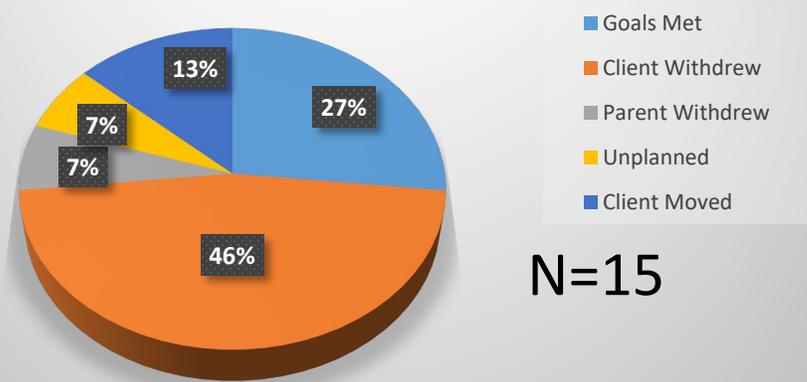
**Key Activities in FY 17/18 and FY 18/19**

During both fiscal years services were offered to individuals between the ages of 0-25. Services were delivered in a culturally aware manner to meet the needs of the individual.

**Key Successes FY 17/18 and FY 18/19**

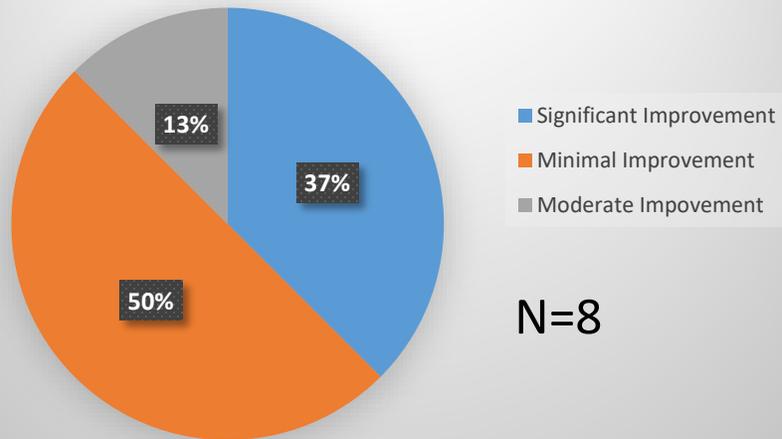
When an individual has met goals and/or improvement has been made in meeting those goals Sierra County Behavioral Health considers these factors as success. The following pie charts give an indication of the success of this program.

### FY 17/18 Early Intervention Treatment Indicators for Discharge



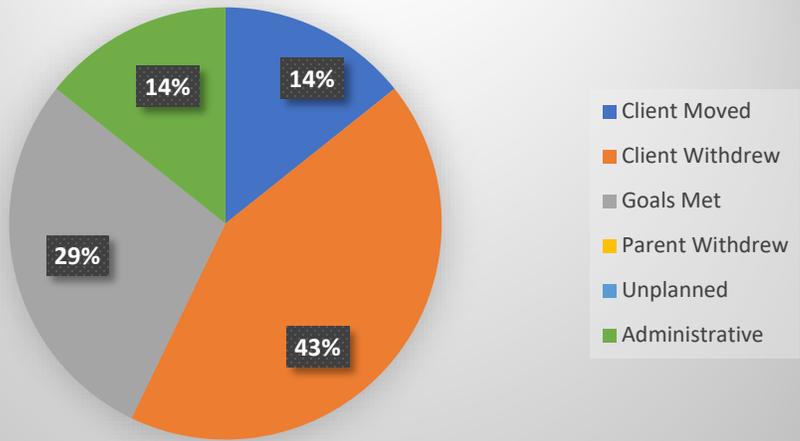
The pie chart above indicates the percentage of discharges during FY 17/18 and the disposition of the discharge.

### FY 17/18 Response to Treatment

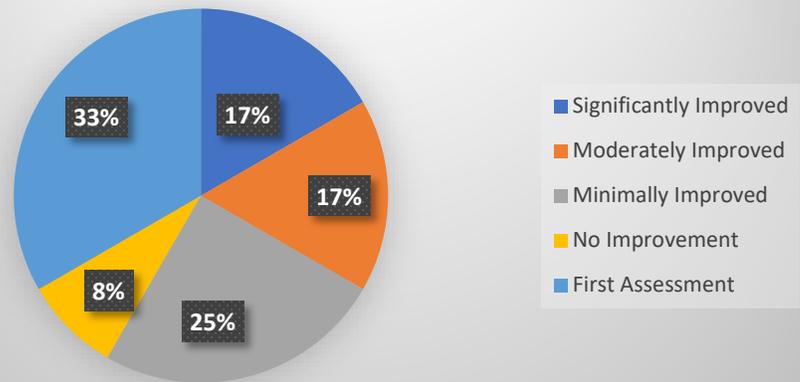


This pie chart gives information regarding response to treatment as it relates to treatment goals. Of the 17 individuals served under this program eight participated in the assessment.

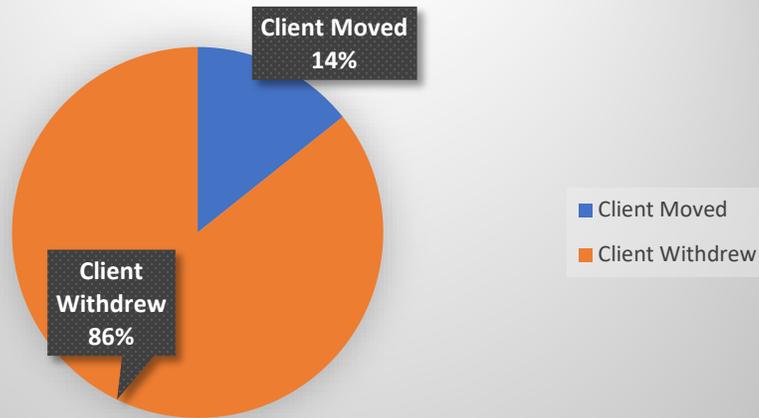
### FY 18/19 Indicators for Discharge



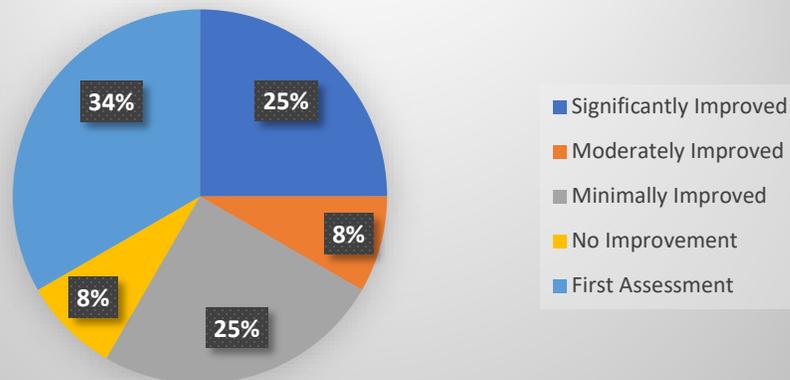
### Youth Access Response to Treatment FY 18/19



## FY 19/20 Indicators for Discharge



## Youth Access Response to Treatment FY 19/20



### Barriers or Challenges in FY 17/18 and 18/19

Based on the information available in FY 17/18 about half of those referred to Early Intervention Treatment withdraw. Research needs to take place to determine the cause for withdrawals and to determine if changes need to be made in providing the service.

### Partners FY 17/18 and FY 18/19

Sierra County Behavioral Health provided the services associated with this program.

### Planned Activities and/or Modifications during FY 19/20

Sierra County Behavioral Health is looking to hire mental health associates to increase the capacity to provide services. Under this program a Behavioral Intervention Specialist will be hired as well as other identified and needed therapists and other specialized staff.

**STUDENT/PARENT NAVIGATION FY 17/18, FY 18/19 AND FY 19/20  
DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

During FY 17/18 the position was staffed and implemented. During FY 18/19 the position was not staffed until February 2019. The position was staffed at the start of FY 19/20, schools moving to distance learning discontinued the need for the Student/Parent Navigator position to continue through the end of the school year.

**Populations Served in FY 17/18 and 18/19**

All students going to school in the Sierra/Plumas Joint Unified School District have the opportunity to be served through this program.

During FY 17/18 the average cost per student referred was \$1,150.

During FY 18/19 the Student/Parent Navigator came on board in April 2019. The total cost of the program was \$10,191. A total of 4 families were referred to the Student/Parent Navigator. The average cost per person was \$995. Of the 4 families served, two families did not reply to outreach attempts.

Student/Parent Navigator Contact Made Demographics FY 18/19								
Number Served	Gender		Age Group				Race	Preferred Language
	Male	Female	0-15	16-25	26-59	60+		
1	1		1				Caucasian	English
1		1	1				Caucasian	English
1		1				1	Caucasian	English
1	1				1		Caucasian	English
<b>Total</b>								
<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>		<b>1</b>	<b>1</b>	<b>100%</b>	<b>100%</b>

Student/Parent Navigator Attempted Contact Demographics FY 18/19								
Number	Gender		Age Group				Race	Preferred Language
	Male	Female	0-15	16-25	26-59	60+		
4	4		4				Unknown	English
1		1	1				Unknown	English
1	1				1		Unknown	English
1	1					1	Unknown	English
<b>Total</b>								
<b>7</b>	<b>6</b>	<b>1</b>	<b>5</b>		<b>1</b>	<b>1</b>		<b>100%</b>

During FY 19/20 there were 13 unduplicated students referred to the Student/Parent Navigator. Between FY 18/19 and 19/20 there were a total of 24 unduplicated students referred to the program. As the child is served through one or both parents the average cost was based on a total of 27 individuals served. Occasionally both parents are served. The total cost was \$31,915 with an average cost per individual served of \$1,182.

Student/Parent Navigator Participant Demographics FY 19/20						
Number Served	Gender		Age Group		Race	Preferred Language
	Male	Female	0-15	16-25		
7	7		7		Caucasian	English
4		4	4		Caucasian	English
2	2			2	Caucasian	English
<b>Total</b>						
13	9	4	11	2	100%	100%

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

During FY 17/18 the Student/Parent Navigation program was fully implemented. The Navigator was able to connect families to appropriate supports. The Navigator continued to be an active participant on the SARB board.

In FY 18/19 the position was not filled during the first six months of the school year. The new Student/Parent Navigator utilized the last 4 months to build the needed relationships to start the next school year ready to fully implement this program.

In FY 19/20 the program was implemented as planned until schools closed due to COVID restrictions. SARB was not holding any meetings at the end of the school year. Therefore, the position was not utilized during that time.

**Key Successes FY 17/18, FY 18/19, and FY 19/20**

In FY 17/18 seventeen referrals were made to this program. Of the 17 referrals 12% of parents did not respond to contact made from the Student/Parent Navigator. The 88% of parents who did respond were linked to services such as: individual therapy, family therapy, medication management, the Wellness Recovery Action Plan, skill building, Peer Support, Housing, Employment, Medi-Cal/CalFresh, and the Individual Education Plan Advocate.

Success during FY 18/19 was centered on the position being filled with the Navigator able to build the necessary relationships within the schools to contribute to effective implementation of this program. Two families did reply with one family making a decision to have the student attend school in Nevada County with the hopes of more services being available. The other family who responded built a relationship with the Student Parent Navigator at the end of the school year allowing for a relationship to be in place during the next school year. Of the four students referred during FY 18/19, 25% did not show any reduction in identified risk factors through the referral.

FY 18/19 Reduction of School Related Risk Factors								
Improved Attendance	Improved Behavior	Decreased Effects of Living in Poverty	Improved Grades	Interventions Resulting in no SARB Referral	Decrease in Suspension	Decrease in Expulsion	Removed from SARB Watchlist	Suicide Intervention
1	2					1	1	1
2 families referred to parenting classes								

Success during FY 19/20 was defined as increased referrals from FY 18/19. Of the 13 referrals that took place before December 30, 2019 only 15% did not show improvement in school attendance, grades, and/or behavior. The table below shows the areas of direct improvement.

FY 19/20 Reduction of School Related Risk Factors							
Improved Attendance	Improved Behavior	Decreased Effects of Living in Poverty	Improved Grades	Interventions Resulting in no SARB Referral	Decrease in Suspension	Decrease in Expulsion	Removed from SARB Watchlist
2	5	2	3	8	2	1	2
1 family referred to parenting classes							
1 family referred to BH							

**Barriers and Challenges FY 17/18, FY 18/19 and FY 19/20**

There were no known barriers or challenges in FY 17/18.

Having the position be open for 7 months of the 10-month school year was a barrier. However, it is no longer a barrier.

**Partners in FY 17/18, FY 18/19 and FY 19/20**

Sierra County Behavioral Health partnered with the Sierra/Plumas Joint School District during the three years.

**VETERAN'S ADVOCATE FY 17/18, FY 18/19 AND FY 19/20 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status FY 17/18:** The Veterans' Peer Support Specialist position was active during the first 3 months of FY 17/18. Peer Support Specialists stepped in and provided Peer Support when veterans visited the Sierra County Wellness Center.

**Status FY 18/19:** The Veterans' Peer Support Specialist position was not filled during FY 18/19. Peer Support Specialists continued to step in and proved Peer Support to veterans.

**Status FY 19/20:** The Veterans' Peer Support Specialist program title was changed to Veteran's Advocate. The position was filled in August 2019.

**Populations Served:**

The table below shows the demographics of veterans served during fiscal years 2017 through 2020.

<b>Veterans Served</b>	<b>FY 17/18</b>	<b>FY 18/19</b>	<b>FY 19/20</b>
Total Veterans/Family Members Served	5	4	16
<b>Age Groups Served</b>			
25-59	3	4	
60+	2	Ø	
<b>Ethnicity</b>			
Filipino	1	1	1
Hispanic/Latino			1
White/Caucasian			14
Other		Unknown	
<b>Race</b>			
Native Hawaiian or other Pacific Islander	1	1	1
White/Caucasian	4	Unknown	15
<b>Primary Language</b>	Percent Served		
English	5	4	100%
<b>Sexual Orientation</b>			
Heterosexual or Straight	5	4	16
<b>Gender-Assigned Sex at Birth</b>			
Male	5	4	14
Female	Ø	Ø	2
<b>Current Gender Identity</b>			
Male	5	4	14
Female	Ø	Ø	2
<b>Veteran Status</b>			
Veteran	5	4	15
Non-Veteran	Ø	Ø	1

<b>Disability</b>			
Communication	Unknown	Unknown	Unknown
Physical Health	Unknown	Unknown	Unknown

The average cost per person served during FY 17/18 was \$2,635 with a total of \$13,177 expended.

In FY 18/19 the average cost per person served was \$453.

The average cost per individual served was \$2,506 during FY 19/20.

**Key Successes in FY 17/18:** One Veteran was housed during this fiscal year. Two veterans found employment.

**Key Successes in FY 18/19:** Since there was not a Veterans’ Peer Support Specialist available to veterans there were no key successes associated with the Veterans’ Peer Support Specialist. Peer Support provided supportive conversation if needed and the Wellness Center was available to meet needs.

**Key Successes in FY 19/20:** Peer Support staff had made multiple attempts at contacting the VA. Once A Veteran’s Advocate made contact, the VA responded. The Sierra County Board of Supervisors approved a resolution to have a Veteran’s Service Office in Sierra County and to appoint the position of a Veteran’s Services Officer (APPENDIX VA.1).

Personal success story told with permission of the Veteran:

A homeless Veteran living in town had been coming into the Wellness Center to obtain assistance in getting a copy of his DD-214 before the Veteran’s Advocate was hired. The attempts made by Peer Support Specialists dead ended as the VA did not respond to messages left. This Veteran had no income, was struggling with recovery, and made no attempts to engage in conversation or to participant in the assistance requested beyond stating a need with no eye contact. He was not interested in participating at the Wellness Center beyond the DD-214 request.

Once the Veteran’s Advocate came on board, this individual came back in requesting DD-214 assistance. The Veteran’s Advocate was able to speak with the VA and the copy of the DD-214 arrived within a week. The Veteran started coming into the Wellness Center pronouncing he was clean and sober, wished to continue to be that way and asking for assistance attending a court hearing to remove him from the property where his belongings were. The Veteran’s Advocate did so, was able to advocate for the veteran resulting in the Judge extending the order to evacuate his possessions for another month. The Veteran’s Advocate then assisted the veteran in contacting the VA in Reno (the closest VA to Loyalton) for transitional housing and rehabilitation actives to promote independent living. Within one month this Veteran took interest in his life again improving hygiene, creating social connections at the Wellness Center, managing to leave possessions behind to start a new life through the VA programs offered him. This individual kept in contact with the Veteran’s Advocate reporting gainful employment, living independently, helping other veteran’s while maintaining his recovery. A life was saved, law enforcement and other emergency services were no longer needed by this veteran.

**Barriers or Challenges FY 17/18:** During the majority of FY 17/18 the Veterans’ Peer Support Specialist position was vacant. The position was flown with no applicants.

**Barriers or Challenges FY 18/19:** The Veterans’ Peer Support Specialist position was vacant during FY 18/19.

**Status FY 17/18, FY 18/19 and FY 19/20**

Mental Health First Aid training opportunities were offered on 3/13/2018, 3/14/2018, 11/30/18 and 12/1/2018. The training opportunities were offered in Loyalton, Downieville, Sierra City and Sierraville. A total of 45 individuals attended the classes during these two fiscal years.

No Mental Health First Aid classes were offered during FY 19/20.

**Populations Served:**

FY 17/18		
Number N=25	Settings of Potential Responders	Type of Potential Responder
6	Social Services	<ul style="list-style-type: none"> <li>• ICW Eligibility Workers</li> <li>• Health Assistants</li> <li>• Social Workers</li> </ul>
3	Public Health	<ul style="list-style-type: none"> <li>• Health Educators (Tobacco)</li> <li>• Health educators (WIC)</li> <li>• Health Assistants</li> </ul>
6	Volunteer Fire Departments (West)	<ul style="list-style-type: none"> <li>• EMTs</li> <li>• AEMTs</li> </ul>
4	Volunteer Fire Departments (East)	<ul style="list-style-type: none"> <li>• EMTs</li> <li>• Fire Chiefs</li> <li>• Paramedics</li> </ul>
1	Environmental Health	<ul style="list-style-type: none"> <li>• Environmental Health Specialist</li> </ul>
2	Downieville Area	<ul style="list-style-type: none"> <li>• Community Members</li> </ul>
1	Sierraville Area	<ul style="list-style-type: none"> <li>• Community Members</li> </ul>
1	Pliocene Ridge CSD	<ul style="list-style-type: none"> <li>• EMTs</li> </ul>
1	Emergency Services (East)	<ul style="list-style-type: none"> <li>• EMTs</li> </ul>

FY 18/19		
Number N=20	Settings of Potential Responders	Type of Potential Responder
2	Behavioral Health	<ul style="list-style-type: none"> <li>• Coordinator</li> <li>• Case Manager</li> </ul>
2	BoS	<ul style="list-style-type: none"> <li>• Chairman</li> <li>• Supervisor District 4</li> </ul>
1	Forest Service	<ul style="list-style-type: none"> <li>• Fire Prevention/Patrol</li> </ul>
1	Business & Career Network	<ul style="list-style-type: none"> <li>• C.C.A.</li> </ul>
2	Community Members	<ul style="list-style-type: none"> <li>• Community Members</li> <li>• Volunteer Veteran Advocate</li> </ul>
1	Emergency Services	<ul style="list-style-type: none"> <li>• Division Fire Chief/AEMT</li> </ul>

1	Public Health	<ul style="list-style-type: none"> <li>• Public Health Nurse</li> </ul>
5	SCHHS	<ul style="list-style-type: none"> <li>• Office Manager</li> <li>• Account Tech III</li> <li>• Fiscal Officer</li> <li>• Director</li> <li>• Transporter</li> </ul>
2	Social Services	<ul style="list-style-type: none"> <li>• Eligibility Workers</li> </ul>
3	Sierra City Volunteer Fire Department	<ul style="list-style-type: none"> <li>• Chief</li> <li>• Firefighter I</li> <li>• Volunteer AEMT</li> </ul>

The average cost per person served during FY 17/18 was \$114.04, with a total of \$2851 expended. In FY 18/19 the average cost per person served was \$121.50 with a total of \$2,430 expended.

**Key Successes in FY 17/18, FY 18/19 and FY 19/20**

SCBH has increased the number of potential responders within Sierra County communities. Sierra County Health & Human Services continued to recertify employees as potential responders as well. The number of settings where potential responders can interact with community members has increased as well. Between both fiscal years 45 individuals participated in MHFA classes.

**Barriers or Challenges FY 17/18 and 18/19:**

During both fiscal years, SCBH continued to lack potential responders from local law enforcement and local schools. Both agencies were not able to commit to the time frame of the training due to time and staffing constraints. These are legitimate barriers and challenges both agencies face.

A training was planned to take place during the 4<sup>th</sup> quarter of FY 19/20. COVID restrictions prevented the classes from taking place.

**Partners in FY 17/18, FY 18/19 and FY 19/20**

SCBH continued to partner with Emergency Preparedness in offering Mental Health First Aid classes.

SIERRA COUNTY MHSA PLAN OUTCOMES  
FY 17/18 TO FY 19/20  
WORKFORCE EDUCATION AND TRAINING

---

ELECTRONIC LEARNING MANAGEMENT SYSTEM	112
AGENCY WORKFORCE TRAINING	113

DRAFT

DESCRIPTION

E- Learning is a resource that allows BH to develop, deliver and manage educational opportunities and distance learning for employees, contractors and stakeholders. Utilizing e-learning builds program capacity and is a cost effective resource. Sierra County Behavioral Health provides e-learning through Relias Learning.

GOALS & OBJECTIVES

- Increase knowledge about mental illness
- Apply best practices while assisting community members in their recovery goals
- Provide the ability for employees to grow in cultural competency/proficiency.

OUTCOMES

- Increase completed training hours

The cost of the Electronic Learning Management System was \$9,432 in FY 19/20

DRAFT

## DESCRIPTION

Due to the high turnover of administrative staff, as well as the addition of staff, training which is appropriate to work related expectations and duties will be offered. Training will be available to increase staff knowledge and capacity to service community members accordingly. The following trainings have been identified thus far:

- Wellness Recovery Action Plan (WRAP) Facilitator training
- Peer Core Competency training
- Administrative Staff training(s)
- Motivational Interviewing
- Wellness, Recovery and Resiliency focused training(s)

Any trainings not identified above will be assessed and approved through the WET Coordinator to provide flexibility to focus resources on specific needs as they are identified. Each subsequent year's plan will be developed following evaluation of the training date, outcomes, and available resources.

Job specific training will also be available to increase capacity in providing services under this program category.

## GOALS &amp; OBJECTIVES

- Provide staff and contractors with specific skills and knowledge to provide services from a wellness and recovery lens
- Support recovery and resiliency of consumers receiving services

**Key Activities FY 17/18, FY 18/19 and FY 19/20**

Peer Support staff recertified to provide Wellness Recovery Action Plan services.

Peer Support staff participated in a training to become a certified facilitator.

## FY 19/20

Research creating a local loan assumption program activities continued during FY 19/20.

A two-day Motivational Interviewing training was made available to employees and other community based organizations in October 2019. Twenty-one individuals attended with an average cost per person of \$276 per person.

# SIERRA COUNTY MHSA PLAN OUTCOMES

## FY 17/18 TO FY 19/20

### CAPITAL FACILITIES AND TECHNOLOGY

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#### CAPITAL FACILITIES AND TECHNOLOGIES FY 17/18, FY 18/19 AND FY 19/20 OUTCOMES

Status FY 17/18, FY 18/19 and FY 19/20

		FY 19/20
207 Mill Street Construction		\$327,959
Wellness Center Computers		\$3,264
Kingsview HER		\$25,000

# APPENDIX

DRAFT

Hello Sierra County Community Members,

Thank you for participating in our survey. Your feedback is important. We have enclosed a stamped, self-addressed envelope for you to return your survey. The survey may also be taken online at the Sierra County Website should you have more family members or friends who wish to participate. Please return the survey by August 15, 2020.

**Why is this survey being sent to me/my family?**

Mental Health Services Act programs requires a dynamic stakeholder process, which provides an opportunity for individual input and feedback into the planning phases of the MHSA programs, as well as the annual county plan review process. Stakeholders include clients, family members, providers, administration, community organizations, partner agencies, community members, and other interested parties.

**Background of Mental Health Services Act (MHSA)**

California Proposition 63, the Mental Health Service Act (MHSA), became law in November 2005. The law imposes an additional 1% tax on individuals whose taxable income is over \$1 million dollars. Funds collected are used to create and maintain county mental health programs.

The purpose of MHSA is to:

- Identify serious mental illness among children, transition age youth (16-25), adults (26-59), and older adults (60+) as a condition deserving priority attention
- Provide funds to adequately meet the needs of all children and adults, specifically those who may not qualify for Medi-Cal, do not have private insurance, or those who may require services that cannot be paid for by Medi-Cal or private insurance
- Expand service programs for children, transition age youth (16-25), adults (26-59), and older adults (60+), including culturally- and linguistically-competent approaches for underserved population
- Ensure that services are provided in accordance with best practices and professional standards

At the county level, MHSA requires Sierra County Mental Health to address the following areas:

- Prevention and Early Intervention services
- Services for Children, Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+)
- Innovative programs and services
- Education and Training for Mental Health Providers, including consumer employees and volunteers
- Capital Facilities and Technology projects

The Sierra County Behavioral Health Advisory Board and Behavioral Health fully supports stakeholder involvement and truly encourages clients, families, and the community to provide input regarding the mental health needs in our community, helping to prioritize planning options.

Need more information? Please get in touch! Laurie Marsh at [lmarsh@sierracounty.ca.gov](mailto:lmarsh@sierracounty.ca.gov) or 530-993-6745.

**Your voice is welcome!**

MENTAL HEALTH SERVICES ACT COMMUNITY PLANNING SURVEY 2020

Please tell us a little about yourself

<b>Area that you live in:</b> <input type="checkbox"/> Loyalton <input type="checkbox"/> Sierra City <input type="checkbox"/> Downieville <input type="checkbox"/> Sierraville <input type="checkbox"/> Calpine <input type="checkbox"/> Pike/Alleghany area <input type="checkbox"/> Verdi area <input type="checkbox"/> Other: _____		<b>Race/Ethnicity:</b> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other: _____
<b>Age Group:</b> <input type="checkbox"/> 16-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-59 <input type="checkbox"/> 60+	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female Other: _____	<b>Primary language:</b> _____

**1) What is your connection to mental health services: (select all that apply)**

I am a.....

- User of Behavioral Health Services
- Family Member of a Consumer of Behavioral Health Services
- Community Member
- County Government Agency Staff
- Contracted Service Provider or Community-Based Organization Staff or Volunteer
- Law Enforcement Staff
- Education Agency Staff
- Social Service Agency Staff
- Veteran Organization Staff or Volunteer
- Medical or Health Care Organization Staff
- Other: \_\_\_\_\_

**2) Do you know someone who accessed mental health programs, activities, or services in Sierra County? (Please check all that apply.)**

- Yes, I have accessed behavioral health services in Sierra County
- Yes, my family member accessed behavioral health services in Sierra County
- Yes, I know someone who has accessed behavioral health services in Sierra County
- No, I do not know anyone who has accessed behavioral health services in Sierra County

Please tell us about your understanding or opinion of the mental health needs of people living and working in your community.

**3) Are there specific groups of people in your area who are in particular need for mental health services? (please check all that apply)**

<input type="checkbox"/> Young children, ages 0-5	<input type="checkbox"/> School-age children
<input type="checkbox"/> Transition age youth, ages 16-24	<input type="checkbox"/> Adults
<input type="checkbox"/> Seniors	<input type="checkbox"/> Parents
<input type="checkbox"/> Geographically isolated people	<input type="checkbox"/> Linguistically isolated people

**Please explain or elaborate on your selection.**

4) People get mental health services through (please mark all services listed)	Yes	No
medical primary care provider		
County mental health outpatient services		
involvement with child/family services		
emergency room		
calling crisis line		
calling 911/law enforcement		
Other? Please let us know. _____		

5) In Sierra County, barriers to mental health programs, activities, or services include	Extreme barrier	Moderate barrier	Somewhat of a barrier	Not a barrier
Lack of mental health providers				
Homelessness				
Lack of funds				
No insurance or privately insured				
Substance use disorder				
Services not in primary language				
Unaware of services				
Cultural differences not respected or recognized				
Age differences not respected or recognized				
Transportation				
Childcare				
Being too sick to know services are needed				
Negative stereotypes (stigma)				
Other? Please let us know. _____				

Please tell us about your understanding or opinion of the mental health programs, activities, or services provided by Sierra County to people living and working in your community.

6) Are you aware of or have you participated in the following mental health programs, activities, or services that are available in Sierra County? Mark all that apply.

	Yes	No	Unsure
Psychiatry			
Mental Health Counseling			
Medication Management			
Case Management			
Sierra County Wellness Center/Peer Support			
Veteran's Advocate (formerly known as Veterans' Peer Support)			
Nurturing Parenting Outreach & Service (Family Resource Center based)			
Student/Parent Navigator Services (school based)			
Ways to Wellness Program (Senior Apartments based)			
Mental Health First Aid Training			
Community Outreach Van			
SAFETalk® Training			
ASIST® Training			

What mental health programs, activities or services (listed above) are working well in Sierra County? Why?

What mental health programs, activities or services (listed above) could be improved? Why?

7) How could Sierra County Mental Health provide better outreach and advertisement of mental health programs, activities or services?

**8) If you have experience seeking and/or receiving behavioral health services or trainings, how would you rate your experience in the following areas:**

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	I have no experience with this
Availability of behavioral health services					
Access to services (timeliness and friendliness of response)					
Location of services					
Quality of services received					
Your ability to participate in services					
Helpfulness of staff					
Knowledge of staff					

**Please explain or elaborate on your level of satisfaction in these areas.**

Please return your completed survey to:  
 MHSa-Sierra County Behavioral Health  
 704 Mill Street, P.O. Box 265  
 Loyalton, CA 96118

Questions? Please call us: (530) 993-6745

*Thank you for your time. Your responses are greatly appreciated.*

APPENDIX CPP.3 – AGENDA

Mental Health Services Act Community Planning Meeting Agenda

May 6, 2021 10:00 AM

Sierra County Wellness Center

1. What does Mental Health Services Act do and how does it work?
2. Review of 20-23 Three Year plan.
3. Thoughts/ideas regarding the 20-23 Three Year plan.

**Mental Health Services Act  
The Quick Reference Guide**

MHSA Programs are:

**Client Driven:**

“Client Driven” means that the **client has the primary decision-making role** in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client driven programs/services use **clients’ input as the main factor** for planning, policies, procedures, service delivery, evaluation and the definitions and determination of outcomes.

**Family Driven:**

“Family Driven” means that **families of children and youth with serious emotional disturbances have a primary decision-making role** in the care of their own children, including the identification of needs, preferences and strengths and a shared decision-making role in determining the services and supports that would be most helpful for their children. Family Driven programs/services use the **input of families as the main factor** for planning, policies, procedures, service delivery, evaluation and the definitions and determination of outcomes.

**Community Collaborative:**

“Community Collaboration” means a process by which clients and or families receiving services, other community members, agencies, organizations, and businesses **work together to share information and resources in order to fulfill a shared vision of goals.**

**Culturally Competent, as defined in CCR, Title 9, section 3200.100**

“Cultural Competence” means incorporating and working to achieve cultural competence goals into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals. (Please refer to Appendix 3, PEI Terms Glossary.)

**Wellness, Recovery and Resilience Focused**

Programs and interventions are designed with an understanding that many mental health problems are preventable, early intervention is cost effective in terms of dollars and human suffering, and recovery is expected.

Resilience refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence. Research has shown that resilience is fostered by positive experiences in childhood at home, in school and in the community. When children encounter negative experiences at home, at school and in the community, mental health programs and interventions that teach good problem solving skills, optimism and hope can build and enhance resilience in children. (Source: California Family Partnership Association, March 2005.)

Recovery refers to the process in which people who have a mental health problem are able to live, work, learn and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope.

**Integrated Service Experience**

Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

**Important Definitions:**

**Severe Mental Illness** as defined by the Welfare and Institution Code 5600.3: "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

**“Full Spectrum of Community Services”** means the **mental health and non-mental health services** and supports necessary services to address the needs of the client, and when appropriate the client’s family, in order to advance the client’s goals and achieve outcomes that support the client’s recovery, wellness and resilience.

**“Underserved”** means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, **those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences**; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

**“Unserved”** means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

### **Community Services and Supports (CSS)**

Provides funds for direct services to individuals with **severe mental illness**. There are 4 sections of CSS:

1) Full Service Partnerships – A “whatever it takes” partnership to provide the client everything they need to lead the most independent life possible.

These services can include:

1. Mental health services and supports including, but not limited to:
  - 1.1. Mental health treatment, including alternative and culturally specific treatments.
  - 1.2. Peer support.
  - 1.3. Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education.
  - 1.4. Wellness centers.
  - 1.5. Alternative treatment and culturally specific treatment approaches.
  - 1.6. Personal service coordination/case management to assist the client and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services.
  - 1.7. Needs assessment. ISSP development.
  - 1.8. Crisis intervention/stabilization services.
  - 1.9. Family education services.
2. Non-mental health services and supports including, but not limited to:
  - 2.1. Food.
  - 2.2. Clothing.
  - 2.3. Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing.
  - 2.4. Cost of health care treatment.
  - 2.5. Cost of treatment of co-occurring conditions, such as substance abuse.
  - 2.6. Respite care.

To qualify clients must meet the criteria for their age group. (See FSP Fact Sheet for full qualifications.) Adult qualifications as an example:

1. They have a severe mental illness AND
2. They are in one of the following situations:
  - a. They are unserved and one of the following:
    - i. Homeless or at risk of becoming homeless.
    - ii. Involved in the criminal justice system.
    - iii. Frequent users of hospital or emergency room services as the primary resource for mental health treatment.
  - b. They are underserved and at risk of one of the following:
    - i. Homelessness.
    - ii. Involvement in the criminal justice system.
    - iii. Institutionalization.

2) General System Development

May only be used to:

1. Provide one or more of the following mental health services and supports:
  - 1.1. Mental health treatment, including alternative and culturally specific treatments.
    - 1.1.1. Peer support.
    - 1.1.2. Supportive services to assist the client, and when appropriate the client's family, in obtaining employment, housing, and/or education.

- 1.1.3. Wellness centers.
- 1.1.4. Personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services.
- 1.1.5. Needs assessment.
- 1.1.6. Individual Services and Supports Plan development.
- 1.1.7. Crisis intervention/stabilization services.
- 1.1.8. Family education services.
- 1.2. Improve the county mental health service delivery system for all clients and their families.
- 1.3. Develop and implement strategies for reducing ethnic/racial disparities.

3) Outreach and Engagement

- 1. The County may develop and operate outreach programs/activities for the **purpose of identifying unserved individuals** who meet the criteria of Welfare and Institutions Code Sections 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services.
- 2. Outreach and Engagement funds may be used to pay for:
  - 2.1. Strategies to reduce ethnic/racial disparities.
  - 2.2. Food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system.
  - 2.3. Outreach to entities such as:
    - 2.3.1. Community based organizations.
    - 2.3.2. Schools.
    - 2.3.3. Tribal communities.
    - 2.3.4. Primary care providers.
    - 2.3.5. Faith-based organizations.
  - 2.4. Outreach to individuals such as:
    - 2.4.1. Community leaders.
    - 2.4.2. Those who are homeless.
    - 2.4.3. Those who are incarcerated in county facilities.

4. Mental Health Services Act Housing Program – This is not currently in progress for small counties. The state is working for a way that small counties can utilize this bucket of money.

### Capital Facilities and Technological Needs (CFTN)

Provides funding for building projects and increasing technological capacity to improve mental illness service delivery.

The Technological Needs Project Proposal must **demonstrate the ability to serve and support the MHSA objectives through cost effective and efficient improvements** to data processing and communications. These objectives allow for an overall transformation of processes that will require a phased approach of technology enhancements. DMH will be an active participant in supporting the successful implementation of these local Projects through inception, planning, implementation, and ongoing delivery. DMH will provide needed materials and tools through the DMH website including: County level Project summaries with current status and lessons learned, sample requests for proposals (RFP), Project readiness assessments, sample work plans and templates.

Evaluation and funding approval of Technological Needs Project Proposals will be made within the context of two goals:

1. Increase Client and Family Empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings.

Technology solutions have the potential to significantly improve quality of care and health outcomes. This can be accomplished by providing accurate and current information about a client's mental health history to the service provider, the client and his/her family when appropriate. Complete and accurate health information is crucial in reducing medical errors, improving care coordination and increasing client and family mental health literacy. Improved access to information has the potential to improve communication between clients and service providers, resulting in more meaningful client participation in the healthcare process. **Having access to such information in a language they understand is empowering, enabling clients to be informed and make sensible choices within the mental health system.**

A successful system of service delivery and coordination of care allows for client and family input and communication with their service provider in a culturally and linguistically competent manner. As evidenced throughout the stakeholder discussion process, clients and families have shown overwhelming support for expenditures in computer resources to improve communication. The basis of the relationship between service providers and clients and family is the delivery of high quality care with the utmost respect for client self-reliance and culturally and linguistically competent care. This can only be achieved with the knowledge that information is secure and confidential. The use of uniform policies and procedures to ensure that technology supports the client's privacy and security is essential. Technology can be used to securely provide clients with the ability to view and enter comments or data in their records, and the ability to share their journeys with a family member, friend and service provider as designated by the client.

Projects meeting these goals include, but are not limited to:

1. Client and Family Empowerment Projects
  - 1.1. Client/Family Access to Computing Resources Projects
  - 1.2. Personal Health Record (PHR) System Projects
  - 1.3. Online Information Resource Projects (Expansion / Leveraging information sharing services)

2. Modernize and Transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

Mental health information systems should exist to **enable a collaborative decision-making process with service providers, clients and families in all aspects of the mental health system.** Information systems are an essential planning tool: they can provide reliable and consistent information about mental health services and clients' needs that are essential for improved client treatment and recovery. These systems can be tools to assist service providers with recording and monitoring the client needs. They can provide a means of reporting the utilized treatments that can be linked to the ongoing improvement of service quality and recovery. In addition, to the extent possible, information systems should have the ability to provide information in the preferred language of the client and family member with support tools available.

Projects meeting these goals include, but are not limited to:

2. Electronic Health Record (EHR) System Projects
  - 2.1. Infrastructure, Security, Privacy
  - 2.2. Practice Management
  - 2.3. Clinical Data Management
  - 2.4. Computerized Provider Order Entry
  - 2.5. Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
3. Other Technological Needs Projects That Support MHSA Operations
  - 3.1. Telemedicine and other rural/underserved service access methods
  - 3.2. Pilot Projects to monitor new programs and service outcome improvement
  - 3.3. Data Warehousing Projects / Decision Support
  - 3.4. Imaging / Paper Conversion Projects

### **Standards**

In order to reach the technology goals, mental health information systems must be able to securely share timely and accurate client health and healthcare information. This system capability is possible with the use of technologies that incorporate uniform standards to transfer data from one source to another. The achievement of this capability, also known as interoperability, is challenged by dissimilar communication styles, disparate systems for storing and presenting information, differing work flow processes and data languages.

The uniform standards must address the interoperability challenges and emphasize the need for privacy and security of client information. They should support the ethical and legal use of personal health information, in accordance with established privacy laws and rights. Personal health information should be kept confidential and used only for approved purposes, and shared only among authorized individuals with informed consent, in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA); the Information Practices Act of 1977 (Civil Code 1798 et. seq.) and all applicable state law.

### **Workforce, Education and Training (WET)**

Provides funding to improve and build the capacity of the mental health workforce. It is the intent of this Part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.

Workforce development and education and training needs include:

1. Addressing **identified shortages in occupations, skill sets, and individuals with unique cultural and linguistic competence** in urban and rural county mental health programs and private organizations providing services in the Public Mental Health System.
2. Education and training for all individuals who provide or support services in the Public Mental Health System, to include fostering leadership skills. This is education and training that contributes to **developing and maintaining a culturally competent workforce, to include clients and family members**, who are capable of providing client- and family-driven services that **promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.**

The values in the Five-Year Plan are aligned with the fundamental concepts driving all services encompassed in counties' Three-Year Program and Expenditure Plans, and these fundamental concepts are essential elements for all components of the Plan.

These fundamental concepts, as they relate to the Workforce Education and Training component are:

1. **Wellness, recovery and resilience.** Belief in and support of a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.
2. **Cultural competence.**
  - 2.1. Development and implementation of recruitment, retention and promotion strategies for providing equal employment opportunities to administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic cultural and linguistic characteristics of individuals with severe mental illness/emotional disturbance in the community.
  - 2.2. Staff, contractors and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community they serve.
3. **Client/family driven mental health system.** Clients and families of children and youth have the primary decision-making role in identifying client needs, preferences and strengths, and a shared decision-making role in determining the services and supports that are most effective and helpful.
4. **Integrated service experience.** The client, and when appropriate, the client's family, is provided access to a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.
5. **Community collaboration.** Clients and their families receiving services, agencies, organizations, businesses, and other community members work together to share information and resources in order to fulfill a shared vision and goals

## **Prevention and Early Intervention (PEI)**

Prevention and Early Intervention approaches in and of themselves are transformational in the way they restructure the mental health system to a “help-first” approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for **providing mental health early intervention services at sites where people go for other routine activities** (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

The PEI programs should align with the transformational concepts inherent in the MHSA and the PEI policies adopted by the Mental Health Services Oversight and Accountability Commission (OAC). The concepts follow:

### **Community Collaboration**

The PEI community program planning process is intended to bring together various stakeholders, including groups of individuals and families, agencies, organizations and businesses to share information and resources to accomplish a shared vision for PEI.

### **Cultural Competence**

Improving access to mental health programs and interventions for unserved and underserved communities and the amelioration of disparities in mental health across racial/ethnic and socioeconomic groups are priorities of the MHSA. Therefore, cultural competence must be emphasized in PEI programs.

### **Individual/Family-driven Programs and Interventions, with Specific Attention to Individuals from Underserved Communities**

Increasing opportunities for participants to have greater choices over types of programs and interventions, providers, and how service dollars are spent, empowers participants, facilitates recovery, and shifts the incentives towards a system that promotes learning, self-monitoring and accountability. Increasing choice protects individuals and encourages quality. (Source: The President’s New Freedom Commission on Mental Health – Achieving the Promise Transforming Mental Health Care in America.)

### **Wellness Focus, Which Includes the Concepts of Resilience and Recovery**

#### **Integrated Service Experience for Individuals and their Families**

Recent racially/ethnically and culturally specific interviews with key informants and focus groups on PEI priorities reaffirmed the complex needs of underserved communities. While PEI funds will not be able to provide all of the needed services, PEI programs can place mental health services in locations where participants obtain other critical supports, can help link participants to other needed services and assist participants in navigating other systems. Of **particular importance are programs in the areas of substance abuse prevention and treatment; community, personal and sexual violence prevention and intervention; and basic needs, such as food, housing and employment.** Working with other organizations and agencies to leverage resources for comprehensive mental health programs and coordinated services is a PEI principle as well.

#### **Outcomes-based Program Design**

There is a significant amount of flexibility in the local design of PEI projects, placing the emphasis on intended outcomes for individuals and families; programs and systems; and communities. PEI projects should include a **combination of programs based on a logic model and a high likelihood of effectiveness** (evidence-based practices, promising practices, locally proven practices, optimal point of intervention) to achieve PEI outcomes, use a methodology to demonstrate outcomes and advance program improvement and learning.

### **Innovation (INN)**

Funds and evaluates new approaches that increase access to the unserved and/or underserved communities; promotes interagency collaboration and increases the quality of services.

The innovative programs shall have the following purposes:

1. To increase access to underserved groups.
2. To increase the quality of services, including better outcomes.
3. To promote interagency collaboration.
4. To increase access to services.

**A practice/approach that has been successful in one community mental health setting CANNOT be funded as an INN project in a different community** even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding under this component. By their very nature, not all INN projects will be successful.

The following six sections describe general requirements of all INN projects.

#### **1) Voluntary Participation**

INN projects must be designed for voluntary participation per CCR, Title 9, section 3400, subdivision (b)(2). No person should be denied access based solely on his/her voluntary or involuntary status.

#### **2) Essential Purposes of Innovation**

Funds for Innovation be used for the following purposes: Counties **must select one or more** of these purposes for each INN project:

1. Increase access to underserved groups
2. Increase the quality of services, including better outcomes
3. Promote interagency collaboration
4. Increase access to services

#### **3) Definition of Innovation**

An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an Innovation contributes to learning in one or more of the following three ways:

1. Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
2. Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
3. Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings

Depending upon the Innovation, the application of these six General Standards will vary. A county is only required to apply the General Standards that are appropriate for the INN project:

- 1. Community Collaboration**
- 2. Cultural Competence, as defined in CCR, Title 9, section 3200.100**

3. **Client Driven Mental Health System**
4. **Family Driven Mental Health System**
5. **Wellness, Recovery and Resilience Focus**
6. **Integrated Service Experience**

#### **4) Scope of Innovation**

INN projects may address issues faced by children, transition age youth, adults, older adults, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, or regions. The project may initiate, support and expand collaboration and linkages, especially connections between systems, organizations and other practitioners not traditionally defined as a part of mental health care. The project may influence individuals across all life stages and all age groups, including multigenerational practices/approaches.

An INN project may introduce a novel, creative, and/or ingenious approach to a variety of mental health practices, including those aimed at prevention and early intervention. As long as the INN project contributes to learning and maintains alignment with the MHSA General Standards set forth in CCR, Title 9, section 3320, it may affect virtually any aspect of mental health practices or assessment of a new application of a promising approach to solving persistent, seemingly intractable mental health challenges.

#### **5) Time Limit**

By their nature, INN projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficiency. Since the project takes time to develop and implement, a work plan should be completed within a time frame that is sufficient to allow learning to occur and to demonstrate the feasibility of the project being assessed. This is not intended to fund longitudinal studies or ongoing services that would be more appropriately funded from CSS or PEI funds.

It is expected that Innovations will evolve and that some elements of a project might not work as originally envisioned. Such learning and adaptations are likely to be key contributions of the INN project. However, if the county and its stakeholders conclude that an INN project is not meeting design and outcome expectations to the extent that continuation is not useful and will not add to the learning, the county may terminate the project.

#### **6) Reporting**

The following reports are expected to be included as a part of the county's annual update or integrated Three-Year Plan:

1. Annual Reporting - A brief description on the progress of each of their projects in their annual update to DMH, consistent with the requirements contained in the proposed guidelines for annual updates.
2. Final Innovation Report - The final report may be included in the County's annual update or its integrated Three-Year Plan, whichever is due during the year the project is completed; the county does not have to provide a separate report. The final report should include:
  - 2.1. A brief description of the issue addressed (up to one-half page)
  - 2.2. A description of the project including the purpose(s) and expected outcome (up to one page)
  - 2.3. An analysis of the effectiveness of the project using the data that was collected and including the perspective of the project participants. The analysis should include at least the following information: (up to three pages)

## 2020-2023 MHSA Three Year Plan Programs

Program Type	Program Name	Program Status
<b>CSS Programs</b>		
GSD	General Services	Continuing
FSP	Full Service Partnership	Continuing
GSD & FSP	Wellness Center	Continuing
O&E	Front Porch	Continuing
O&E	Community Academies	Continuing
GSD	No Place Like Home	Continuing
<b>Prevention and Early Intervention</b>		
Prevention/Early Intervention	Nurturing Parenting	Continuing
Early Intervention	Youth Access to Treatment	Continuing
Prevention	Veteran's Advocate	Continuing
Prevention	Student/Parent Navigation	Continuing
Prevention	Mental Health First Aid	Continuing
Prevention	safeTALK Training	Continuing
Early Intervention	Applied Suicide Intervention Skills Training	Continuing
Prevention	Sierra County Wellness Center	Continuing
Prevention	Sierra Wellness Advocacy for Youth (SWAY)	New
<b>Capital Facilities &amp; Technologies</b>		
CF	706 Mill Street	Continuing
CF	Generator Purchase & Installation	New
Tech	Tech maintenance Updates & Improvements	Continuing
Tech	Electronic Health Records	Continuing
<b>Workforce Education &amp; Training</b>		
Training	Electronic Learning Management System	Continuing
Training	Agency Workforce Training	Continuing
Education	Loan Assumption Program	New
<b>Innovation</b>		
To be determined		

APPENDIX CSS.1 - OAO2020

Older Adults N=4	Average Rating
<b>Overall Satisfaction with SCBH services:</b>	
I like the services that I received here.	5.0
If I had other choices, I would still get services from this agency.	4.75
I would recommend this agency to a friend or family member.	5.0
<b>Total Average</b>	<b>4.917</b>
<b>How Staff Interact:</b>	
Staff were willing to see me as often as I felt it was necessary.	5.0
Staff returned my calls within 24 hours.	5.0
Staff here believe that I can grow, change, and recover.	5.0
Staff encouraged me to take responsibility for how I live my life.	5.0
Staff told me what side effects to watch out for.	5.0
Staff respected my wishes about who is, and who is not to be given information about my treatment.	4.75
I, not staff, decided my treatment goals.	4.0
Staff were sensitive to my cultural background (race, religion, language, etc.)	5.0
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5.0
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	4.7
<b>Total Average</b>	<b>4.845</b>
<b>Satisfaction of Service Delivery:</b>	
The location of services was convenient (parking, public transportation, distance, etc.)	5.0
Services were available at times that were good for me.	5.0
I was able to get all the services I thought I needed.	5.0
I was able to see a psychiatrist when I wanted to.	5.0
I felt comfortable asking questions about my treatment and medication.	5.0
I felt free to complain.	5.0
I was given information about my rights.	5.0
<b>Total Average</b>	<b>5.0</b>
<b>As a direct result of the services I received:</b>	
I deal more effectively with daily problems.	5.0
I am better able to control my life.	5.0
I am better able to deal with crisis.	5.0
I am getting along better with my family.	4.7
I do better in social situations.	4.5
I do <b>better</b> in school and/or work.	4.0
My housing situation has improved.	4.3
My symptoms are not bothering me as much.	4.5
I do things that are more meaningful to me.	4.0
I am better able to take care of my needs.	4.75
I am better able to handle things when they go wrong.	4.75
I am better able to do things that I want to do.	4.25
I am happy with the friendships I have.	4.75
I have people with whom I can do enjoyable things.	4.5
I feel I belong in my community.	4.5
In a crisis, I would have the support I need from family or friends.	4.75
<b>Total Average</b>	<b>4.579</b>
<b>Other findings</b>	
All participants reported they have received services here for more than one year.	
There were no reports of arrests or encounters with law enforcement in the last 12 months.	

APPENDIX CSS.2 - AO2020

ADULT	AVERAGE RATING
<b>Overall Satisfaction with SCBH services:</b>	
I like the services that I received here.	4.773
If I had other choices, I would still get services from this agency.	4.773
I would recommend this agency to a friend or family member.	4.62
<b>Total Average</b>	<b>4.772</b>
<b>How Staff Interact:</b>	
Staff were willing to see me as often as I felt it was necessary.	4.5
Staff returned my calls within 24 hours.	4.619
Staff here believe that I can grow, change and recover.	4.727
Staff encouraged me to take responsibility for how I live my life.	4.667
Staff told me what side effects to watch out for.	4.45
Staff respected my wishes about who is, and who is not to be given information about my treatment.	4.81
I, not staff, decided my treatment goals.	4.286
Staff were sensitive to my cultural background (race, religion, language, etc.).	4.75
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	4.524
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	4.5
<b>Total Average</b>	<b>4.584</b>
<b>Satisfaction of Service Delivery:</b>	
The location of services was convenient (parking, public transportation, distance, etc.).	
Services were available at times that were good for me.	4.862
I was able to get all the services I thought I needed.	4.364
I was able to see a psychiatrist when I wanted to.	4.368
I felt comfortable asking questions about my treatment and medication.	4.545
I felt free to complain.	4.5
I was given information about my rights.	4.714
<b>Total Average</b>	<b>4.560</b>
<b>As a direct result of the services I received:</b>	
I deal more effectively with daily problems.	4.545
I am better able to control my life.	4.364
I am better able to deal with crisis.	4.545
I am getting along better with my family.	3.762
I do better in social situations.	4.136
I do better in school and/or work.	4.313
My housing situation has improved.	3.471
My symptoms are not bothering me as much.	3.714
I do things that are more meaningful to me.	4.0
I am better able to take care of my needs.	4.5
I am better able to handle things when they go wrong.	4.227
I am better able to do things that I want to do.	4.136
I am happy with the friendships I have.	4.286
I have people with whom I can do enjoyable things.	4.136
I feel I belong in my community.	4.3
In a crisis, I would have the support I need from family or friends.	4.286

APPENDIX CSS.3 - YO2020

Youth	Average Rating
Overall, I am satisfied with the services I received.	3.0
I helped to choose my services.	3.0
I helped to choose my treatment goals.	3.0
The people helping me stuck with me no matter what.	3.5
I felt I had someone to talk to when I was troubled.	4.0
I participated in my own treatment.	3.5
I received services that were right for me.	3.0
The location of services was convenient for me.	3.5
Services were available at times that were convenient for me.	3.5
I got the help I wanted.	3.0
I got as much help as I needed.	3.5
Staff treated me with respect.	4.0
Staff respected my religious/spiritual beliefs.	4.0
Staff spoke with me in a way that I understood.	3.5
Staff were sensitive to my cultural/ethnic background.	4.0
<b>As a direct result of the services I received...</b>	
I am better at handling daily life.	3.5
I get along better with family members.	2.5
I get along better with friends and other people.	3.5
I am doing better in school and/or work.	3.5
I am better able to cope when things go wrong.	3.5
I am satisfied with my family life right now.	3.0
I am better able to do things I want to do.	4.5
I know people who will listen and understand me when I need to talk.	4.0
I have people that I am comfortable talking with about my problems.	4.5
In a crisis, I would have the support I need from family or friends.	3.5
I have people with whom I can do enjoyable things.	4.0
<b>Other findings</b>	
In the last six months, one participant indicated they were living with one or both parents; another indicated they were living with other family members.	
Participants have received services here for an average of three months.	
Participants who have received services here for <u>less</u> than one year reported no arrests or encounters with law enforcement, and no suspensions or expulsions since beginning services.	
No participant indicated they have been receiving mental health services for “more than one year.” Therefore, survey responses regarding encounters with law enforcement, school attendance and expulsion/suspension were not recorded.	

APPENDIX CSS.4 - FO2020

Families N=10	Average Rating
<b>Overall Satisfaction with SCBH services:</b>	
Overall, I am satisfied with the services my child received.	4.3
<b>Total Average</b>	<b>4.3</b>
<b>How Staff Interact:</b>	
I helped to choose my child's services.	3.9
I helped to choose my child's treatment goals.	4.1
The people helping my child stuck with us no matter what.	4.2
I felt my child had someone to talk to when he/she was troubled.	4.5
I participated in my child's treatment.	4.3
The services my child and/or family received were right for us.	4.4
The location of services was convenient for us.	4.8
Services were available at times that were convenient for us.	4.6
My family got the help we wanted for my child.	4.3
My family got as much help as we needed for my child.	4.3
<b>Total Average</b>	<b>4.3</b>
<b>Satisfaction of Service Delivery:</b>	
Staff treated me with respect.	4.8
Staff respected my family's religious/spiritual beliefs.	4.5
Staff spoke with me in a way that I understood.	4.8
Staff were sensitive to my cultural/ethnic background.	4.6
<b>Total Average</b>	<b>4.7</b>
<b>As a direct result of the services my child and/or family received...</b>	
My child is better at handling daily life.	4.0
My child gets along better with family members.	3.8
My child gets along better with friends and other people.	3.9
My child is doing better in school and/or work.	4.0
My child is better able to cope when things go wrong.	3.7
I am satisfied with our family life right now.	4.2
My child is better able to do thing he or she wants to do.	4.1
I know people who will listen and understand me when I need to talk.	4.6
I have people that I am comfortable talking with about my child's problem(s).	4.7
In a crisis, I would have the support I need from family or friends.	4.4
I have people with whom I can do enjoyable things.	4.3
<b>Total Average</b>	<b>4.2</b>
<b>Other findings</b>	

APPENDIX PEI 51% OPT OUT RESOLUTION

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. 2019-039

**IN THE MATTER OF OPTING OUT OF THE MENTAL HEALTH SERVICES ACT  
REQUIREMENT STATING AT LEAST 51% PERCENT OF THE PREVENTION AND EARLY  
INTERVENTION (PEI) FUND SHALL BE USED TO SERVE INDIVIDUALS WHO ARE 25  
YEARS OLD OR YOUNGER**

**WHEREAS**, in the original PEI guidelines that were released by the Department of Mental Health in 2008, all small counties were exempt from the requirement that 51% of PEI funds went to children and youth;

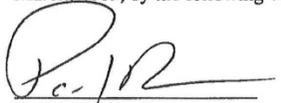
**WHEREAS**, in the most recent amendment to CCR, Title 9, Section 3706, an additional requirement was added requiring small counties that wished to opt out, obtain a declaration from the Board of Supervisors that the County cannot meet the requirements because of specified local conditions;

**WHEREAS**, on March 7, 2019 the Behavioral Health Advisory Board met, discussed, and voted unanimously that Sierra County cannot meet this requirement as 77% of its population is over the age of 25.

**WHEREAS**, Sierra County shall ensure meaningful stakeholder involvement in its three-year program and expenditure plan and/or annual update community planning process to determine continued necessity to opt out in future years;

**NOW THEREFORE BE IT RESOLVED**, the Sierra County Board of Supervisors declares that this requirement is unattainable due to the county's population demographics and requests to opt out of the requirement that at least 51% of the prevention and early intervention funds be used to serve individuals who are 25 years old or younger.

**ADOPTED** by the Board of Supervisors of the County of Sierra, State of California on the 19th day of March, 2019, by the following vote:

  
PAUL ROEN  
Chairman, Board of Supervisors

03/19/2019  
Date

**ATTEST:**

  
HEATHER FOSTER  
Clerk of the Board

**APPROVED AS TO FORM:**

  
DAVID PRENTICE  
County Counsel



## Social Distancing can be stressful.

Need to talk with someone or find accurate information?

Peer Support is available to provide supportive conversation via the telephone.

### What is supportive conversation?

Talking about what brings you joy and challenges you may be facing during your day. Talking about fears or unknowns around COVID-19. Learning about resources that are available to community members.



### What supportive conversation is not:

- Medical Advice
- Counseling Services

Call **530-993-6728**

from 9:00 a.m. to noon and 12:30 p.m. to 4:00 p.m.  
Monday-Friday



For accurate and updated information about COVID-19 visit:

<http://sierracounty.ca.gov/582/Coronavirus-COVID-19>

Made possible by Mental Health Services Act Prop. 63



## Are you an Anthem BlueCross or California Health & Wellness member?

Did you know that Anthem BlueCross and California Health & Wellness offer free telehealth services (physical & mental) to their members?

**Anthem BlueCross** members visit LiveHealth Online.

**California Health & Wellness** members may call member services at 1-877-658-1305 or visit Babylon online.



### **Don't have the internet or a way to access telehealth?**

Sierra County Wellness Center is available to assist you in accessing telehealth services. Internet and tablets can be provided through curbside provisions so that you can visit your doctor in the privacy of your car. You will need your insurance card to access telehealth.

To make an appointment for curbside provisions or to learn more call **530-993-6728**.

Sierra County Wellness Center  
207 Front Street  
Loyalton, CA 96118  
993-6728



SIERRA COUNTY  
HEALTH AND HUMAN SERVICES  
BEHAVIORAL HEALTH • PUBLIC HEALTH •  
SOCIAL SERVICES



### Your Feedback

WORKSHOP DATE	WORKSHOP LOCATION	NAME OF WORKGROUP TRAINER
11/14 - 11/15	LOYALTON, CA	

Please circle the letter next to your primary role/job (please select only one).

a. Administrator	b. Firefighter	c. Volunteer	d. Police/Corrections
e. Clergy/Pastoral	f. Youth Worker	g. Psychologist	h. Military Branch: _____
i. Counselor	j. Nurse	k. Social Worker	l. Chaplain/Assistant Military Branch: _____
m. Educator	n. Physician	o. Transit Worker	p. Other (specify): _____

On a scale of 1 to 10, please write the rating number that best describes your response to the questions.	Rating
1. How would you rate ASIST? (1 = did not like at all...10 = liked a lot)	
2. Would you recommend ASIST to others? (1 = definitely no...10 = definitely yes)	
3. This workshop has practical use in my personal life. (1=definitely no...10=definitely yes)	
4. This workshop has practical use in my work life. (1=definitely no...10=definitely yes)	

Please circle the number that describes your response.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.	1	2	3	4	5
6. Before taking the ASIST training, my answer to #5 would have been:	1	2	3	4	5
7. If someone told me he or she were thinking of suicide, I would do a suicide intervention.	1	2	3	4	5
8. Before taking the ASIST training, my answer to #7 would have been:	1	2	3	4	5
9. I feel prepared to help a person at risk of suicide.	1	2	3	4	5
10. Before taking the ASIST training, my answer to #9 would have been:	1	2	3	4	5
11. I feel confident I could help a person at-risk of suicide.	1	2	3	4	5
12. Before taking the ASIST training, my answer to #11 would have been:	1	2	3	4	5

Please place a check mark in the appropriate box.

13. I attended two consecutive 8-hour days of training. (Including lunch hour)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14. All trainers were present at the workshop for the full 2 days.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15. The "Jack" exercise was done on the afternoon of day 1.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Please write any additional comments you may have about the ASIST workshop or clarify any of your responses.

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DATE: 3/19/19 LOCATION: Koonation  
TRAINER(S):

Your feedback is important—thank you. Please use the back of this form to note any additional comments.

- 1. My trainer was prepared and familiar with the material:  Strongly agree  Agree  Partly agree  Disagree
- 2. My trainer encouraged participation and respected all responses:  Strongly agree  Agree  Partly agree  Disagree
- 3. I intend to tell others that they will benefit from this training:  Yes  No

My trainer can contact me for information about who to speak with to provide this training to others in my organization or community. My contact information is:

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4. How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?

- Well prepared  Mostly prepared  Partly prepared  Not prepared

5. On a scale of 1 (very bad) to 10 (very good), how would you rate this training?

Comments:

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6. How could this training be improved to make it more effective in preparing suicide alert helpers?

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If you would like to talk to your trainer further about your own or another's thoughts of suicide, please indicate your name and contact information:

7. My comments may be quoted anonymously to promote safeTALK:  Yes  No

SIERRA COUNTY  
DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTH

**REFERRAL FOR STUDENT PARENT NAVIGATOR**

Referral Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Agency Contact Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

At Risk Status (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Single Parent Household | <input type="checkbox"/> Abuse          | <input type="checkbox"/> Family Unemployment   |
| <input type="checkbox"/> Foster Care             | <input type="checkbox"/> Violent        | <input type="checkbox"/> Absences/Truancy      |
| <input type="checkbox"/> Emancipation            | <input type="checkbox"/> Poverty        | <input type="checkbox"/> Adolescent Pregnancy  |
| <input type="checkbox"/> On Probation            | <input type="checkbox"/> Homelessness   | <input type="checkbox"/> Behavioral Issues     |
| <input type="checkbox"/> Drug Use                | <input type="checkbox"/> Poor Academics | <input type="checkbox"/> Parent Incarcerated   |
| <input type="checkbox"/> Alcohol Abuse           | <input type="checkbox"/> Trauma         | <input type="checkbox"/> Other (Explain below) |

\_\_\_\_\_

High Sierra's Family Services Storytime Program

Our goals:

to connect personally with the most vulnerable families in Sierra county, especially young families and families with children prenatal to 5 years old

to guide these families to available resources that they may be unaware of or reluctant to take advantage of (Angelwings, WIC, children's programming, respite, behavioral health, etc.)

providing parenting education and literacy education through direct demonstration and modelling

providing resources such as lending and/or giving high quality books, educational toys, etc.

meeting directly with families to do informal child/family assessments

facilitating activities where parent and child interact in healthy, positive and appropriate ways

providing education on child development including age appropriate social, emotional and cognitive development

teaching appropriate child developmental activities

building trust and building networks so that we can expand our influence beyond just the families we see face to face, but have a broader influence

Our methods:

We go to where the children are, parent run preschools and parent co-ops and offer storytimes and the Kindness Curriculum. During the storytime we model how to interact in a positive way with children around books, demonstrating lots of different techniques for children of many different personalities, from the most quiet to the most rambunctious.

The kindness curriculum focuses on these areas:

- **Attention.** Students learn that what they focus on is a choice. Through focusing attention on a variety of external sensations (the sound of a bell, the look of a stone) and internal sensations (feeling happy or sad), children learn they can direct their attention and maintain focus.
- **Breath and Body.** Students learn to use their breath to cultivate some peace and quiet. Instead of listening to a meditation, we played a song from Betsy Rose’s CD *Calm Down Boogie*, “Breathing In, Breathing Out,” while the children rested on their backs with a Beanie Baby on their belly. The Beanie provided an object to “rock to sleep” with the natural in- and out-breath, while the breathing calmed the body.
- **Caring.** Here, we teach kids to think about how others are feeling and cultivate kindness. We read the book *Sumi’s First Day of School Ever*, the story of a foreign student who struggles with English, and brainstorm ways to help a student like Sumi – as simple as offering a smile.
- **Depending on other people.** We emphasize that everyone supports and is supported by others through the book *Somewhere Today*, which describes acts of kindness that are going on in the world right now. Students learn to see themselves as helpers and begin to develop gratitude for the kindness of others.
- **Emotions.** What do emotions feel like and look like? How can you tell what you’re feeling? We play a game where the teacher and students take turns pretending to be angry, sad, happy or surprised, guessing which emotion was expressed, and talking about what that emotion feels like in the body.
- **Forgiveness.** Young kids can be particularly hard on themselves – and others – and we teach them that everyone makes mistakes. A book called *Down the Road* tells the story of a girl who breaks the eggs she bought for her parents, but they forgive her.
- **Gratitude.** We want kids to recognize the kind acts that other people do for them, so we have them pretend to be various community workers like bus drivers and firefighters. Then, they talk about being thankful to those people for how they help us.

The following is a link from the US National Institutes of Health

<https://www.ncbi.nlm.nih.gov/pubmed/25383689>

Self-regulatory abilities are robust predictors of important outcomes across the life span, yet they are rarely taught explicitly in school. Using a randomized controlled design, the present study investigated the effects of a 12-week mindfulness-based Kindness Curriculum (KC) delivered in a public school setting on executive function, self-regulation, and prosocial behavior in a sample of 68 preschool children. The KC intervention group showed greater improvements in social competence and earned higher report card grades in domains of learning, health, and social-emotional development, whereas the control group exhibited more selfish behavior over time. Interpretation of effect sizes overall indicate small to medium effects favoring the KC group on measures of cognitive flexibility and delay of gratification. Baseline functioning was found to moderate treatment effects with KC children initially lower in social competence and executive functioning demonstrating larger gains in social competence relative to the control group. These findings, observed over a relatively short intervention period, support the promise of this program for promoting self-regulation and prosocial behavior in young children. They also support the need for future investigation of program implementation across diverse settings.

18/19

There were no significant outcomes this year. What is significant, though, is that our families that were doing Nurturing Parenting classes all had a family member (if not themselves) that was going to counseling or mental health appointments. The classes were a safe space to talk about how counselling was going and encouraging the families to follow the therapists' suggestions. So, in addition to connecting for classes and weekly encouragement in their family struggles, we were also reinforcing the recommendations of their therapists.

- We had the unique opportunity of serving a young family in Downieville through our Angel Wings program, because we were doing storytimes in Downieville. There was a young homeless woman with an infant who approached the FRC for help, through an intermediary. We were able to meet, fulfill some of her basic needs and establish some trust and familiarity. She remains unwilling to trust any government agency, but she is willing to work with us. Also, because of this connection we have gained a good reputation with a marginalized community in Downieville. We have met several times and I have no doubt she will return in the future when she needs further help.
- One very good outcome of the storytimes has been that the families are now working towards having a play group in Downieville, and a coop preschool in Sierra City. I remain involved in both ventures. One of the families that I met through the storytimes scores very high on my risk factors checklist.
- Many of my Nurturing Parenting families have disclosed mental health issues after we have been working together for a time. So far, all of the adults have therapists outside the county, but we are still having much trouble finding help for the children.
- Demographics for the storytimes:  
  
17 families (1 hispanic, all Caucasian)  
20 adults ditto above  
23 children ditto above  
  
6 1 year olds  
6 3 yo

4 4 yo  
3 5 yo  
1 6 yo  
2 7 yo  
1 8 yo

DRAFT

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. 2020-019

IN THE MATTER OF APPROVAL OF  
THE COUNTY OF SIERRA BECOMING A VETERAN'S SERVICE OFFICE AND APPOINT  
THE POSITION OF A VETERAN'S SERVICES OFFICER

WHEREAS, the County of Sierra wishes to become a Veteran's Service office; and

WHEREAS, the County of Sierra, under the Authority of the Administrative Director of Behavioral Health, shall appoint a Veteran's Services Officer that meets the qualifications set forth in MVC 970(a); and

WHEREAS, in California the County Veterans Service Officer plays a critical role in the veteran's advocacy system and is often the initial contact in the community for veteran's services; and

WHEREAS, the County of Sierra wants to promote and honor all veteran's, and enhance their quality of life and their dependents and survivors through counseling, claims assistance, education, advocacy, and special projects as provided in Military and Veterans Code; and

WHEREAS, in 2013 CalVet was tasked with developing a performance-based formula to determine necessary funding for each County Veteran's Service Office (CVSO) which is appropriated from the State General Fund to fund CVSO activities (MVC 972.1); and

WHEREAS, all required matching funds will be provided by Mental Health Services Act.

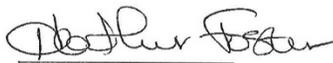
NOW THEREFORE BE IT RESOLVED, it is approved for the County of Sierra to become a Veteran's Service Office and appoint the position of a Veteran's Services Officer.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 3rd day of March, 2020, by the following vote:

AYES: Supervisors, Huebner, Roen, Dryden, Beard  
NOES: None  
ABSTAIN: None  
ABSENT: Supervisor Adams

  
JIM BEARD Date 03/03/2020  
Chairman, Board of Supervisors

ATTEST:



HEATHER FOSTER  
Clerk of the Board

APPROVED AS TO FORM:



DAVID PRENTICE  
County Counsel

## Sierra County Behavioral Health



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### Amendment to the Mental Health Services Act Plan 2017-2020 Fiscal Year 2019/2020 Annual Update Capital Facilities and Technologies Component

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This Amendment to the Mental Health Services Act Plan 2017-2020 Fiscal Year 2019/2020 Annual Update Capital Facilities and Technologies Component is to include anticipated expenditures not currently not clearly identified.



Thirty (30) Day Public Review Posting Date of 5/4/2020

Public Hearing Date: June 4, 2020

Public Hearing Location: Sierra County Wellness Center, 207 Front Street, Loyalton, CA 96118

Questions or Comments? All are welcome.

Please contact:

Laurie Marsh, Behavioral Health Coordinator

[lmash@sierracounty.ca.gov](mailto:lmash@sierracounty.ca.gov)

Phone: (530) 993-6745

## Amendment Overview

Sierra County Behavioral Health wishes transparency in conducting business. As such, the current MHSA FY 19/20 annual update indicates the purchase of a modular building. Not stated within the language are additional purchases needed to make the building habitable and viable to serve community members. Purchases include, but are not limited to: air conditioning, propane tank, washer & dryer, common room space furniture, activity room furniture, kitchen supplies, office furniture, computers and phones.

The COVID-19 Pandemic has also brought challenges in how Sierra County Behavioral Health can provide services. As an essential business, contractors and employees need technology to provide services via telehealth and telephonically. Electronic health records need to be maintained as well. HIPPA also needs to be considered when providing services in this new manner.

A thirty-day public review process, public hearing and Sierra County Board of Supervisor approval must occur to approve these expenditures from the Capital Facilities and Technological component.

Please visit the Sierra County Website at [www.sierracounty.ca.gov](http://www.sierracounty.ca.gov) and navigate to the Mental Health Services Act page to view the entire Mental Health Services Act Plan 2017-2020 Fiscal year 2019/2020 Annual Update.

## DESCRIPTION

Behavioral Health currently owns the property occupied by the Sierra County Wellness Center. The Sierra County Wellness Center is located at 207 Front Street in Loyalton. Services offered through the Wellness Center have increased as well as the number of monthly encounters. Peer Support staff numbers have increased as well to provide the capacity to provide services and meet Wellness Center visitors' needs. The Veterans' Peer Support Specialist is also housed at the Wellness Center.

The addition of office space to the back to the existing building will create a greater space to provide services. The Sierra County Mental Health Advisory Board and the County Finance Committee approved the addition to the Wellness Center.

## GOALS &amp; OBJECTIVES

- Increase the square footage of the Wellness Center Building
- Provide services in a more efficient manner through the Wellness Center

**Key Activities during FY 17/18 and FY 18/19:**

Reversion fund balances had been identified between Department of Health Care Services and Sierra County fiscal department. Sierra County Behavioral Health hired an architect to create the plans for the expansion of the Wellness Center. Plans were completed and submitted to Public Works to put out to bid. Bids came in well beyond the projected project budget. No bids were accepted. The Wellness Center needed to expand or move to another location as more activities and individuals visit the Wellness Center. It was then determined to purchase a modular building and put it on the site next to the current Behavioral Health Building. The county owns the property. No objections were raised during community planning meetings or by the Behavioral Health Advisory Board. The Sierra County Board of Supervisors approved the project change.

**Planning and/or Modifications during FY 19/20**

Sierra County Behavioral Health will continue to pursue purchasing the modular building to house the Sierra County Wellness Center. Capital Facilities reversion funds will be utilized by June 30, 2020 to complete this project.

**AMENDMENT:****Planning and/or Modifications during FY 19/20**

Sierra County Behavioral Health has purchased a modular building to house the Sierra County Wellness Center. A contractor has been engaged to frame and pour the foundation. Capital Facilities AB 114 reversion funds will be utilized by June 30, 2020 to complete this project. These funds will also be utilized to make purchases enabling the new Wellness Center to be habitable and functional to staff and most importantly to serve community members comfortably and efficiently. The additional purchases requiring this amendment will include, but not be limited to: air conditioning, propane tank, washer & dryer, common room space furniture, activity room furniture, kitchen supplies, office furniture, computers and phones. this project will be AB 114 reversion fund dollars as first dollar. AB 114 Reversion funds sunset on July 1, 2020.

**DESCRIPTION**

Sierra County Behavioral Health must maintain electronic health records (EHR). As such Sierra County Behavioral Health contracts with Kingsview to utilize a platform from Cerner. Cerner has been bought out by Millennium. EHR maintenance and upgrades must continue to maintain compliance with the State.

Sierra County Behavioral Health's network is provided through Sierra County's network and Information Technologies employee. There will be costs associated with maintaining this network.

**GOALS & OBJECTIVES**

- Maintain state regulated EHR platforms to continue to be in compliance.
- Maintain County network as needed.

**Plans and/or Modifications in FY 19/20**

Sierra County Behavioral Health will be paying \$25,000 to upgrade the EHR Cerner to Millennium. Sierra County Behavioral Health will also fund any upcoming County network expenses to maintain operating capacity and functionality of the network through this component.

**AMENDMENT:****Planning and/or Modifications during FY 19/20**

Sierra County Behavioral Health will be purchasing computers for the new Sierra County Wellness Center based on the Sierra County Chief Technology Officer's recommendations. Phones, printers, scanners and other unforeseen technology deemed necessary to maintain current workstation status will be purchased through AB114 Reversion funds which will sunset on July 1, 2020.

On March 19, 2020 Governor Newsome signed the Stay at Home Executive Order N-33-20 and on March 20, 2020 the Sierra County Board of Supervisors signed the Resolution Proclaiming the Existence of a Local State of Emergency in Sierra County as a result of the COVID-19 Pandemic Virus Resolution 2020-034. Due to this pandemic 5 laptop computers will need to be purchased to provide essential services in a manner that is safe for both clients, employees and contractors via telehealth and telephonically. Electronic health records need to be maintained as well.

**Amendment to the FY 19/20 Annual Update to the 2017/2020 Three-Year Program & Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Sierra

Date: 5/1/20

	Fiscal Year 2019/2020					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.						
2. WELLNESS CENTER MODULAR BLDG.	0	500,000				
3. NEW WELLNESS CTR PURCHASES	0	50,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. IT SERVER MAINTENANCE	0	25,000				
12. ELECTRONIC HEALTH RECORDS	0	25,000				
13. COVID RELATED IT PURCHASES	0	7,000				
14. NEW WELLNESS CTR IT PURCHASES		25,000				
15.	0	0				
16.	0	0				
17.	0	0				
18.	0	0				
19.	0	0				
20.	0	0				
<b>CFTN Administration</b>		20,000				
<b>Total CFTN Program Estimated Expenditures</b>	0	652,000	0	0	0	0

DRAFT